

PREA AUDIT REPORT ☐ INTERIM ☒ FINAL
COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



Auditor Information			
Auditor name: Gerald McCormac			
Address: PO Box 15561, Colorado Springs CO 80910			
Email: mccormacjer@gmail.com			
Telephone number: 267-679-2308			
Date of facility visit: August 3-5, 2015			
Facility Information			
Facility name: CMI - Dahlia			
Facility physical address: 4511 E. 46 th Avenue, Denver CO 80216			
Facility mailing address: (if different from above)			
Facility telephonenumber: 303-377-7200			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer: Ericka Gillespie			
Number of staff assigned to the facility in the last 12 months: 20			
Designed facility capacity: 120			
Current population of facility: 117			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18-65+			
Name of PREA Compliance Manager: Erika Gillespie		Title:	Executive Director
Email address: gillespiee@c-m-i.com		Telephone number:	303-377-7200
Agency Information			
Name of agency: Correctional Management, Inc.			
Governing authority or parent agency: (if applicable)			
Physical address: 570 W. 44 th Avenue, Denver CO 80206			
Mailing address: (if different from above)			
Telephone number:			
Agency Chief Executive Officer			
Name: Shannon Carst		Title:	President
Email address: carsts@c-m-i.com		Telephone number:	720-854-0264
Agency-Wide PREA Coordinator			
Name: Mike Koob		Title:	Vice President
Email address: koobm@c-m-i.com		Telephone number:	720-854-0264

AUDIT FINDINGS

NARRATIVE

On August 3, 2015, the onsite portion of the PREA audit was conducted at CMI Dahlia. CMI Dahlia is a 120 bed male facility currently operating under contract with the Colorado Division of Criminal Justice and Denver County, respectively, to provide community reentry services for offenders. The Dahlia Facility is operated by Correctional Management, Inc. (CMI).

The PREA audit notice was posted by the Dahlia Staff on June 22, 2015; six weeks prior to the onsite audit. No communication or correspondence from Dahlia residents, staff, visitors, or other third party individuals were received by this auditor related to the Dahlia Facility and their PREA audit.

The onsite audit commenced shortly after 9:00 am on August 3, 2015. Following a brief entrance meeting, in which the expected audit schedule and format was discussed, a tour of the Dahlia facility was conducted. The tour of the Dahlia Facility was conducted in accordance with the PREA audit compliance tool, "Instruction for PREA Audit Tour", with emphasis on resident living quarters, resident shower and bathroom areas, intake area, cafeteria, kitchen, laundry room, recreational area, and other resident accessible areas as it relates to staff's ability to monitor, supervise and otherwise detect, prevent, and deter incidents of sexual assault and sexual harassment within the Dahlia Facility. The Dahlia Facility has actively worked to minimize, if not eliminate, potential blind spots utilizing multiple tools to enhance CMI staff's ability to prevent, detect, and deter incidents of sexual abuse and sexual harassment within the CMI Facility. Upon conclusion of the facility tour, random staff and resident interviews commenced.

Random and specialized staff interviews were conducted using the format and protocols for community confinement centers and as available on the National PREA Resource Center's website. In total, well over 70% of the Dahlia staff were interviewed and the staff sample group included CMI staff from all job classifications as well as encompassing staff from all shifts. Additionally, approximately 20-25% of the Dahlia resident population were interviewed during the onsite portion of the audit. All resident interviews followed the interview protocols for community confinement centers available on the PREA resource center website with emphasis on ensuring the sample size of residents interviewed included residents from each of the populations served at CMI Dahlia, those specifically identified in the resident interviews protocols, and from varying room assignments.

Prior to the onsite audit, and as part of the post audit review, supporting documentation provided by the Dahlia Facility was reviewed. These items included: Organizational Chart, Dahlia Facility floor plan, CMI Personnel Manual, CMI 2014 Residential policies and procedures, CMI PREA Advisements (staff, resident, contractors, etc.), MOUs with local community entities and supportive services (as will be noted and named throughout this report), CMI training curriculum, CMI employee personnel files (background checks) and training records, CMI Coordinated Response plan and flow chart, pre-audit questionnaire, and other documentation referred to in the remainder of this audit report.

FACILITY CHARACTERISTICS

Located at 4511 East 46th Avenue, CMI Dahlia is situated in a section of Denver, Colorado comprised primarily both commercial buildings. The CMI Dahlia facility is a 9,770 square foot single floor building constructed in 1953. The CMI Dahlia facility has a maximum rated capacity of 120 male offenders with risk factors ranging from minimum to low-medium risk offenders.

Resident living quarters are primarily located along the western perimeter of the rectangle shaped building with two larger residential rooms on the north eastern corner of the building. CMI staff offices occupy the interior rooms of the rectangular shaped building with additional office space allocated along portion of the south eastern section of the facility. There is one large multi-person restroom containing toilets, urinals and sinks for the residential population. Adjacent to the residential bathroom is a large multi-person shower room with a changing area for the CMI residents to utilize prior to returning to their assigned room/bed. The facility is also equipped with staff restrooms and a bathroom used for resident urine screenings.

CMI Dahlia provides residents with adequate privacy when showering, changing, or using the lavatory. To that point, CMI female staff assigned to the Dahlia facility do not enter the resident bathrooms where residents may be showering and/or changing. Female staff stand in the hallway and at the threshold to the bathroom conduct head counts verbally with follow up visual confirmation of the resident's presence at the security office. All female staff are required to "knock and announce" their presence prior to entering any area in which a resident may be in any state of undress. This practice was confirmed through staff and resident interviews.

The CMI Dahlia facility is currently equipped with one DVR recording video footage from 39 cameras with 5 convex mirrors strategically placed so as to eliminate blind spots and assist staff in detecting, deterring and preventing sexual abuse and sexual harassment.

SUMMARY OF AUDIT FINDINGS

CMI Dahlia did not have any PREA incidents in the 12 months prior to the onsite audit. CMI Dahlia staff, in conjunction with their colleagues at the other six CMI facilities and under the direction and supervision of the CMI PREA coordinator, have actively worked to achieve and maintain their level of compliance with the PREA standards. There are PREA posters posted throughout the facility which contain the telephone number for PREA reporting and additional information related to PREA, the facility's zero tolerance, and contact information for PREA reporting is included in a variety of printed materials (Resident Handbook, and PREA informational pamphlet). At the time of the onsite audit, it was recommended the number of PREA postings be increased given the physical plant design. CMI Dahlia residents, in addition to having access to community resources, also have access to emergency services through their own approved cell phones or through CMI provided payphones for which the calls to the posted help line telephone numbers are toll free. During the onsite audit the auditor was able to confirm contact with the posted tip lines from the residential payphones.

