

**PREA AUDIT REPORT    Interim    Final  
COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** November 22, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Barbara Jo Denison			
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<b>Date of facility visit:</b> November 14-15, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> CMI-Columbine			
<b>Facility physical address:</b> 4280 Columbine St., Denver, CO 80216			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 303-298-8334			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Melissa Torres, Program Director			
<b>Number of staff assigned to the facility in the last 12 months:</b> 13			
<b>Designed facility capacity:</b> 60			
<b>Current population of facility:</b> 59			
<b>Facility security levels/inmate custody levels:</b> Minimum			
<b>Age range of the population:</b> 20-68			
<b>Name of PREA Compliance Manager:</b> Melissa Torres		<b>Title:</b> Program Director	
<b>Email address:</b> torresm@c-m-i.com		<b>Telephone number:</b> 303-298-8334, ext. 207	
<b>Agency Information</b>			
<b>Name of agency:</b> Corrections Corporation of America			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 10 Burton Hills Blvd., Nashville, TN 37215			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 615-263-3000			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Damon Hininger		<b>Title:</b> President and Chief Executive Officer	
<b>Email address:</b> <a href="mailto:Damon.Hininger@cca.com">Damon.Hininger@cca.com</a>		<b>Telephone number:</b> 615-263-3301	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Lisa Hollingsworth		<b>Sr. Director, PREA Programs and Compliance</b>	
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## AUDIT FINDINGS

### NARRATIVE

The PREA on-site audit of CMI-Columbine was conducted November 14-15, 2016 by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. Questions during this review period were answered by the Program Director who is designated as the facility's PREA Compliance Manager.

On the first day of the audit, a brief entrance meeting was held with Melissa Torres, Program Director; Mike Koob, Senior Director and Lisa Hollingsworth, Senior Director PREA Programs and Compliance in attendance. Following the entrance meeting, Melissa Torres, Program Director and Lisa Hollingsworth, Senior Director PREA Programs and Compliance accompanied me on a facility tour. During the tour, the location of cameras and mirrors, room layout, shower/toilet areas and placement of PREA posters and information was observed. PREA posters in both English and Spanish were posted throughout the facility in common areas. During the tour, I spoke informally to staff and residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them.

I reviewed the training records of all staff, the contractor and the religious volunteer to determine compliance with training mandates and background checks procedures. Personnel files are maintained electronically in a Pro Staff program at the Human Resource Department located at CMI-Fox. I met with the Human Resource Director and the Resource Specialist at CMI-Fox to review the files of staff, the contractor and the religious volunteer. All files reviewed showed that criminal background checks for pre-employment and after five years of employment are being completed as required. A *Self Declaration of Sexual Abuse/Sexual Harassment* form (14-2 CC-H) form was missing from one staff file, but was forwarded to me after the close out of the audit.

Documentation of annual PREA training for staff and contractors are also maintained in the electronic personnel file. Documentation of volunteer training is maintained at the facility by the Program Director. Three *Policy Acknowledgement* forms (14-2 CC-A) for staff were not found, although the *CMI Training Attendance Roster* verified completion of this training. Signatures were obtained from these three staff members and were provided for my review.

Resident files are maintained electronically in a Correct Tech system. Eighteen electronic resident files were reviewed to evaluate screening procedures and resident PREA education. Of the eighteen files reviewed, eight files showed that the *Prison Rape Elimination Act Orientation* form that is signed by residents upon completion of the orientation process were not in the residents' files. The Program Director was asked to review the files of the remaining residents to determine if there were other files that this form was missing. After her review, it was determined that 24 records were missing. The Program Director showed the PREA video to 23 of these residents and they signed the *Prison Rape Elimination Act Orientation* form which were scanned into their files. One resident was hospitalized and he view the video when he returns to the facility. The Program Director plans to retrain all staff to remind them this form is part of the orientation process and they must ensure it is signed by the resident and scanned into their electronic file.

A total of 21 residents were formally interviewed during the course of the audit. Of the 21 residents interviewed, there were one self-disclosed gay, one resident identified during initial PREA screening to be a potential victim and four residents screened to be potential abusers. There were no residents that were limited English proficient, deaf, hard of hearing, blind, had low vision, who self-disclosed being bisexual, transgender or intersex housed at the facility at the time of the audit. All of the residents interviewed acknowledged receiving PREA training with written information during the intake process. They were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate during interview the methods of reporting allegations of sexual abuse and sexual harassment available to them. Residents consistently indicated that they feel safe at this facility. When questioned about outside reporting options, residents were not aware that there were two outside confidential numbers that they could call to report allegations of sexual abuse and sexual harassment. They were aware of the DOC Tips Line, but not of The Blue Bench hotline available to them and were not aware that The Blue Bench was an outside agency that provides confidential emotional support services to victims of sexual abuse as well as being an option for reporting allegations of sexual abuse and sexual harassment. It was recommended that new posters be ordered and that both reporting numbers be added to the posters. The Program Director distributed to all residents a memo with the contact number for The Blue Bench and the DOC Tips Line with an attached handout about The Blue Bench. She will review this information with residents at the next house meeting.

Prior to the on-site visit, I was supplied a list of security and non-security staff who were scheduled during the on-site visit. I formally interviewed all staff scheduled for a total of 11 staff and interviewed one religious volunteer and one contractor by telephone. Of the 11 staff members interviewed, six were security staff and the remaining five specialized staff. The Program PREA Audit Report

Director, who is the facility's PREA Compliance Manager, is also a member of the Incident Review Team, SART, is the facility investigator and is responsible for monitoring for retaliation. She was asked multiple questions as they relate to the responsibilities of each of those roles. The agency's PREA Coordinator and the Executive Vice President and Chief Corrections Officer (agency head designee) were both interviewed at an earlier date by telephone. Staff interviewed were all knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations.

