PREA AUDIT REPORT ☐ Interim ☒ Final

COMMUNITY CONFINEMENT FACILITIES

Date of report: September 28, 2017

Auditor Information			
Auditor name: Barbara Jo Denison			
Address: 3113 Clubhouse Drive, Edinburg, TX 78542			
Email: denisobj@sbcglobal.net			
Telephone number: 956-566-2578			
Date of facility visit: September 11-12, 2017			
Facility Information			
Facility name: Fox Facility			
Facility physical address: 570 W. 44th Avenue, Denver, CO 80216			
Facility mailing address: *(if different from above)* N/A			
Facility telephone number: 303-477-5190			
The facility is:	☐ Federal	☐ State	☐ County
	☐ Military	☐ Municipal	☒ Private for profit
	☐ Private not for profit		
Facility type:	☐ Community treatment center ☒ Halfway house ☐ Alcohol or drug rehabilitation center	☐ Community-based confinement facility ☐ Mental health facility ☐ Other	
Name of facility's Chief Executive Officer: Terence Matthews, Assistant Facility Director			
Number of staff assigned to the facility in the last 12 months: 24			
Designed facility capacity: 90			
Current population of facility: 85			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 20-64			
Name of PREA Compliance Manager: Terence Matthews		**Title:** Assistant Facility Director	
Email address: terence.matthews@corecivic.com		**Telephone number:** 303-477-5190	
Agency Information			
Name of agency: CoreCivic			
Governing authority or parent agency: *(if applicable)* N/A			
Physical address: 10 Burton Hills Blvd., Nashville, TN 37215			
Mailing address: *(if different from above)* N/A			
Telephone number: 615-263-3000			
Agency Chief Executive Officer			
Name: Damon Hininger		**Title:** President and Chief Executive Officer	
Email address: damon.hininger@corecivic.com		**Telephone number:** 615-263-3301	
Agency-Wide PREA Coordinator			
Name: Eric Pierson		Senior Director, PREA Programs and Compliance	
Email address: eric.pierson@corecivic.com		615-263-6915	

AUDIT FINDINGS

NARRATIVE

The PREA on-site audit of the Fox Facility was conducted September 11-12, 2017, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of agency policy 14-2 CC, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. Terence Matthews, Assistant Facility Director, who is designated as the facility's PREA Compliance Manager, answered questions during this review period.

On the first day of the audit, a brief entrance meeting was held with Terence Matthews, Assistant Facility Director, Shannon Carst, Managing Director, Mike Koob, Senior Director, Brian Wood, HR Manager, Caroline Chadima, Clinical Treatment Manager and Eric Pierson, Senior Director PREA Programs and Compliance in attendance. Following the entrance meeting, Terrence Matthews, Assistant Facility Director and Eric Pierson, Senior Director PREA Programs and Compliance accompanied me on a tour of the facility. During the tour, the location of cameras and mirrors, room layout including 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 and on the back of the doors of all residents' rooms. The number for the Colorado Department of Corrections TIPS Line (1-877-362-8477) was called on one of the resident pay phones. The number was found to be accessible and calls to this number to report PREA allegations are routed to the Colorado Department of Corrections Office of Inspector General. Calls to this number are toll-free and are not monitored or recorded. Residents are also informed that they can call the Assistant Facility Director at 303-477-5190, ext. 206 to report allegations of sexual abuse and sexual harassment.

It was noted during the tour that the camera monitor located in the Security Office was not operational. The Assistant Facility Director reported that he submitted a work order to CoreCivic's IT department on 8/7/17. The PREA Coordinator asked for documentation of attempts of repairs to the monitor to follow-up with the IT department on the status of the repair. The Managing Director contacted the local IT company who installed the facility cameras, and by the end of the first day of the audit, the monitor was operational.

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. A total of 21 residents, (7 residential residents and 14 IRT residents) were formally interviewed during the course of the audit. Of the 21 residents interviewed, one resident self-disclosed at initial screenings to be gay and one resident had low reading skills. At the time of the audit, there were no residents that were deaf, hard of hearing, blind, had low vision, had low reading skills, who self-disclosed being bisexual, transgender or intersex. Residents interviewed acknowledged receiving PREA training with written information during the intake process and viewing the PREA video during Case Manager Orientation. 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.