As conveyed during the random resident interviews, residents of the CMI Dahlia were each provided with the facility's resident handbook, PREA pamphlet, CMI PREA advisement and have all received screenings related to assessment of the individuals' potential for victimization and/or abusiveness during the intake process. Residents also relayed that staff "knock and announce" their presence whenever entering a resident's housing area and when entering the bathroom/shower area. CMI Dahlia residents were generally aware of the process for reporting PREA related concerns and were also generally aware of community resources available to them.

The CMI Dahlia staff also actively work to implement a safe, secure environment for residents and staff alike. The staff are very aware of their responsibilities to create a zero tolerance environment, reporting responsibilities, and first responder duties as was conveyed to this auditor during the staff interviews. Staff were very knowledgeable about their responsibilities in responding to a recently occurring incident of sexual assault and were able to communicate the steps as outlined in the CMI Dahlia coordinated response plan. Staff were also able to confirm receipt of PREA related trainings during their orientation and frequent refreshers during their "TeachBack" meetings.

Throughout the audit process, the CMI Dahlia staff, and in concert with CMI audit teams at their sister facilities, worked to revise policies, forms, procedures, and training curriculum offered (staff, contractor, resident, and specialized training materials) to better capture the requirements set forth in the national PREA standards. Auditor recommendations were well received and corrective actions quickly implemented both at the CMI Dahlia facility as well as across the CMI facility spectrum.

A thorough review was performed of the supporting documentation provided by the CMI Dahlia facility. The results of the thorough review, along with the information gathered from the tour as well as the interviews, were used to generate this report. Noted throughout this report will be references to the documentation used to support the determinations of compliance, non-compliance, or non-applicable. Overall, the audit findings for the CMI Dahlia facility are as follows:

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

§115.211- Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

Correctional Management, Inc. (CMI), as an agency, has written policies mandating zero tolerance toward all forms of sexual abuse and sexual harassment (CMI PREA Policy and Procedures, CMI Zero Tolerance Staff Acknowledgement, CMI Personnel Manual). These policies also outline the Agency's response to preventing, detecting, and responding to such conduct. Collectively, these policies meet the requirements of §115.211(a) and outline the expectations and required actions of staff when such conduct occurs or is suspected of having occurred.

CMI has established an upper-level, agency wide PREA Coordinator who has sufficient time, authority, empowerment within the position to effectively implement policies and procedures aimed at preventing, detecting, and responding to all incidents of sexual abuses and sexual harassment. The CMI PREA Coordinator is actively involved with each of the CMI facilities to ensure compliance with the CMI "Zero Tolerance" environment. The CMI organizational chart establishes the CMI Vice President/PREA Coordinator position as a "direct report" to the CMI President and is empowered to act in accordance with the expectations of the PREA standards.

CMI Dahlia has met all the requirements for this standard.

§115.212 Contracting with other entities for the confinement of residents

This section does not apply to the CMI – Dahlia Facility. CMI does not sub-contract with other entities to house offenders.

§115.213 Supervision and Monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI has created a Staffing Plan specific to the CMI Dahlia Facility. The Dahlia Facility staffing plan utilizes staffing levels (based on full complement of staffing positions filled) and video surveillance equipment in their efforts to protect residents from sexual abuse. In calculating the adequacy of staffing levels at the CMI Dahlia Facility, the staffing plan addresses all four required components of §115.213(a)(1-4) and was developed utilizing input from both the Dahlia management staff and the CMI agency wide PREA coordinator.

The Dahlia staffing plan provided was the facility's initial staffing plan. Annual review of the staff plan (§115.213(c)) will be required moving forward.

Year to date, CMI Dahlia has not deviated from the staffing plan identified and has maintained the required staffing coverage consistent with said staffing plan and stipulated contract requirements.

CMI Dahlia has met all the requirements for this standard.

§115.215 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI Dahlia, as outlined in Residential Policy 2.030 ("Contraband Control/Searches", Procedures: 3 (c-e)) prohibit staff from performing cross gender strip searches and/or cross gender visual body cavity searches. CMI employees are also prohibited from performing a search of a resident in order to determine their genital status (Residential Policy 2.030, Procedures: Section C, 8). While strip searches are permitted (Residential Policy 2.030, Procedures: Section E, 1-5), provided the employee is directed to do so by an executive director level and the employees conducting the strip search are both of the same sex as the offender to be strip searched, visual body cavity searches are never permitted (Residential Policy 2.030, Procedures: Section E, 4).

Transgender and intersex resident pat down searches would be conducted by a female staff member (if it were to occur) and would be performed using the "knife" technique. This practice is consistent with PREA expectations as noted on the PRC FAQs. All searches performed are documented in the facility's computer software program per contractual requirements. All employees are provided trainings on the performance of pat down searches, strip searches, and searches of transgender and intersex residents in a professional, respectful, and the least intrusive manner possible while not compromising the safety and security of the facility.

CMI Dahlia has developed and implemented policies and practices which require staff members of the opposite gender to knock and announce their presence when entering an area where residents are likely to be changing, showering, or performing bodily functions (CMI Residential Policy 2.100, Procedure; Section 2). The current placement of the cameras does not allow for cross gender staff viewing of a male resident while showering, changing, or performing any other bodily functions.

CMI Dahlia has met all the requirements for this standard.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI, through a MOU with the Spring Institute for Intercultural Learning, has established a method and mechanism by which their facilities, to include CMI DAHLIA specifically, have access to interpreters who can impartially, accurately, and effectively communicate via sign language and with limited English proficient individuals in many languages to include rare and exotic languages spoken in Asia, Africa, Middle East, Eastern and Western Europe. Additional auxiliary aids can also be arranged through the Facility Director if needed. CMI Dahlia does not utilize resident interpreters, confirmed via resident and staff interviews, and this is a practice that is prohibited by CMI policy unless delays in communicating with an individual would present immediate danger to the individual's safety, compromise the

performance of first responder duties, or the investigation of PREA allegations.