In the past 12 months, there have been no allegations of sexual abuse or sexual harassment reported. If allegations are reported, the PREA Compliance Manager is the trained facility investigator. Criminal investigations are referred to the Denver Police Department – Sex Crime Unit. Prior to the on-site audit visit, the Denver Police Department - Sex Crime Unit was contacted to discuss the process of criminal investigations for resident victims of CMI-Columbine. The Sergeant responsible for the Sex Crimes Unit of the Denver Police Department stated when contacted a victim has to be willing to pursue a criminal investigation and if they agree to pursue a criminal investigation, a detective would be assigned to investigate the allegation. The investigation would include gathering evidence, obtaining witness statements and obtaining camera footage. Upon completion of the investigation, the case would be presented to the District Attorney's office and the District Attorney would decide to move forward or refuse to pursue prosecution. The facility would be able to contact the detective at any time, but Rape Shield Laws may prevent disclosure of some information. The facility may be informed of the outcome of the investigation only if they call to request this information.

CMI has a Memorandum of Understanding (MOU) with St. Anthony's North Neighborhood Health Center entered into June 8, 2015. Contact was made with the Forensic Nurse Coordinator to confirm and review the MOU. The agency has three hospitals in the network where residents of CMI-Columbine can be referred for SANE exams. They are the St. Anthony's Hospital, the 84<sup>th</sup> Avenue Neighborhood Health Center and the St. Anthony's North Campus, all locations being 20-30 minutes from the facility. The facility would call ahead before bringing a resident victim of sexual abuse to one of the three health centers and an advocate from The Blue Bench would meet the resident victim at the health center. The Program Director reported during interview that CMI-Columbine would take resident victims to the St. Anthony's North Hospital. SANE exams and other treatment services offered to the victim are provided without financial cost to the victim.

Contact was made with the Director of Client Services of The Blue Bench, an agency that CMI entered into an MOU effective August 15, 2016. The MOU provides for victim advocacy services and a reporting hotline for sexual abuse victims of CMI-Columbine. The Director of Client Services reported that calls made to The Blue Bench are confidential and anonymous. An advocate would meet the victim at one of three hospitals that are in the St. Anthony Health Center network to be present for the forensic exam to provide emotional support and information to victims. The Blue Bench does not provide crisis counseling, but can offer up to three follow-up visits for support purposes. Services are provided at no cost to the victim.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Melissa Torres, Program Director and Lisa Hollingsworth, Senior Director PREA Program and Compliance in attendance. During the exit meeting, the facility was informed of the process that would follow the on-site visit. The team was complimented on their cooperation prior to the audit and during the on-site visit and their willingness to achieve PREA compliance. It is evident that the facility has made PREA compliance a high priority to ensure the sexual safety of the residents of CMI-Columbine.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Colorado Department of Corrections contracts with Corrections Corporation of America (CCA) for the operation of CMI-Columbine. Corrections Corporation of America's mission has changed and with the change, the name of the agency has recently been changed to CoreCivic. As the transition is not complete, reference to the agency in this report will remain as Corrections Corporation of America (CCA). The facility was acquired by Correctional Management Inc. (CMI) from the Stout Street Foundation in 2001. In April 2016, CCA acquired the facility.

CMI-Columbine is located at 4280 Columbine Street, Denver, Colorado. The facility is a 10,681 square foot single floor building constructed in 1966. The CMI-Columbine facility has a maximum rated capacity of 60 male offenders with risk factors ranging from minimum to low-medium risk that have been released from the Colorado Department of Corrections. The residents are classified as Condition of Parole, Transition or Diversion clients. At the time of the audit there were 59 residents housed at the facility. The age range of the residents was 20-68 with an average length of stay being 208 days.

There is a level-based system for residents of CMI-Columbine. Residents entering the program are on level 1. After certain requirements are met, residents can advance to other levels up to level 4, which affords them more privileges. Residents must abide by certain conditions of placement and residents who violate these conditions are subject to sanctions, which may include a decrease in their level or removal from the program.

CMI-Columbine staff consists of a Program Director (PREA Compliance Manager), a Security Supervisor, three Case Managers and six Correctional Techs. There are vacancies for two Correctional Techs. The facility has one contracted staff who is private Counselor who provided outpatient Substance Abuse Treatment and Relapse Prevention programs to the residents of CMI-Columbine and one religious volunteer who offers a Bible Study group for residents one day a week. Correctional Techs are responsible to complete six house counts every shift with the requirement that there cannot be more than two hours in between any counts.

A security office is located in the front entrance of the building where residents and visitors sign in. Residents are breathalyzed and pat searched by male staff in view of a camera in the security office. All resident living quarters are located on the outer perimeter of the rectangle-shaped building while the staff offices occupy the interior rooms of the rectangle. There are 15 resident rooms with the capacity to house four residents in each room. The facility includes a day room, kitchen, dining room, laundry room (with two washers and two dryers), and a conference room, phone room (with 4 pay phones) UA restroom and offices for the Program Director, Security Supervisor, and three Case Managers.