I formally interviewed 22 staff, which included one volunteer interviewed by telephone. Of the staff members interviewed, eight were security staff and the remaining 14 were specialized staff. The Assistant Facility 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. He 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 knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations. They knew how to respond if they learned that a resident was in imminent danger of sexual abuse.

I reviewed the personnel files of 11 employees to determine compliance with background check procedures. Random files reviewed included those of new hires, transfers and promotions in the past 12 months as well as staff employed for five years or greater. Personnel files are maintained electronically by the Human Resource Department in a Pro Staff electronic program. The Resource Specialist assisted me in the review of the electronic files. Files reviewed showed criminal background checks for pre-employment and after five years of employment are being completed as required by the agency policy and the PREA standards.

Documentation of annual PREA training for employees are also maintained in the electronic personnel files. The same 11 files were reviewed to determine compliance with the requirements of annual PREA training. Two files were missing *PREA Training Acknowledgement Forms,* but completed training was verified through the employees' signature on a *Training Attendance Roster*.

The Assistant Facility Director is the trained facility investigator responsible for administrative investigations of sexual abuse and sexual harassment. In the past 12 months, there was one allegation of staff-on resident sexual abuse that was made by a former resident when he was assigned to another facility. When notification of that incident was received, the Assistant Facility Director contacted the Denver Police Department – Sex Crimes Unit for a criminal investigation. The investigation is ongoing.

Prior to the on-site audit visit, the Denver Police Department - Sex Crimes Unit was contacted to discuss the process of criminal investigations for resident victims of the Fox Facility. The Sergeant responsible for the Sex Crimes Unit of the Denver Police Department stated that a victim has to be willing to pursue a criminal investigation and if they do at that time 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. If the victim does not want to pursue criminal charges, a report of the allegation for the record only would be filed. The facility would be able to contact the detective at any time, but Rape Shield Laws may prevent disclosure of some information. The facility can be informed of the outcome of the investigation only if they call to request this information.

The Fox Facility 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 the Fox Facility can be referred for SANE exams. They are the St. Anthony's Hospital, the 84th Avenue Neighborhood Health Center and the St. Anthony's North Hospital. SANE exams and other treatment services offered to the victim are provided without financial cost to the victim. Resident victims of the Fox Facility would be transported to the St. Anthony's North Hospital for SANE exams.

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 that is still in effect. The MOU provides for victim advocacy services and provides a reporting hotline for sexual abuse victims of the Fox Facility. The Director of Client Services reported that calls made to The Blue Bench are confidential and anonymous. An advocate would meet the victim at the St. Anthony's North Hospital and be present for the forensic exam and to provide emotional support and information to victims. The Blue Bench does not provide crisis counseling, but does offer up to three follow-up visits for support purposes. Services are provided at no cost to the victim. The Director of Client Services reported that no calls received in the past 12 months have identified that they were residents of the Fox Facility.

During interviews with residents and staff, it became apparent that the residents and staff were not familiar with The Blue Bench and the services they provide. It was recommended that this information be shared with staff and residents. On the second day of the audit, the Assistant Facility Director distributed to all residents information about the Blue Bench and posted this information in various locations throughout the facility. He also made plans to include this information in the next staff meeting and ensure this information is reinforced in the annual staff PREA training curriculum. He revised the *PREA Advisement* and the *PREA Orientation Form* to include this information.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Terence Matthews, Assistant Facility Director, Anthony Garcia, Operations Supervisor, Shannon Carst, Managing Director, Mike Koob, Senior Director and Eric Pierson, Senior Director PREA Programs 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.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Fox Facility is located at 570 W. 44th Avenue, Denver, Colorado. The facility was acquired by Correctional Management Inc. (CMI) in 2001 from the Alpha Center. In April 2016, then Corrections Corporation of America (CCA), now operating under the name of CoreCivic, acquired the Fox Facility from CMI. CoreCivic contracts with the Denver County Community Correction Board to house male transition, parole and diversion offenders. CoreCivic also contracts with the Denver Probation Department to provide a Residential Treatment Program (IRT).

The Fox Facility is a 33,070-square foot, two story building. The facility has a rated capacity of 90 residents. On the first day of the audit, the census numbered 85 residents, 50 IRT residents and 35 residential residents. The age range of the population was 18-72 with an average length of stay being 102 days for residential residents and 90 days.