Throughout the audit process, the audit team worked in collaboration, to ensure CMI Dahlia's written and educational materials are provided in formats and through methods that ensure effective communication with residents with disabilities, including intellectual disabilities, limited reading skills, or who are blind or have low vision. All the PREA educational and informational materials are published in English and Spanish (resident training video, CMI Dahlia PREA pamphlet, CMI Resident PREA Advisement). CMI, as noted above, also has the ability to provide translated materials in other languages through their agreement with the Springs Institute.

CMI Dahlia has met all the requirements for this standard.

§115.217 Hiring and Promotion Decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

As described throughout the CMI Personnel Manual, the Agency clearly establishes zero tolerance for all forms of sexual abuse and sexual harassment (Items: #6 - *Code of Ethics*, Section B (36-38, 40, and 41; and item 51, Sections A-C)). Background checks are conducted on all employees and on contractors and volunteers having contact with CMI residents (as described, page 25, in Item #48 of CMI Personnel Manual, Screening/Hiring/Orientation/Training: sections D and E). CMI does not hire or promote anyone who may have contact with residents who has engaged in any of the activities notated in §115.217(a) (1-3). Furthermore, incidents of sexual harassment are factored in to any offer of employment and/or promotion once hired. A review of all employee personnel files revealed the facilitation of employee background checks prior to commencement of the employee's employment and performance of an updated employee background check every five years. CMI, through both policy and practice, and in accordance with governing federal, state, and local laws, engages in the exchange of information, as it relates to substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, between agencies for both potential employees and former employees respectively (CMI Personnel Manual, page 24, items #44 and 46 respectively). Finally, with regards to the requirements of §115.217(f)-(h), as recommended during the CMI PREA audit process, CMI has incorporated a mechanism to capture staff's continuing duty to disclose all incidents as part of the annual employee evaluation process as is required and described in §115.217(a)-(h).

CMI Dahlia has met all the requirements for this standard.

§115.218 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

115.218(a) is not necessarily applicable to the CMI Dahlia Facility as there has not been any substantial expansion to the facility nor acquisition of a new facility; however, CMI has taken efforts to upgrade their technology.

As evidenced in the CMI Dahlia staffing plan and through the information acquired through the on-site staff interviews, virtually all blind spots in the facility have been eliminated utilizing the strategic placement of the facility's cameras, mirrors, and staff monitoring.

CMI Dahlia has met all the requirements for this standard.

§115.221 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI is responsible for conducting Administrative Investigations of sexual abuse. Sexual abuse investigations that do not appear to be criminal in nature are conducted by the facility's director, the PREA coordinator, and other HR staff. All CMI staff responsible for conducting administrative

investigations have received specialized investigator's training, and the training curriculum utilized is in accordance with §115.234.

Criminal investigations would be conducted by either the Denver Police Department or the Colorado Department of Corrections Inspector General, depending on the classification of the victim. Policies for both entities were provided and do reflect the directives for the adherence to a uniform evidence protocol adapted from the "United States Department of Justice's Office on Violence Against Women publication, 'A National Protocol for Sexual Assault Medical Forensic Examinations' Adult/Adolescents', or a similar protocol".

CMI has entered into a MOU with the St. Anthony North Neighborhood Health Center to provide CMI resident victims with access to Sexual Assault Forensic Examiners and Sexual Assault Nurse Examiners 24 hours a day and seven days a week without financial cost to the resident victim. In said MOU, CMI residents would be taken to Denver Health in the event that they are involved in an incident of sexual assault. St. Anthony North Neighborhood Health Center would deploy SAFE/SANE who, while following a uniform evidence protocol that maximizes the potential for obtaining usable evidence consistent with the requirements of 115.221(b).

CMI also has entered into a MOU with the Blue Bench to provide resident victims with: support through the forensic exam and investigatory interview process; crisis intervention; emotional support; follow-up services and referrals to other community agencies.

As CMI is not responsible for conducting criminal investigations, CMI, per the requirements set forth by 115.221(f) is mandated to request the entity (or entities) responsible for conducting criminal investigations follow a uniform evidence protocol consistent with 115.221(b). CMI Dahlia has identified two agencies who would be responsible for conducting criminal investigations at the Dahlia facility. These entities being the Colorado Department of Corrections and the Denver Police Department. CMI has formally requested of Colorado Department of Corrections and the Denver Police Department, respectively, their strict compliance with the national PREA standards when conducting a sexual abuse or sexual harassment investigation involving a CMI resident specifically. Documentation of said requests has been retained by CMI and provided to the auditor to be retained with the CMI Dahlia audit records. Throughout the audit process, CMI Dahlia and the auditor worked to refine policies, procedures and demonstrated due diligence in achieving compliance with the PREA standards.

CMI Dahlia has met all the requirements of §115.221.

§115.222 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

As stated in the CMI PREA Policy, all allegations of sexual abuse and/or sexual harassment will be fully investigated either criminally or administratively if there is not a criminal element involved (PREA Policy, page 3, section 3 (b)). CMI PREA policy, page 7, section 8 (1-11) outline the responsibilities of both CMI internal staff (first responders, investigators, and management staff) as well as the expected responsibilities of external parties. In that regard, CMI is compliant with §115.222(a) and §115.222(c).

The CMI PREA policy, to include the portion of the policy pertaining specifically to the requirements of §115.222, is available on the CMI website, <http://c-m-i.com/CMI%20PREA%20Policy.pdf>. The CMI PREA Policy, and its availability for public consumption, were areas in which CMI and this auditor worked collaboratively to ensure compliance with this standard.

CMI Dahlia has met all the requirements of §115.221.