There is one large multi-person restroom with four toilets stalls, four urinals and eights sinks with two entries to the restroom. Adjacent to the residential restroom is a multi-person shower room with a changing area with benches. A privacy curtain separates the showers from the changing room to ensure privacy. There is also an additional small restroom with a shower, sink and toilet that is designated for the use of transgender or intersex residents if they choose to shower alone.

A recreation yard is located in the back of the building. A basketball hoop, weight lifting equipment, horseshoes and two tables with seats are located in the recreation yard. The facility is equipped with a DVR and 32 cameras that are monitored from the security office and on the computers of the Program Director and the Security Supervisor. When the camera monitors were reviewed, seven cameras were found to be inoperable. The agency's IT department has been notified and repairs are scheduled.

The facility does not have medical or mental health staff. Forensic exams and any medical needs are provided at St. Anthony North hospital located approximately 20-30 minutes from the facility. Mental health needs are provided by referral to Correctional Psychology Associates.

Food services are provided by CMI-Dahlia. A continental breakfast is provide, a sack lunch and a hot meal at dinner are provide daily by Dahlia food services staff.

CMI Mission Statement is "CMI utilizes a combination of evidence-based practices, partnerships with community resources, and a highly structured environment to assist our clients with pro-social behavioral changes and successful re-entry to their families and the community while enhancing public safety."

CCA's Mission Statement is "Advancing corrections through innovative results that benefit and protect all we serve." Their vision is "To be the best full-service adult corrections system."

## **SUMMARY OF AUDIT FINDINGS**

The following are the audit findings:

Number of standards exceeded: 5

Number of standards met: 30

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

Corrections Corporation of America policy 14-2 CC, was used to verify compliance to this standard, along with interview of the agency’s PREA Coordinator and the facility’s PREA Compliance Manager.

Corrections Corporation of America (CCA) has written policies and procedures mandating zero tolerance for all forms of sexual abuse and sexual harassment as stated on page 1, section 14-2 CC.1, paragraph 2. The policy outlines the agency’s approach to preventing, detecting and responding to such conduct. The policy includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. Upon review of policy 14-2 CC, it was found to be very comprehensive and includes a description of the agency’s approach to reduce and prevent sexual abuse and sexual harassment of residents, exceeding in the requirements of this standard.

CCA employs an upper-level agency-wide PREA Coordinator and a facility PREA Compliance Manager. Page 2 of policy 14-2 CC outlines the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency also employs a Senior Director who provides oversight to CMI-Columbine as well as to other facilities in the Denver area. In interview with the agency’s PREA Coordinator on 10/4/16, and the facility’s PREA Compliance Manager, both stated that they have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards as required.

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

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

**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.**

Corrections Corporation of America is a private provider and does not contract with other agencies for the confinement of residents; therefore, this standard is not applicable.

**Standard 115.213 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

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.**

Based on policy 14-2 CC, page 9, section D, 1-4, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population and the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The Colorado Community Corrections Standards, page 27, section 4-240 requires that any program with a population of 50 or more must have at least two security staff on duty at all times.

The facility makes its best efforts to comply with the approved PREA Staffing Plan. The Shift Supervisor is responsible for reviewing the PREA Staffing Plan in conjunction with the daily shift rosters. If a position is vacated on any day, the Shift Supervisor notifies the PREA Compliance Manager who will in turn notify the PREA Coordinator to include a description of any corrective actions that were taken to resolve the deviation.

Based on documentation provided and upon interview with the Program Director, in the past 12 months, there were no times that there were deviations to the staffing plan. Vacated positions and call-ins are covered with the use of overtime.

The staffing plan is reviewed annually by the PREA Compliance Manager in conjunction with the PREA Coordinator and documented on the 14-2 CC-I *Annual PREA Staffing Plan Assessment*. Upon completion, the 14-2 CC-I is forwarded to the PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. The initial *Annual PREA Staffing Plan Assessment* under CCA was completed in September 15, 2016 with no recommendations for changes to the established staffing plan and no recommendations made for changes to video monitoring and/or technology. Assessments will be made for upgrades cameras in the near future.

#### **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)

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Based on review of policy 14-2 CC, pages 14 & 15, section K, and documentation provided for review, the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Staff are not to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. In addition to general training provided to all employees, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents as verified in review of the CMI lesson plan. Staff sign a Training Attendance Roster showing completion of this training. Receipt of this training was verified through interviews with staff and in review of staff training records. In the past 12 months, there were no cross-gender strip searches or cavity searches performed. All pat searches are performed in the

Security Office in view of a camera and documented on a pat search log electronically.

CMI-Columbine houses male residents only; therefore, subsections 115.215 (b) and 115.215 (c) of this standard do not apply to this facility.

The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy 14-2 CC, page 15, section 5, requires staff of the opposite gender announce their presence when they enter resident housing and restroom areas. This practice was observed while on-site at the facility and residents interviewed confirmed that this practice is being followed. Residents shared that they feel they have privacy to shower, toilet and change clothing when staff of the opposite gender are in their housing unit. The design of the restroom ensures the privacy of residents. The facility has done an excellent job in identifying areas of concern for the privacy of the residents and ensure their privacy, exceeding in the requirements of this standard.

Transgender and intersex residents are given the opportunity to shower separately from other residents. Upon request, the staff will allow the resident to shower in the single restroom. At the time of the audit there were no transgender or intersex residents housed at CMI-Columbine.