IRT is a 90-day substance abuse program that serves up to 50 residents. IRT program residents are assigned a Case Manager and a Therapist upon intake and are acquired to participate in 40-hours of programming per week. Residents are provided curriculum that is approved by the Office of Behavioral Health and the Division of Criminal Justice. IRT program residents are able to participate in staff supervised prosocial community outings. Upon completion of the IRT program, residents operate under the standard services of community corrections and have the ability to work, attend educational services, attend supportive services in the community and are allowed leisure sign-outs to a sponsor's residence.

The Fox Facility also operates an outpatient substance abuse treatment program serving approximately 35 offenders which provides outpatient treatment services to residents of the Fox Facility as well as other CoreCivic programs. The facility also has a non-residential program where 16 offenders currently report to the facility for Case Manager meetings and substance abuse treatment.

The front of the building faces Fox Street. There is a large set of stairs leading to the front entrance of the building that enters into a large foyer. A staircase in the foyer leads up to the second floor. Residents and visitors enter the facility on the left side of the building where there is a large parking lot with one side of the parking lot used for playing basketball. There are two entrances on this side of the building. Outside of the first entrance there is a smoking area for residential residents with a table and a weight bench. When entering the building from the second entrance there is a Security Office inside of the entrance. All residents and visitors sign in when they enter the building. Residents also sign in and out on one of two kiosks located near the Security Office. Residents are breathalyzed and pat searched in the Security Office in view of a camera. An IRT Day Room with a TV books, vending machines, couches and chairs is located directly behind the Security Office. On the left side of the second entrance there is a fenced patio/smoking area for IRT residents with weight equipment and picnic tables. Exterior cameras provide surveillance of the outside areas.

Residents rooms are located along the perimeter of the first floor of the building. Rooms 1-4 and Rooms 11-17 are IRT resident rooms. Rooms 5-10 and 18 and 19 are residential resident rooms. Rooms 18 and 19 are referred to as overflow rooms. Next to these rooms there is a small day room for residential residents. The majority of rooms have five beds in each room with the exception of Rooms 11 and 19 that have 3 beds, Room 18 has four beds and Room 17 has 2 beds. Rooms 12-17 are open dorm-style rooms with open entries from one room to the next and entry doors to each room. It was recommended that one dome mirror be installed on the back wall of each of these rooms to aid staff in the supervision of residents in these rooms. PREA information is posted on the back of the doors of all resident rooms and in common areas throughout the facility. A sign on the entry of each door of each room reminds female staff to make opposite gender announcements before entering the resident rooms.

A resident restroom on the first floor has six toilet stalls and eight sinks on one side of the restroom a shower room with seven showers with shower curtains for privacy and a changing area opposite of the showers. Next to the restroom there is a laundry room with three washers and three dryers. Also on the first floor of the building there is a kitchen, dining room, a conference room, administrative, Case Manager and Therapist offices and storage rooms.

On the second floor of the Fox Facility there is a large open area with offices for the Human Resource Manager, the Learning and Development Manager, the Managing Director and the Senior Director. There are offices for the Clinical Treatment Manager, Case Managers and Clinicians of the IRT program, as well as a conference room. There is an outpatient treatment area with a reception area, offices and a conference room and offices for the Outpatient Coordinator and the Intake Coordinator.

The facility does not have medical or mental health staff. Forensic exams and any medical needs are provided at St. Anthony's North Hospital. Mental health needs are provided by referral to community providers.

The Fox Facility's staffing plan includes a total of 28 positions. Currently there are 26 staff assigned to the facility which includes an Assistant Facility Director, an Operations Supervisor, 11 Security Monitors, 4 IRT Case Managers, 3 IRT Clinicians, 1 Treatment Manager, 1 Residential Case Manager, 1 Non-Residential Case Manager and two Outpatient Counselors. Currently there are vacancies for a Therapist and a Security Monitor. The Fox Facility has five volunteers and no contractors.

The facility has 52 cameras and DVR's that store data for up to six weeks. Security Monitors conduct six counts per shift and at a minimum of one perimeter check per shift.

CoreCivic'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

Based on the review of policies and documentation provided for review prior to the onsite audit and observations of practices and procedures during the onsite audit, the following is a summary of the audit findings:

Number of standards exceeded: 7

Number of standards met: 28

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.