§115.231 Employee Training

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

As revealed following a review of CMI employee training records and the PREA related training curriculum, CMI Dahlia staff have all received training on the identified required elements of the §115.231(a) (1-8). The training curriculum, "Colorado Community Corrections PREA: Prison Rape Elimination Act 2003", initially captured many, but not all, of the required elements of 115.231(a) (1-10). Specifically, this training curriculum addressed eight of the ten required training items. Those eight topics being: the zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their duties; the resident's rights to be free from sexual abuse and sexual harassment; the resident's and employee's rights to be free from retaliation for reporting sexual abuse and sexual harassment; fulfillment of staff responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting, and responding to incidents; the dynamics of sexual abuse and sexual harassment in confined settings; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; and how to avoid inappropriate relationships with resident. Of the two remaining required training topic items of 115.231(a) (1-10), not specifically covered in the initial version of the training curriculum identified above, during the audit process CMI revised the curriculum so as to incorporate specific LGBTI sensitivity training which includes communicating effectively and professionally with all residents including those who may identify as lesbian, gay, bisexual, transgender, intersex or gender non-conforming and mandatory reporting laws for the State of Colorado. All CMI Dahlia staff have been trained in all aspects required by §115.231 to include all of the aforementioned added training topics.

As CMI, as an agency, houses both male and female residents, staff have been trained using the curriculum which covers both populations. All employee trainings are recorded and documented with acknowledgment from the employee of the receipt and understanding of the training materials presented. This training material is also routinely covered during staff meetings, also called "TeachBacks". Staff member interviews confirmed the receipt of the aforementioned trainings, refreshers, and the routine reviews of the CMI PREA materials, expectations, and processes during the "TeachBacks".

CMI, to include CMI Dahlia specifically, complies with all aspects of §115.231 and exceed the frequency of refresher trainings required by the standard via the performance of regular "TeachBacks".

§115.232 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI provides notification to all visitors of their zero tolerance policies related to sexual abuse, sexual harassment, and sexual misconduct. Volunteers and Contractors having unsupervised access/contact with CMI residents are provided additional training on their duties and responsibilities as it relates to the CMI zero tolerance policies in preventing, detecting, deterring, and responding to incidents of sexual abuse, sexual harassment, and/or sexual misconduct. Training sessions are documented and retained. Confirmation of said trainings was provided and reviewed during the audit process. CMI Dahlia has met all the requirements for this standard.

§115.233 Resident Education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

Upon intake, as was confirmed in a review of the facility's supporting documentation and as was communicated through the CMI Dahlia resident interview process, all residents receive information educating them on: the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse and sexual harassment; their right to be free from retaliation for reporting such incidents; and, the agency policies and procedures for responding to such incidents. This information is provided to all residents upon their intake via a PREA pamphlet, PREA advisement, and through a short PREA video all residents watch as part of the intake process.

CMI, as noted previously in the auditor's summary for §115.216, has established a MOU with the Spring Institute for Intercultural Learning, in order to provide their facilities, to include the CMI DAHLIA facility specifically, with access to interpreters who can impartially, accurately, and effectively communicate via sign language and with limited English proficient individuals. Additional auxiliary aids can also be arranged through the Facility Director. Staff can also contact colleagues and co-workers at nearby CMI facilities; some of whom are bilingual and can also assist as needed. As noted previously, the audit team worked collaboratively to ensure all PREA educational and informational materials are available to CMI's residents in both English and Spanish; the two most common languages spoken amongst the CMI resident populations. The translated educational and informational materials include the CMI resident handbook including a PREA specific section, PREA related orientation videos, PREA Advisement, and the CMI Dahlia PREA pamphlets. The material is provided to all CMI residents immediately upon intake and also reviewed with each resident in an individualized setting within the first few days of the resident's admission in the program to ensure all the resident's questions and/or concerns are addressed.

CMI Dahlia has met all the requirements for this standard.

§115.234 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

As a result of the audit process, select CMI Dahlia staff, CMI executive staff, and other upper management personnel have been selected and have been trained on conducting administrative specialized investigations in community settings. The curriculum used for CMI administrative investigators covers all required topics as identified in §115.234 was identified based on its focus and emphasis on conducting sexual abuse investigations in a confined setting. As with the employee training records noted in §115.231, documentation of the selected management staff members responsible for conducting administrative investigations is retained in the employee's training records along with formal acknowledgment of receipt of the training by the employee.

CMI staff do not conduct criminal investigations but rather refer sexual abuse and sexual harassment allegations appearing to be of possible criminal nature to either the contract agency, Colorado Department of Corrections Office of the Inspector General, for criminal investigation by law enforcement, or directly to the Denver Police Department.

CMI Dahlia has met all the requirements for this standard.

§115.235 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI Dahlia does not have mental health or medical staff who work in the facility regularly or irregularly whether on a fulltime or part-time basis. As such, this standard would not apply to CMI.

§115.241 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

As outlined in CMI policy 3.020, "Assessments" (page 118, procedure 6 (a-f)) CMI Dahlia residents are assessed at identified placement milestones in order to determine their risk levels for possible victimization and/or possibility of abusiveness. These placement milestones are: upon admission, within 30 days of their admission; upon receipt of new information; upon receipt of an allegation involving the resident (alleged victim and/or alleged abuser); and, upon transfer to another facility. The final assessment milestone, that being upon transfer to another facility, was added to CMI Policy 3.020 as a result of the audit process. CMI Policy 3.020 further stipulates the initial assessment must occur within 72 hours of their admission into the facility which reflects the requirement set forth in the national PREA standard §115.241. All assessments are performed utilizing an objective screening instrument, encompassing all ten criteria identified in §115.241(d) and documented in the resident's electronic case file.

A review of randomly selected completed risk assessments revealed that greater than 75% of the residents' screenings reviewed were completed within the 72-hour time frame identified in the PREA standard. The performance of a re-assessment/review of the individual's risk levels of victimization and/or abusiveness within 30 days of their intake date was greater than 75% compliant. Throughout the audit process the CMI staff and the auditor worked in collaboration to ensure the screening tool, the CMI policies, and process were substantially compliant with all PREA requirements.

As noted in CMI policy 3.020(6)(f), and as required standard 15.241(i), CMI staff are informed to maintain confidentiality with regards to information obtained as a result of the risk assessment. The CMI staff resident tracking software, containing each resident's electronic case file and respective client case notes, is equipped with mechanisms to limit each permitted user's scope of access dependent upon individual needs related to the performance of expected duties. Staff are further instructed, per 3.020(6)(e) not to discipline residents who fail to disclose complete information or for refusing to answer.

Throughout the audit process the CMI staff and the auditor worked in collaboration to ensure the screening tool, the CMI policies, and screening process were substantially compliant with all PREA requirements.