### **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)

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Based on review of policy 14-2 CC, page 14, section I - 2, residents are provided education in formats accessible to all residents, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, or otherwise disabled, as well as residents who have limited reading skills. A CMI *PREA Client Education* video is viewed by residents within 72 hours of arrival to the facility and is available in both English and Spanish. Residents are given a CCA PREA brochure, *Preventing Sexual Abuse & Misconduct* (14-2 CC-AA) and a CMI brochure, *PREA A Guide to the Prevention and Reporting of Sexual Misconduct*, both available in English and Spanish. PREA information posted throughout the facility is in both English and Spanish. The facility has an MOU with Spring Institute for Intercultural Learning, which provides for all forms of interpretation and translation services.

At the time of the audit, there were no residents with low vision, blind, deaf, hard of hearing, limited English proficient or with limited reading skills housed at the facility.

The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. In the past 12 months, there have been no instances where residents were used for this purpose.

### **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)



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Review of CCA policy 14-2 CC, pages 5 & 6, section B, interview with the and random review of personnel files were used to verify compliance to this standard.

Per policy 14-2 CC, pages 5 & 6, section B, the agency prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to have engaged in these activities.

CCA considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Applicants complete a CMI *Pre-Employment Application and Addendum* and a *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2 CC-H).

The agency requires that all applicants and employees who may have contact with residents have a criminal background check. Background checks are completed by the Colorado Department of Public Safety. Fingerprints are sent to the Department of Criminal Justice for FBI clearance. An effort is made to contact all prior institutional employers by telephone for information on substantiated allegations of sexual abuse or sexual harassments or any resignations during a pending investigation of an allegation of sexual abuse or sexual harassment.

Agency policy requires that criminal background checks be completed on any contractor who may have contact with residents. CCA requires that criminal background checks be conducted every five years on current employees and contractors who may have contact with residents. Names of all employees, contractors and volunteers are entered into the Community Corrections Information Billing (CCIB) system’s database which, allows immediate notification of any arrests.

All applicants and employees who have direct contact with residents are asked about previous misconduct as stated in section (a). The 14-2 CC-H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form is completed as part of the hiring process and as part of the promotional process. At the time of annual performance evaluations, employees sign the evaluation certifying that they have disclosed any PREA allegations to their supervisor.

CCA policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information, are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

In review of the electronic personnel files of all staff, the contractor and the volunteer showed that criminal background checks are being completed per agency policy and standard requirements.

### **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)
- Not Applicable

**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.**

Based on policy 14-2 CC, page 31, section V, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CCA will consider the effect of the design, acquisition, expansion or modification on the ability to protect residents from sexual abuse. The facility has not acquired any new facilities or made any substantial expansions or modifications to the existing facility since August 20, 2012, therefore this element of the standard is not applicable to this facility.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CCA will consider how such technology may enhance the ability to protect residents from sexual abuse.

In interview with the Executive Vice President and Chief Corrections Officer on 10/4/16, he explained what the agency would consider for planning for new construction or making modifications to existing facilities, which would include careful consideration to the use of monitoring technology. Since August 20, 2012 there has not been any new video monitoring system, electronic surveillance system, or other monitoring technology installed, or updated; therefore, this element of the standard is not applicable to this facility.

#### **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)

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Based on policy 14-2 CC, pages 22 & 23, section O - 4, CCA and CMI-Columbine are responsible for conducting administrative sexual abuse investigations on both resident-on-resident and staff sexual misconduct. The Program Director is the trained facility investigator responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. The Denver Police Department – Sex Crimes Unit is responsible for conducting criminal investigations. According to a written agreement with the Denver Police Department, the police department will be notified when a resident-on-resident incident is reported and when a staff-on-resident incident of sexual abuse or sexual harassment is reported. The investigating entity follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

The facility does not house youth, therefore element (b) of this standard is not applicable to this facility.

Victims of sexual abuse have access to forensic medical examinations. Residents in need of SANE exams are provided by a Memorandum of Understanding (MOU) with the St. Anthony North Neighborhood Health Center and performed at St. Anthony’s North Hospital at no cost to the resident. In the past 12 months, there were no referrals of residents for SANE exams.

CMI-Columbine has a Memorandum of Understanding (MOU) entered into in August 2016 with The Blue Bench. The Blue Bench provides residents with the opportunity to speak with The Blue Bench advocate following an allegation of sexual assault, or at a resident’s request. Victims are allowed to speak with a The Blue Bench advocate confidentially by phone, mail or in person. The Blue Bench will provide an advocate to be present during a forensic examination, during investigative interviews and court proceedings if desired by the victim.

The Blue Bench services are confidential emotional support services related to sexual abuse with no information shared with  
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facility staff without informed consent with the victim. Residents are informed of the extent to which communication with The Blue Bench will be monitored and to the extent of confidentiality in accordance with mandatory reporting laws.

When interviewed, residents were not aware of the confidential emotional support services available from The Blue Bench and how to access these services, but before the close of the audit, this information was disseminated to all residents in the form of a memo. PREA posters have been ordered which will include the contact information for The Blue Bench allowing this information to be continuously accessible to residents.

#### **Standard 115.222 Policies to ensure referrals of allegations for investigations**

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

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

Policy 14-2 CC, pages 21-23, section O, outlines the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment and the Denver Police Department – Sex Crime Unit is responsible for conducting criminal investigations. Upon receipt of an allegation, the facility initiates an administrative investigation and if it is determined that the allegation involved potential criminal activity, a referral is made to the Denver Police Department – Sex Crime Unit to conduct a criminal investigation and prosecution if warranted. The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations is published on the CCA website (<http://www.cca.com/security-operations/prea>) and on the CMI website (<http://c-m-i.com/prea>). In the past 12 months, there were no allegations of sexual abuse or sexual harassment reported. In interview with Program Director who is the trained facility investigator, she was knowledgeable of her responsibilities in conduct of administrative investigations and referrals for criminal investigations.