CoreCivic 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.

CoreCivic 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 thorough description of the agency's approach to reduce and prevent sexual abuse and sexual harassment of residents, exceeding in the requirement of this standard.

CoreCivic 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. In interview with the agency's PREA Coordinator on 3/2/17, and the facility's PREA Compliance Manager during the on-site audit, 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.

CoreCivic 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)

☐ 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 9 & 10, section D, 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 staffing plan was developed for the rated capacity of 90 residents. In the past 12 months, the average daily number of residents was 73.

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 notifies the PREA Coordinator to include a description of any actions that were taken to resolve the deviation.

Based on documentation provided and upon interview with the Assistant Facility 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 Assistant Facility Director 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 CoreCivic was completed on 11/16/16 and noted no changes to the current staffing plan.

Standard 115.215 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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. The *CMI Residential Policies and Procedure Manual,* page 70, section 2, and page 72, sections c & e outline instructions for searches. Staff are not to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The PREA education provided to all employees includes training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents as verified in review of the *Colorado Community Corrections Prison Rape Elimination Act 2003* training curriculum. Employees sign a *Policy Acknowledgement* (14-2 CC-A) acknowledging that they have read and understand the agency's zero-tolerance policy. Upon completion of PREA training staff sign a *Training Activity Enrollment/Attendance Roster* (4-2A). Receipt of this training was verified through interviews with staff and in review of staff training records. Pat searches are performed in the Security Office in view of a camera and documented

electronically on a pat search log. Pat searches are documented electronically in CorrectTech. In the past 12 months, there were no cross-gender strip searches or cavity searches performed.

Fox Facility houses male residents only; therefore, subsections 115.215 (b) and 115.215 (c) of this standard to 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. Signs on the doors of all resident rooms remind female staff to announce their presence before they enter resident rooms. Residents shared that they feel they have privacy to shower, toilet and change clothing when female staff are in their housing area. They also shared that female staff do not enter the restroom area.

Transgender and intersex residents are given the opportunity to shower separately from other residents. Upon request, the staff will close the shower to allow the resident to shower alone. At the time of the audit, there were no transgender or intersex residents housed at the Fox Facility.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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 Colorado Community Corrections *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 CoreCivic PREA brochures, *Preventing Sexual Abuse & Misconduct* (14-2 CC-AA) and *PREA A Guide to Prevention and Reporting of Sexual Misconduct,* 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 who were blind, with low vision, 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)

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

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

Review of CoreCivic policy 14-2 CC, pages 5 & 6, section B, in discussion with the Human Resource Manager and random review of employee 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. In the past 12 months, there were 15 new hires who received criminal background checks.

CoreCivic 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, employees, contractors and volunteers sign 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. The Colorado Department of Public Safety completes background checks and fingerprints are sent to the Division 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. CoreCivic 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 all PREA allegations to their supervisors.

CoreCivic 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.

Personnel files are maintained electronically in a ProStaff program. The review of the personnel files of 11 employees revealed that criminal background checks are being completed per agency policy and standard requirements. Due to the CCIB database, the facility receives immediate notifications of arrests, exceeding in the requirements of this standard.

Standard 115.218 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

☒ 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 30, section V, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion or modification on the 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, CoreCivic 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 have not been any new video monitoring system, electronic surveillance system, 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, CoreCivic and Fox Facility are responsible for conducting administrative sexual abuse investigations on both resident-on-resident and staff sexual misconduct. The Assistant Facility Director is the trained facility investigator responsible for conducting administrative investigations 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 – Sex Crimes Unit, the police department will be contacted by telephone (720-913-6040) or by email after hours at dpdsexcrimies@denvergov.org for any incident or allegation of sexual abuse, harassment, or other sexual misconduct involving residents or staff. The District Attorney's office will make the decision whether the parties are to be charged criminally. The investigating entities follow 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 the Denver Medical Center at no cost to the resident. In the past 12 months, there were no referrals of residents for SANE exams.

Fox Facility 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. 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 facility staff without informed consent of 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.