CMI Dahlia, as of issuance of this report, has met all of the requirements for this standard.

§115.242 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI Policy 3.020(7)(a-f) speaks directly to the standard requirements set forth by 115.241(a-f). In the review of documentation and as relayed by staff during the onsite random staff interviews, information acquired by CMI Dahlia staff in the assessment to include but not limited to the assessments performed pursuant to 115.241, is used to help management staff determine the most appropriate housing assignment and to allow for residents at greater risk of victimization to be housed in closer proximity to posted staff positions.

As noted above in 115.241, the electronic software program utilized by the Dahlia staff and containing each resident's electronic case file is equipped with mechanisms to limit each permitted user's scope of informational access dependent upon individual needs related to the performance of expected duties.

All CMI staff are informed of the Code of Ethics governing their respective positions and acknowledge their responsibility to maintain the confidential nature of information they may receive.

CMI Dahlia has the ability to accommodate individualized showers for their transgender and/or intersex residents and provide each resident with a PREA related pamphlet at intake in which residents are informed that individualized shower accommodations can be made available if needed.

Finally, within the scope of their authority as conveyed via the staff interview process, the CMI Dahlia staff consider the safety and health of a transgender or intersex individual in the determination of housing placement. CMI Dahlia staff employs due diligence in the determination of which room (or bed) the individual is placed. It is recommended that CMI Dahlia continue to utilize the information gathered during the assessment process and document the manner and times this information is used in housing or program assignments.

CMI Dahlia has met all the requirements for this standard.

§115.251 Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

The CMI Dahlia staff informs and provides residents with multiple channels for reporting sexual abuse and sexual harassment, retaliation and other PREA related violations. All residents are provided contact information for the Colorado Department of Corrections Tip Line (1-877-DCC-TIPS), contact information for rape crisis counseling through the Blue Bench organization with whom CMI has a MOU and does accept toll free calls. In addition to these resources, CMI Dahlia residents are also encouraged to contact local law enforcement, their assigned parole officer, and/or any staff member. This information is available in written format for all residents to retain during their placement at the CMI Dahlia facility and is also posted throughout the facility and is available in English and Spanish. CMI has also established a mechanism in which this information can be translated into several other languages should the need arise. CMI accepts all reports of sexual abuse and/or sexual harassment to include anonymous and third party reporting, without weighted differentials for verbal or written reports. Finally, as is required by §115.253(d), CMI has established several mechanisms for staff to utilize in reporting PREA related concerns privately including a PREA staff line which has been established for CMI employees to utilize in communicating their concerns and/or suspicions.

CMI Dahlia has met all the requirements for this standard.

§115.252 Exhaustion of Administrative Remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI Policy 1.140 (11)(a-e) details the agency's procedures related to resident grievances. The CMI policy does not impose a time restriction for the filing of a grievance related to sexual abuse or sexual harassment. The CMI policy also provides for emergency grievance procedures if the resident alleges he/she is at substantial risk for imminent sexual abuse. The CMI policy also conforms to the deadlines set forth in standard 115.252(d)(f) respectively. The CMI Dahlia PREA Pamphlet provided to Dahlia residents also articulates that disciplinary action against a resident can only be taken if the allegation was made in bad faith.

CMI Dahlia has met all the requirements for this standard.

§115.253 Resident access to outside confidential supportive services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

As previously noted, CMI has entered into a MOU with the Blue Bench to provide emotional supportive services to residents of their programs to include the Dahlia Facility specifically. This MOU also covers rape crisis advocacy; hospital accompaniment; support and accompaniment of the victim through the forensic examination process and the investigatory process; crisis intervention services, referrals for follow-up services and/or additional community resources as needed. The contact information for the Blue Bench is included in the CMI Dahlia PREA pamphlet provided to all residents at intake. A signed acknowledgment of the resident's receipt of the PREA information, via a PREA Advisement form, is retained in the resident's case file.

Speaking specifically to the standard's requirement that the facility "enable reasonable PREA Audit communication between residents and these organizations in as confidential a manner as possible", CMI Dahlia residents are permitted to possess and use cell phones as well as having access to a plethora of community resources outside the facility. The payphones provided by the CMI Dahlia facility can make out going toll free phone calls. Additionally, CMI Dahlia staff inform residents the extent to which their communication with community resources will be monitored and which information will be sought in communication with these external entities via the completion of a release of information form.

CMI Dahlia has met all the requirements for this standard.

§115.254 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

Pursuant to the requirements set forth through 115.254(a), CMI has publically distributed through its website, the methods through which incidents of sexual abuse and/or sexual harassment can be reported. This can be found at <http://c-m-i.com/PREA.html>.

CMI Dahlia has met all the requirements for this standard.

§115.261 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

In review of CMI Personnel Manual (Code of Ethics, Section B, item 41), CMI PREA Policy (section 7(a)(1)), CMI PREA Policy Acknowledgement form as well as the supporting documentation submitted in conjunction with the pre-audit questionnaire and pertaining to §115.261, the directives set forth in these documents fully meet and appropriately capture all of the requirements of the §115.261(a-e). Speaking specifically to the requirement of §115.261(a), the CMI Dahlia audit team through a concerted effort with their CMI colleagues serving on the audit teams of their respective programs, worked to revise the CMI PREA policy to specifically articulate that neither the location of an alleged incident nor the time period in which it is alleged to have occurred will impact the CMI staff's responsibility/obligation to report the allegation in accordance with the CMI coordinated response and the PREA standards. CMI's revised PREA

policy now states:

"If staff receives any information, regardless of its source and without regard with the length of time between the receipt of an allegation and the location and date of the alleged incident of sexual abuse and or sexual harassment, concerning any suspected prohibited sexual behavior, observes an incident of prohibited sexual behavior, or has suspicion or knowledge of retaliation against clients or staff for reporting an incident, staff is required to immediately report the incident to his/her supervisor and/or Director."

CMI policies capture the remaining components of the standard in that CMI has: placed sufficient levels of control on communication of information received by CMI employees consistent with the requirements of §115.263(b) (CMI PREA Policy, Section 7(a)(6)(d); and outlines the duties and responsibilities of the CMI staff, as mandated reporters within the State of Colorado (CMI PREA Policy Section 6(e) referencing CRS 19-3-304).