#### **Standard 115.231 Employee training**

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

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

CCA employees receive training on CCA's zero-tolerance policy (14-2 CC) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this training is found on pages 6 & 7, section C, of the policy. Between trainings, the facility has staff meetings where the policy is reviewed and staff is informed of policy changes. The CMI training curriculum was reviewed and found to contain all elements of 115.231 (a) as required. The training is tailored to

the gender of the residents at the facility. Employees sign a *Policy Acknowledgement* (14-2 CC-A) that they have received and understood the training they received and they sign a *CMI Training Attendance Roster*. Documentation of annual PREA training for staff and contractors is maintained in the electronic personnel files. Upon review, three *Policy Acknowledgement* forms (14-2 CC-A) for staff were found to be missing, although the *CMI Training Attendance Roster* verified completion of this training. These forms were completed and signed by these three staff members and were provided for my review.

In the past 12 months, all employees of the CMI-Columbine have received annual PREA training. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment.

#### **Standard 115.232 Volunteer and contractor training**

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

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

CCA policy 14-2 CC, pages 8 & 9, section 2, outlines the training requirements for volunteers and contractors. The objectives of the training ensure that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. Volunteers read a *CMI Zero-Tolerance Policy – Prohibited Sexual Behaviors* and sign on the last page of the training that they have read and understand the material contained in the training. Contractors receive the same training that employees do and sign a *CMI Training Attendance Roster* and a *Policy Acknowledgement* form (14-2 CC-A). In review of the training records of the one volunteer and the one contractor, documentation of this training is being maintained.

In telephone interview with the volunteer and the contractor, they acknowledged receiving the training and were knowledgeable of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment.

#### **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.**

Based on CCA policy 14-2 CC, pages 13 & 14, section I, all residents receive information at time of intake about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents.

A PREA packet is given by Correctional Techs upon arrival of residents to the facility which includes a Client Handbook and CMI and CCA brochures. During Case Management Orientation, residents receive oral PREA instructions and view the Colorado Community Corrections *PREA Client Education* video, which is available in both English and Spanish. All PREA information is in formats accessible to all residents, including those who are limited English proficient, deaf, hard of hearing, blind, have low vision or otherwise disabled. An MOU with the Spring Institute for Intercultural Learning provides for all forms of interpretation and translation services.

Residents acknowledge by their signature on a *PREA Advisement* form that they have received and understood the PREA education presented to them and upon completion of the orientation process, they sign a *Prison Rape Elimination* form acknowledging completion of orientation. This documentation, maintained electronically in resident files, was reviewed with the Program Director. Eighteen random electronic resident files were reviewed to evaluate screening procedures and the mandates of resident PREA education. Of the eighteen files reviewed, eight files showed that the *Prison Rape Elimination Act Orientation* form was missing from the residents' files. The Program Director was asked to review the files of the remaining residents to determine if there were other files that this form was missing. *PREA Advisement* forms were found in all resident records reviewed showing that residents received PREA education. After her review, it was determined that a total of 24 records were missing the *Prison Rape Elimination Act Orientation* form. The Program Director showed the PREA video to these 23 residents before the second day of the audit and residents signed the *Prison Rape Elimination Act Orientation* form, which were scanned into their electronic files. One resident is currently hospitalized and he will view the video upon his return to the facility. The Program Director plans to retrain all staff to remind them that this form is part of the orientation process and they must ensure the form is signed by the resident and scanned into their electronic file.

Ongoing information is provided continuously on posters, both in English and Spanish, prominently displayed in various locations throughout the facility and shared during house meetings.

All residents interviewed were aware of the zero-tolerance policy and methods of reporting sexual abuse and sexual harassment available to them. The facility is doing an excellent job of conveying PREA information to all residents as was evident in review of resident records and the level of knowledge of residents when interviewed.

#### **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.**

Based on CCA policy 14-2 CC, page 7, section C-I,, bullets 1-3, in addition to general training provided to all employees, CCA ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of the 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 referral for prosecution.

At this facility, the Program Director is the trained facility investigator. She completed *PREA: Investigating Sexual Abuse in Confinement Settings* July 2016. This training is a 3 hour, National Institute of Corrections online course. A certificate of completion is maintained by the facility.

In interview of the Program Director, she knew her responsibilities in conducting sexual abuse investigations.

### 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)
- Not Applicable

**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-Columbine does not have medical or mental health staff; therefore, this standard is not applicable.

### Standard 115.241 Screening for risk of victimization and abusiveness

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

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

Per policy 14-2 CC, pages 12 & 13, section H, upon admission to CMI-Columbine or upon transfer to another facility, residents are screened for their risk of being sexually abused or sexually abusive towards others. Prior to September 1, 2016 a CMI screening tool, *Screening for Risk of Sexual Victim Vulnerability/Abusiveness* was being utilized. Since that date, the CCA *Sexual Abuse Screening Tool* (14-2 CC-B) is used for this purpose. The 14-2 CC-B form was reviewed and found to contain all requirements of 115.241 (a) of this standard. The screening considers prior acts of sexual abuse and prior convictions for violent offenses. The Program Director completes the screening upon a resident's arrival to the facility. The 14-2 CC-B form is then scanned into the Correct Tech resident's electronic file. All staff have access to the Correct Tech system.