§115.263(c) would not apply to CMI Dahlia as they do not employ medical or mental health care practitioners.

CMI Dahlia has met all the requirements for this standard.

§115.262 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

Through a thorough review of CMI PREA Policy (Section 7(b)), CMI Dahlia Residential Policies as well as information acquired during the staff interviews, CMI Dahlia staff, though not faced with a situation in which substantial risk to a CMI resident occurred or is believed to have occurred, has mechanisms in place to immediately ensure the resident's safety. Staff members interviewed PREA expressed knowledge of the agency coordinated response (specifically their duties as first responders (line staff), management responsibilities for the coordination of external parties with whom CMI has a MOU, and consideration of resident safety in the facilitation of their respective job duties. In that regard, CMI has the ability to transfer residents to additional housing units within the Dahlia facility in order to be closer to the posted security technicians and/or temporarily transfer a resident to another CMI facility until permanent arrangements can be made. CMI operates seven facilities in Colorado, with at least three facilities in close proximity to the Dahlia facility.

CMI Dahlia has met all the requirements for this standard.

§115.263 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI PREA policy (Section 7(c)(1-4) outlines the Agency's expectation for staff members to communicate information pertaining to allegations of sexual abuse which occurred at another confinement facility to the facility director. The Director, in turn, will consult with the CMI PREA Coordinator. The Facility Director, will make notification to the facility head of the institution at which the alleged sexual abuse/sexual harassment is to have occurred. CMI policy clearly identifies: the 72-hour time frame mandated by PREA standard 115.263(b) (CMI PREA Policy: section 7(c)(2)); said notification is to be formally documented (CMI PREA Policy: Section 7(c)(3)) as required in 115.263(C); and, the expectation that the facility director receiving the allegation ensures the allegation is investigated in accordance with the PREA standards as noted in 115.263(d) (CMI PREA Policy: Section 7(c)(4)).

CMI Dahlia has met all the requirements for this standard.

§115.264 Staff first responder duties

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI PREA Policy, section 7(d) (1-3) and the aforementioned CMI Dahlia coordinated response plan covers all of the requirements in §115.264(a) (1-4) (b) with overall intent of preserving any evidence and protecting the crime scene and exceed the requirements of the standard with regards to ensuring all staff are trained in first responder duties. The CMI PREA policy, staff training curriculum, and the CMI Dahlia written coordinated response clearly capture all requirements of §115.264(a) (1-4). Year to date, CMI Dahlia has not had any incidents requiring a first responder response.

While CMI ensures all staff are trained in and familiar with first responder duties, to be enacted following an allegation of sexual abuse, and does not differentiate between the job classifications of the first CMI staff member to respond to a sexual abuse incident, the PREA standard does make that distinction in §115.264(a) and §115.264(b) instructing non-security first responder staff only to request that the alleged victim not take any actions that could destroy evidence and then notify security staff. To that point, the CMI PREA audit teams, to include input from representative for CMI Dahlia, worked collaboratively to revise the CMI PREA policies in an effort to ensure there are both no missteps or mishandling of evidence (the crime scene, victim, perpetrator(s), etc.) and addressing the immediate needs of the victim while maintaining compliance with all aspects of the PREA standards. Following the audit team's revisions, the CMI PREA policy and coordinated response plans (to include the articulated first responder duties) provide specific direction to those individuals not trained in first responder duties. The policy now directs individuals not trained in first responder duties to instruct the alleged victim not to shower, change, etc. and "then notify a trained staff member".

CMI Dahlia meets all the requirement for this standard and exceeds the staff training requirement.

§115.265 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI has a written institutional plan of coordinated actions taken in response to an incident of sexual abuse (flow chart) as well as in written policy (CMI PREA Policy). While the basis for the written plan is a template used by all CMI facilities, the CMI Dahlia coordinated response plan is specific to the CMI Dahlia facility, in that staff are directed to use specific locations within the CMI Dahlia facility to separate the alleged victim and abuser. The coordinated plan, per §115.265(a), shall also be developed to coordinate actions between first responders, facility management staff and external parties such as those with whom CMI has a MOU to provide services for CMI clients who are the victim of sexual abuse. The current coordinated response plan captures and outlines the responsibilities of the CMI Dahlia staff (first responders, Dahlia management staff, and CMI corporate staff); however, did not capture the expected duties/responsibilities of the external agencies. These parties include, but are not limited to: law enforcement entities; victim advocacy services, and SAFE/SANE services at no cost to the resident victim.

The CMI Dahlia coordinated response plan, as a result of the audit process, outline the expected actions/services these organizations will provide (per the agreements identified in the respective MOU's). For example, Denver PD should include but not necessarily limited to: the collection of evidence; processing of evidence; interviews (witness, victim, perpetrator); Miranda warnings; referral for prosecution. Expected responsibilities for the Blue Bench might include, but also not limited to: accompaniment during forensic exam, counseling; follow-up supportive services; etc. The same is outlined for St. Anthony's North Neighborhood Health Center and the Springs Institute for Cultural Learning in the CMI Dahlia coordinated response plan.

CMI Dahlia has a comprehensive written coordinated response plan with all staff members trained and very much aware of their responsibilities as first responders, etc. CMI Dahlia has met all the requirements for this standard.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI employees, including those employed at their CMI Dahlia facility, are not unionized and no collective bargaining agreement exists. As such, there is nothing prohibiting the management staff of the CMI Dahlia facility, as empowered through the CMI PREA Policy, PREA Acknowledgment and Agreement form, code of ethics, and other expected employee practices described in the CMI Personnel Manual from removing any alleged staff abusers from contact with any residents.

CMI Dahlia meets the requirements of standard 115.266.

§115.267 Agency Protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

In review of CMI PREA Policy, section 7(f) (1-3), CMI Dahlia has established multiple mechanisms to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse and/or sexual harassment investigations from retaliation by other residents or staff. CMI further identifies which staff members/departments are responsible for monitoring of both residents and non-resident persons. In the case of CMI Dahlia residents, the assigned case manager is responsible for completing the monitoring, through periodic status checks. CMI Dahlia has identified the staffing position responsible for monitoring "any other individual who cooperates with an investigation" and/or "expressed a fear of retaliation".