Within 30 days of the resident's arrival to CMI-Columbine, the resident is screened by the Program Director or by their Case Manager in her absence. The reassessment includes any additional relevant information received by the facility since the initial intake screening and is scanned in the resident's electronic file. A resident's risk level is also reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

In interview with the Program Director and Case Managers, and in review of random resident records, this process is in place and being followed. The record review showed that the facility is very timely in their screening process and found to exceed in the requirements of this standard.

### Standard 115.242 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy 14-2 CC, page 12, section H-1, and CMI Residential Policies and Procedure Manual, policy 3.020, page 115 addresses use of the information obtained during the screening process. The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. On interview with the Program Director, she explained how the facility utilizes information from the 14-2 CC-B form. Residents that score to be potential victims/victims are assigned to rooms 1 or 2 to be closer to the Security Office. Residents who score to be potential predators/predators are housed in rooms further down the hall from rooms 1 & 2. The facility is ensuring the sexual safety of its residents by timely initial and 30 day reassessments of residents and tracking potential victims and potential predators ensuring they are housed appropriately, exceeding in the requirements of this standard.

Guidelines on housing and program assignments for the management of transgender and intersex residents are outlined in policy 14-2 CC, page 14, section J. Transgender and intersex residents are reassessed at least twice per year to review any threats to safety experienced by the resident as required by this standard and takes into consideration their own views regarding their own safety. Placement is made on a case-by-case basis to ensure the health and safety of the resident. Transgender and intersex residents are given the opportunity to shower separately from other residents. Upon request, transgender and intersex residents will be allowed to shower in the single restroom.

The agency does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated facilities, units or wings solely based on such identification. Upon interview with a self-disclosed gay resident, he reported that he was not been housed in any area because of his sexual orientation. In the past 12 months, there have been no transgender or intersex residents housed at CMI-Columbine.

**Standard 115.251 Resident reporting**

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

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

CCA policy 14-2 CC, pages 15 & 16, section L-1, outlines the procedures for resident reporting of allegations of sexual abuse and sexual harassment, retaliation by other residents or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can report verbally to any staff member, write a letter to the Program Director, any other staff member, to the agency PREA Coordinator or to the Colorado Department of Corrections PREA Coordinator or have a family member or friend make a report for them. Additionally, page 17, section 3 of the policy, outlines a method of anonymous reporting to an outside agency by calling the Colorado Department of Corrections Tips Line at 1-877-363-8477 or The Blue Bench at 1-888-394-8044. Residents were not aware that The Blue Bench was another anonymous, confidential number they could call. Before the second day of the audit, residents were given this information and new posters that have

been ordered will have this information available to residents.

Residents are made aware of methods of reporting available to them through the Client Handbook (page 13, section 43), through CMI and CCA brochures provided to them and information found on the *Prison Rape Elimination Act Orientation* form and continuously through posters displayed throughout the facility. Residents interviewed were aware of methods available to them to report sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Reporting methods are found on the CCA and CMI websites.

Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to document all reports. Employees may privately report sexual abuse and sexual harassment of residents by forwarding a letter, sealed and marked "confidential" to the Program Director or contact the CCA Ethics and Compliance Hotline. Staff interviewed were aware of their method of privately reporting sexual abuse and sexual harassment of residents.

### **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)
- Not Applicable

**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-Columbine does not have an administrative procedure for addressing residents' grievances regarding sexual abuse. All PREA allegations received as a grievance are submitted to the Program Director and/or the investigator for immediate initiation of the PREA protocol; therefore, this standard is not applicable. In the past 12 months, the facility has not received any grievances alleging sexual abuse.

### **Standard 115.253 Resident access to outside confidential support services**

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

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

CCA policy 14-2 CC, page 10, section F, outlines the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given mailing addresses and telephone numbers, including toll-free hotline numbers of local, state or national victim advocacy or rape crisis organizations.

This information is provided to residents in the Client Handbook and in the CMI brochure, *PREA A Guide to the Prevention and*



*Reporting of Sexual Misconduct* and in the CCA brochure, *Preventing Sexual Abuse and Misconduct*. An MOU with The Blue Bench provides residents with confidential emotional support, crisis intervention and victim advocacy services. Residents may call The Blue Bench hotline at 1-888-394-8044, 24-hours a day, to contact The Blue Bench and are informed prior to giving them access, of the extent to which communications will be monitored and to the extent to which reports of abuse will be forwarded to authorities.

Initially this information was not readily available to residents. By the second day of the audit, this information was provided to all residents and in the near future, this information will be prominently posted throughout the facility.

The Blue Bench when contacted prior to the on-site audit shared that they had not received any requests for confidential emotional support services from CMI-Columbine residents in the past 12 months.

### **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.**

The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or to the Program Director. Per CCA policy 14-2 CC, page 17, section L-4, information for third party reporting is made available on the CCA website with instructions for outside parties to contact the National Sexual Assault Hotline at 1-800-656-4673 or send a letter to the facility's Program Manager. On the CMI website outside parties are instructed to call the Colorado Department of Corrections at 877-363-8477 or to contact in writing or verbally the resident's Case Manager, the Program Director, the resident's parole officer or probation liaison or report to any CMI Columbine staff member or to law enforcement. Visitors are informed of the agency/facility's zero-tolerance policy and are instructed to report any prohibited sexual behavior on the top portion of the *CMI Visitation Log*. Visitors' signature on the log certifies that they have read and understand the information provided on the log.

Residents are made aware of this method of reporting in the CMI PREA brochure and in the Client Handbook. Residents interviewed were knowledgeable of this method of reporting. During the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

### **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.**

The agency/facility policy 14-2 CC on staff reporting duties was found on pages 16 & 17 section L-2. Staff must take all allegations of sexual abuse and sexual harassment seriously. All staff are required to report immediately to the PREA Compliance Manager any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to the facility's investigator. Staff are also required to report, according to policy, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interview with staff revealed that staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary. In the past 12 months, there have been no PREA allegations reported.

CMI-Columbine does employ medical or mental health staff; therefore, subsection 115.261(c) does not apply to this facility.

CMI-Columbine houses adult male residents only, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute; therefore, subsection 115.261 (d) is not applicable to this facility.

### **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.**

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Policy 14-2 CC, page 1, paragraph 2 and page 17, section 2-c requires that 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.

In interview with the Program Director, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a resident being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse.

### **Standard 115.263 Reporting to other confinement facilities**

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

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

CCA policy 14-2 CC, page 19, section M-3 was used to verify compliance to this standard. Upon receiving an allegation that

a resident was sexually abused while confined at another facility, the Program Director shall notify the head of the facility where the sexual abuse was alleged to have occurred and document on the 5-1B, *Notice to Administration* form, that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. If the allegation was reported and investigated at the facility where the sexual abuse was alleged to have occurred, the Program Director is to document such and no further investigation or notification is necessary. If the allegation was not reported or not investigated, a copy of the resident's statement and any other details obtained from contact with the facility where the alleged abuse took place and the facility's response is documented on the 5-1B form. If an allegation is received from another facility, the Program Director will ensure that the allegation is investigated according to PREA standards.

In the past 12 months, there have been no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at CMI-Columbine and no reports received from residents of sexual abuse that occurred while confined at other facilities. Upon interview, the Program Director was aware of her responsibilities of reporting and documenting if allegations are received.

### **Standard 115.264 Staff first responder duties**

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

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

CCA policy 14-2 CC, page 18, section M-1 & 2-a, outlines the procedure for first responders to allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first staff member to respond to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a time frame that allow for the collection of physical evidence, staff shall ensure that the victim does not wash, shower, toilet, eat, drink or brush his teeth. Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately. Staff are instructed to assess any immediate medical needs and call 911 if necessary. Notification is to be made to the Program Director, the Security Supervisor and the On-Call Administrator. Allegations of sexual abuse or sexual harassment are reported to the Denver Police Department – Sex Crime Unit. Attachment 14-2 CC-C, *Sexual Abuse Incident Check Sheet* is used to ensure that all notifications and steps of the required procedure are carried out.

All staff carry with them a First Responder Card that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. Staff interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and the physical evidence. In the past 12 months, there have been no allegations of sexual abuse or sexual harassment received.

### **Standard 115.265 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy 14-2 CC, pages 10-12, section G and pages 18-23, sections M, N & outline the agency's/facility's coordinated response to an incident of sexual abuse. A Sexual Abuse Response Team (SART) is established at the facility that includes the Program Director, the Security Supervisor and the Senior Director. The responsibilities of the team are to respond to reported incidents of sexual abuse, review the facility's response to sexual abuse allegations, serve as a primary liaison with local law enforcement, ensure completion of the 14-2 CC-C, *Sexual Abuse Incident Checklist* and ensure that 30/60/90-day monitoring is conducted. When interviewed, members of the SART knew their responsibilities in response to sexual abuse allegations.

### **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.**

CCA policy 14-2 CC, page 26, section 2-d, was used to verify compliance to this standard. Employees are subject to disciplinary sanctions up to termination for violating CCA's policies on sexual abuse and sexual harassment. Since August 20, 2016, CCA has not entered into or renewed any collective bargaining agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation. There are no restrictions to keep the agency from not disciplining employees up to and including termination.

In interview with the Executive Vice President and Chief Correctional Officer on 10/4/16, any agreements that CCA enters into would not limit the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation.

### **Standard 115.267 Agency protection against retaliation**

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

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

CCA has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined on page 11, section 3, a-iv - vi. The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Program Director is responsible for monitoring for retaliation. Monitoring shall be documented on the 14-2 CC-D, *PREA Retaliation Monitoring Report* form. Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. In the past 12 months, there were no allegations of sexual abuse or sexual harassment reported, therefore, retaliation monitoring was not necessary. When interviewed, the Program Director knew her responsibilities for monitoring for retaliation per policy and this standard.

### **Standard 115.271 Criminal and administrative agency investigations**

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

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

The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The Program Director is responsible for conducting administrative investigations of sexual abuse and sexual harassment at the facility.

The agency's policy on administrative and criminal investigations is outlined in CCA policy 14-2 CC, pages 21 & 22, section O. The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report.

All allegations of sexual abuse and sexual harassment are referred to the Denver Police Department – Sex Crime Unit for criminal investigation who conducts investigations pursuant to the requirements of this standard. The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination. In this audit period, there were no PREA allegations reported. CCA retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the *CCA Retention Schedule* (1-15 B). When interviewed, the facility investigator knew her responsibilities in the conduct of administrative investigations and referral for criminal investigations. In the past 12 months, there were no allegations reported.

### **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.**

Based on CCA policy 14-2 CC, page 23, section O-5, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility investigator responsible for investigations was asked what standard of evidence was used in determining if an allegation is substantiated, she confirmed the agency's policy.

### **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.**

Policy 14-2 CC, pages 24 & 25, section Q, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, 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 facility shall request the relevant information from the investigative agency in order to inform the resident. The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following a resident's allegation that another resident sexually abused him, the agency shall inform the resident of the outcome of the investigation.