In the 12 months prior to the PREA audit, CMI Dahlia has had zero PREA related reports/allegations requiring retaliation monitoring. Per CMI PREA Policy, monitoring will occur for at least 90 days following a report and can extend the monitoring period if circumstances and/or evidence suggest otherwise. Monitoring, per policy and per §115.267(f) would terminate if the allegation was determined to be unfounded or if the resident is released from supervision prior to the expiration of the ninety-day monitoring period. Throughout the audit process the audit team worked to develop a retaliation monitoring template, identification of individuals/departments responsible for retaliation monitoring, and refinement of the CMI PREA policy in order to provide clear staff directives on the fulfillment of their responsibilities as it relates to the national PREA standards.

CMI Dahlia has met all the requirements for this standard.

§115.271 Criminal and administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

As outlined in CMI PREA Policy (Procedures, Section 8(a) (1-11) CMI has established policies for investigating allegations. CMI staff do not conduct criminal investigations; rather, these are forwarded to local law enforcement (Denver Police Department) and/or the Colorado Inspector General's Office depending on the classification of the alleged victim. As noted in §115.221, CMI has formally requested of both entities their compliance with the national PREA standards.

In the 12 months prior to this audit, CMI Dahlia did not receive any reports or allegations of sexual abuse. All criminal investigations would be conducted by the Denver Police Department or the Department of Corrections Inspector General's Office should an allegation of sexual abuse and/or sexual harassment be received by CMI Dahlia staff. CMI staff would be responsible for conducting administrative investigations of sexual abuse and/or sexual harassment involving CMI Dahlia residents and have received specialized investigation training; covering all required components as identified in §115.234.

CMI Dahlia has met all the requirements for this standard.

§115.272 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI PREA policy, Procedures (8)(b) is consistent with the intent, expectations and spirit of §115.272. CMI as an organization, and CMI Dahlia as an extension of agency, utilizes the “preponderance of the evidence” as the standard in determining whether allegations of sexual abuse and/or sexual harassment are substantiated, unsubstantiated, or unfounded.

CMI Dahlia has met all the requirements for this standard.

§115.273 Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI PREA Policy (Procedures, Section 8(c)) outlines the expectation that resident victims of sexual abuse suffered in an agency facility will be informed of the outcome of an investigation into an allegation. CMI further expresses the expectation that the Director of their facilities, in this case CMI Dahlia, to be vigilant in their efforts to remain informed about an ongoing investigation so as to be able to keep the resident victim informed.

The CMI policy covers all aspects of the requirements of §115.273. It did not completely capture the specific requirements of §115.273 in that, CMI policy initially identified four notification milestones (employee no longer employed at the facility, employee no longer employed with the company, CMI learns the staff member was indicted/charged with an offense related to sexual abuse within the facility, and CMI learns the staff member was convicted on said charges), the policy also accounts for the possibility of suspension of the employee pending the outcome of an investigation, which is, essentially, the employee being removed from his/her “post” within the resident’s “housing unit”. Throughout the audit process the audit team worked to refine the CMI PREA policy so as to incorporate specific language aimed at providing both clear direction for CMI staff and capturing all the required notification milestones, verbiage, and intent of §115.273.

CMI Dahlia has met all the requirements of this standard.

§115.276 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI Dahlia, through the CMI PREA Policy, CMI PREA Policy Staff Acknowledgement form, and CMI Personnel clearly identifies CMI employee prohibited behaviors including all forms of harassment, abuse, and otherwise inappropriate behaviors, actions and/or non-verbal gestures. The CMI PREA Policy (Procedures, Section 9(b)) refers the reader to the CMI Personnel Manual, Corrective and Disciplinary Action which appears on page 14 of said manual. In this section of the manual, the disciplinary process does not fully capture the expectation in 115.276(b) in which "termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse". This is clearly articulated in both the PREA standards and the CMI Personnel Manual (page 11, "Code of Ethics", item 38). Similarly, CMI should verbalizes the criteria in §115.276(c) when taking disciplinary action relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse).

The criteria, established through this subsection of §115.276, are that disciplinary action be: commensurate with the nature and circumstances of the acts committed; the staff member's disciplinary history; and, the sanctions imposed for comparable offenses by other staff with similar histories. Additionally, reporting of staff members terminated, or who would have been terminated if not for their resignation, to relevant licensing agencies was not specifically captured either in policy or in the CMI Personnel Manual; though this information did appear in the CMI Zero Tolerance Staff Acknowledgement. To complete the circuit and to fully capture the requirements of this particular PREA standard as expected practice within the organization, the CMI audit team (to include representatives from various CMI facilities, senior management, and corporate staff members) was tasked to specifically include these aspects within written policy and in the CMI Personnel Manual – Discipline and Corrective Action section as this is the section of the manual referred to in policy.

With these aspects included in the CMI Personnel Manual and/or written policy, CMI Dahlia has met the requirements of this standard.

§115.277 Corrective action for contractors and volunteers
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

Similar to the suggestions for the previous standard's audit narrative, while CMI's Zero Tolerance Acknowledgement form does accurately reflect the requirements set forth in §115.277(a) and (b); the CMI Audit team was tasked with inclusion of similar verbiage in either the CMI Personnel Manual speak to the four mandatory actions to be taken by CMI Dahlia following receipt of a report of sexual abuse of a CMI Dahlia resident by a volunteer/contractor. Those required actions included:

- Removal of contractor's and/or volunteer's from contact with CMI Dahlia residents when alleged to have engaged in sexual abuse
- Notification to law enforcement (when appropriate);
- Notification to relevant licensing agencies; and,
- Taking remedial measures up to and including prohibition from further contact with residents for any other violation of the CMI Zero Tolerance policy (aside from engaging in sexual abuse).

With these aspects included in the CMI Personnel Manual and/or written policy, CMI Dahlia has met the requirements of this standard.

§115.278 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI Residential Policy 1.110, Procedures, Section 5 (a-f) (page 30 of the CMI Residential Policy Manual) outlines the disciplinary sanctions for CMI residents to include CMI Dahlia residents. The aforementioned policy accurately captures and mirrors the requirements of §115.278 (a-f) with the notable exception of the requirements identified in §115.278(d) requiring facilities who provide therapy, counseling, etc. to "offer therapy, counseling, or interventions designed to address and correct underlying reasons or motivations for the abuse". In that regard, §115.278(d) would not be applicable to CMI Dahlia for two reasons.