All resident notifications or attempted notifications shall be documented on the 14-2 CC-E, *Inmate/Resident Allegation Status Notification* form. The resident shall sign the 14-2 CC-E and the form is to be filed in the resident's institutional file. The facility's obligation to notify the resident shall terminate if the resident is released from custody. In the past 12 months, there were no sexual abuse or sexual harassment allegations received; therefore, no notifications were necessary.

### **Standard 115.276 Disciplinary sanctions for staff**

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

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

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

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2 CC, page 25, section R-2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to Denver Police Department – Sex Crimes Unit unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, no staff has been disciplined or terminated for violating the agency's sexual abuse or sexual harassment policy.

### **Standard 115.277 Corrective action for contractors and volunteers**

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

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

Based on review of policy 14-2 CC, page 26, section 3, any volunteer or contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal. Any other violation of CCA sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. In interview with the Program Director and documentation provided by the facility, in the past 12 months CMI-Columbine has not received any reports of sexual abuse of residents by the contractor or the volunteer.

### **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.**

Per policy 14-2 CC, pages 24 & 25, section R-1, residents will be subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions 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. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct. Residents who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.

Upon entering the facility, residents are given a Resident Handbook, which states on page 19, #104, that sexual misconduct is a violation against the facility's rules and regulations and describes what constitutes sexual misconduct. Residents are also informed on page 2 of the CMI *PREA a Guide to the Prevention and Reporting of Sexual Misconduct* brochure of the forms of sexual misconduct they will be disciplined for.

In the past 12 months, there have been no reported incidents of sexually related misconduct by residents.

### **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.**

Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health services are not provided on-site at CMI-Columbine. An MOU with St. Anthony North Neighborhood Health Center provides residents' referrals for SANE examinations at the St. Anthony's North Hospital as well as any other medical services. Residents will be offered information about sexually transmitted infections prophylaxis.

AN MOU with The Blue Bench provides victim advocacy services, support and crisis intervention to resident victims of CMI-Columbine. Medical and Mental Health treatment services will be provided to the victim resident without financial cost to the resident regardless of whether the victim names the abuser or cooperates with an investigation.

In the past 12 months, there have been no sexual abuse cases requiring emergency medical or mental health services.

### **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.**

The facility will offer ongoing medical and mental health care to all CMI-Columbine residents who have been victimized by sexual abuse. The evaluation will include follow-up services, treatment plans and referrals for continued care consistent with the community level of care upon their release from the facility when necessary. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate.

Subsections 115.283 (c) and 115.283 (d) do not apply to this facility as CMI does not house female residents.

The facility has an MOU with St. Anthony North Neighborhood Health Center to provide ongoing medical treatment as needed to residents of this facility as well as SANE exams. An MOU with The Blue Bench provides victim advocacy, support and crisis intervention to resident victims of CMI-Columbine. The terms of the MOU provide victims with three follow-up visits and continued support as needed. Resident-on-resident abusers will be offered treatment within 60 days. Referrals are made to the Correctional Psychology Associates for ongoing mental health care.

In the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

**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.**

Based on policy 14-2 CC, pages 20-21, section N, the Program Director will ensure that a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The Program Director, the Security Supervisor and the Senior Director make up the SART and are responsible incident reviews. Per policy, the review team will consider requirements of 115.286 (d) of this standard when reviewing an incident of sexual abuse. All findings and recommendations for improvement will be documented on the 14-2 CC-F, *Sexual Abuse and Sexual Assault Incident Review* form, and completed forms will be forwarded to the PREA Coordinator. The facility will implement the recommendations for improvement or will document reasons for not doing so.

In the past 12 months, there have been no sexual abuse allegations received. When interviewed, the Program Director knew her responsibilities as they relate to the review of sexual abuse incidents.

**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.**

Information on data collection is found on page 27, section T-1 and section 2-a & b of CCA policy 14-2 CC. CCA collects uniform data for every allegation of sexual abuse at all facility under their control. The data collected, will be 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 (DOJ).

The facility will ensure that incidents of sexual abuse are reported on the *Incident Tracking Form*. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ. CMI prepares an *Annual PREA Report* summarizing the aggregated data.

Element (e) of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.

#### **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.**

Based on policy 14-2 CC, page 27, section 3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and as the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. CMI prepares an *Annual PREA Report*, which summarizes the data from all of their facilities.

The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is then made public on the CCA website and can be accessed at <http://cca.com/security-operations/prea>. Before making aggregated sexual abuse data public, all personal identifiers are redacted. The most current annual report, prepared by the PREA Coordinator for 2015 data, was very well written and showed a breakdown of data from this audit cycle (2013/2014/2015) in an easy to read table according to the type of allegations and the investigative findings as well as a narrative overview of this information. Highlights of corrective actions taken from prior years showed a good overall picture of the progress of CCA's PREA program, exceeding in the requirements of this standard.

#### **Standard 115.289 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

According to policy 14-2 CC, page 27, section T-1-a-iv and section T-2-c, the agency ensures that the data collected is securely retained. According to *CCA's Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years.

CCA makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <http://cca.com/security-operations/prea>. CMI annual reports are posted on their website at </s/CMI-PREA-Annual-Report.pdf>. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

#### **AUDITOR CERTIFICATION**

I certify that:

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

\_\_\_\_\_  
Barbara Jo Denison

\_\_\_\_\_  
November 22, 2016

Auditor Signature

Date