First, CMI does not offer therapy, counseling or other interventions; rather, CMI outsources these services from approved vendors as identified by the contractor. To that point, CMI has mechanisms in place (as referenced in CMI Residential Policy 3.200) to access community resources and continued dialogue with said community resources to help address deviant or prohibited behaviors and/or concerns in advance of any sexual abuse.

Second, it is important to note, as a private contractor providing services to Colorado Department of Corrections, Colorado Division of Criminal Justice (DCJ), et al, CMI would not be permitted to retain a resident accused of sexual abuse; rather, the appropriate legal entities (DOC, Denver Police Department, etc.) would remand the alleged abuser until final disposition. As such, with confirmation of CMI's request of these respective law enforcement entities to adhere to the federal PREA standards currently in hand, as noted in §115.221, CMI, and CMI Dahlia specifically, has demonstrated due diligence in their efforts to comply with all aspects of the PREA standards.

CMI Dahlia has met all the requirements for this standard.

§115.282 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

The CMI PREA Policy (Procedures, section 10 (a) (1-4)) outlines the Agency's stated objectives to provide resident victims of sexual abuse with access to emergency medical treatment and crisis intervention services. CMI's MOU with the Blue Bench also provides for advocacy and emotional supportive services; furthermore, CMI's MOU with St. Anthony North Neighborhood Health Center outlines the expected duties of both CMI and St. Anthony North Neighborhood Health Center respectively. In the MOU, section D – "Roles And Understanding Of The Parties: Access to Emergency Medical Health Services", the requirements set forth in §115.282(a)(c)(d) are specifically covered and articulated.

Additionally, speaking to §115.282(b), CMI has set forth written directives (as noted in 115.265) to ensure that notification to appropriate medical and mental health practitioners occurs upon determination that an incident of sexual abuse has occurred (CMI PREA Policy, Procedures, Section 10(a)(1-4)) and, following suggested revisions to said policy, also imposes the expectation that the notification to medical and/or mental health practitioners is "immediate" as noted in the latter part of §115.282(b) (CMI PREA Policy, Procedures, Section 10 (a)(1).

CMI Dahlia has met all the requirements for this standard.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI PREA Policy (Procedures, Section 10(b)(1-8)) captures each of the applicable elements of PREA standard 115.283(a-h) with the notable exceptions of 115.283(d)(e) which would not be applicable as CMI Dahlia is an all-male facility. The remaining portions of the standard (115.283(a)(b)(c)(f)(g) and (h) are fully articulated in the above referenced policy. As has been previously noted, CMI Dahlia has not had an occurrence of sexual abuse nor a report of sexual abuse occurring at another facility (while the resident is housed at CMI Dahlia).

The existing arrangements with local community resources, as captured in the aforementioned MOU's (Blue Bench, St. Anthony North Neighborhood Health Center, etc.) and via documented efforts to establish said MOU's, provide for the ongoing medical and mental health care for sexual abuse victims consistent with the level of care offered in the community.

CMI Dahlia has met all the requirements for this standard.

§115.286 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI PREA Policy and Procedures, Procedure Section 11(a) (1-5) outline the Agency's expectation on the scope, the participants, responsibilities and areas to be reviewed, and functionality of sexual incident review committee and its quorum. During the pre-audit and onsite audit, the auditor worked with the facility to develop a template for recording the sexual abuse incident review committee's meeting minutes. The template includes all the criteria identified in §115.286(d) (1-6).

CMI Dahlia has not had any incidents of sexual abuse occurring, or allegedly occurring, at CMI Dahlia in the 12-month period prior this audit. As such, CMI Dahlia has not had reason to convene a Sexual Abuse Incident Review committee. As has been documented and reviewed as part of the audit process for other CMI facilities, the Sexual Abuse Incident Review Committee, should the need to convene the committee exists, consists of a multi-dimensional team of executive, upper, and middle management personnel. The committee would be expected to review any substantiated or unsubstantiated sexual abuse allegation using the aforementioned CMI sexual abuse review committee template and retained as part of the investigation process.

CMI Dahlia has met all the requirements of this standard.

§115.287 Data Collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

As an agency, CMI, as directed by CMI's PREA Policy and Procedure, Procedures, Section 11(b)(1-4), collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control and does so by using a set of definitions. Information is gathered at each CMI facility, to include CMI Dahlia, and forwarded to the CMI PREA Coordinator. At the time of this report, the CMI sexual abuse data is posted and available on the CMI website. The data includes aggregate information for each individual facility, including CMI Dahlia, and the agency as a whole.

CMI Dahlia has met all the requirements for this standard.

§115.288 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI PREA Policy and Procedures, Procedures section 11(c) (1-4) captures all of the required elements set forth in §115.288(a-d) and as noted above in §115.287, data collected pursuant to §115.287 has been aggregated, analyzed, and made available on the CMI website in the form of a 2014 Annual PREA report. The report provides a comparison of 2014 and 2013 data for each CMI facility. Consistent with the

compiled data showing only isolated reports/allegations in the CMI facilities and the utilization of ample video surveillance coverage and strategically placed convex mirrors, there were no identified "problem areas" requiring identification of corrective actions.

It is recommended that future Annual PREA reports speak to an assessment of the agency's progress in preventing, detecting, deterring, and investigating incidents of sexual abuse and/or sexual harassment. As CMI, and CMI Dahlia specifically, have demonstrated significant staff effort to implement and maintain a zero tolerance culture throughout their facilities, the inclusion of progress in all PREA related aspects (policy revisions, specialized trainings, etc.) is recommended so as to speak to evolution of the comprehensive CMI PREA policies and practices.

CMI Dahlia has met all the requirements for this standard.

§115.289 Data storage, publication, and destruction
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

CMI, through the CMI PREA Policy and Procedures, Procedure Section 11(d) (1-4) capture each of the requirements of PREA standard §115.289 and, as has been noted in the previous two standards, CMI has compiled, aggregated and published data collected for 2013 and 2014 respectively in their Annual PREA Report. As noted in the standards §115.288, it is recommended that future annual reports include or speak to an assessment on the agency's progress in addressing sexual abuse.

CMI Dahlia has met all the requirements for this standard.

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.



2-21-2016

Auditor Signature

Date