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. Upon receipt of an allegation, the facility is required to notify the Denver Police Department – Sex Crimes 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 CoreCivic website (http://www.CoreCivic.com/security-operations/prea). In the past 12 months, there was one allegations of staff-on-inmate sexual abuse that is currently being investigated by the Denver Police Department – Sex Crimes Unit. In interview with the facility investigator, he knew his responsibilities in the conduct of administrative investigations and referral to the Denver Police Department – Sex Crimes Unit as required.

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.

CoreCivic employees receive training on CoreCivic'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-1-a, of the policy. Between trainings, the facility has staff meetings where the policy is reviewed and staff is informed of policy changes. Staff PREA training is facilitated by the Learning and Development Manager. The *Colorado Community Corrections Prison Rape Elimination Act 2003* 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 *Training Activity Enrollment/Attendance Roster* acknowledging that they received and understood the training they received. They also sign a *Policy Acknowledgement* (14-2 CC-A) acknowledging review of agency policy 14-2 CC. Documentation of annual PREA training for employees is maintained in the Pro Staff electronic personnel files.

In the past 12 months, all employees of the Fox Facility have received this training. The review of 11 random employee-training files, verified compliance to training requirements and that documentation of this training is being maintained in ProStaff electronic files for all employees. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegations of sexual abuse and sexual harassment. The CoreCivic training curriculum reviewed was very thorough and staff was extremely knowledgeable which confirmed that the facility has not only

met, but also exceeded the requirements of this standard.

Standard 115.232 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

CoreCivic policy 14-2 CC, page 8, 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. The Fox Facility has seven volunteers and no contractors. Volunteers read a *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. The Assistant Facility Director maintains documentation of this training.

The facility has five volunteers and no contractors. In review of the training records of the facility's volunteers, initially the Assistant Facility Director could not locate all of the training documentation. Post onsite audit, the information for all volunteers was forwarded to me for my review. In a telephone interview with one volunteer, he acknowledged receiving the training and was knowledgeable of the zero-tolerance policy and his responsibilities of reporting 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 CoreCivic 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. In the past 12 months 233 residents admitted to the facility were given PREA information at intake.

A PREA packet is given by Security Monitors upon the arrival of residents to the facility, which includes a *Resident Residential Rules and Regulations and* two CoreCivic PREA brochures. Residents sign a *Prison Rape Elimination Act Orientation Information* form and a *PREA Advisement* form acknowledging that they have been informed of the Fox Facility's zero-tolerance policy and methods of reporting available to them. Within 72 hours of arrival to the facility during Case Management Orientation, residents receive oral PREA instructions and view Colorado Community Corrections *PREA Client Education* video, which is available in both English and Spanish. Residents initial on a *Case Manager Orientation Checklist* that they have viewed the PREA video and sign the last page of the checklist when orientation has been completed. 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.

Ongoing information is provided continuously on posters, both in English and Spanish, prominently displayed in various locations throughout the facility and on the back of the doors of all residents' rooms and PREA information is discussed during house meetings with residents.

In review of 21 resident files, documentation of resident PREA education is being maintained by the facility. 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 CoreCivic policy 14-2 CC, page 7, section b-I, bullets 1-3, in addition to general training provided to all employees, CoreCivic 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 Assistant Facility Director in the trained facility investigator. Documentation provided showed he completed a 3-hour, National Institute of Corrections online course, *PREA: Investigating Sexual Abuse in a Confinement Setting* on 7/5/17. A certificate of completion of this training is maintained by the facility. In interview of the Assistant Facility Director, he knew his 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.

The Fox Facility does not employ medical or mental health staff; therefore, this standard is not applicable to this facility.

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 the Fox Facility or upon transfer to another facility, residents are screened for their risk of being sexually abused or sexually abusive towards others. CoreCivic's *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 Security Monitors complete the initial screening upon the resident's arrival to the facility. The 14-2 CC-B form is then scanned into the CorrectTech resident's electronic file. All staff have access to the CorrectTech system.

Within 30 days of the resident's arrival to the Fox Facility, the resident is rescreened by their Case Manager using the 14-2 CC-B form. The reassessment includes any additional relevant information received by the facility since the initial intake screening. 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 the past 12 months, 223 residents were screened upon admission to the facility and 196 residents were rescreened within 30 days of arrival.

In interview with Security Monitors who are responsible for initial screenings and in interview with the Case Managers who are responsible for 30-Day Reassessment screenings 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 were 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 address 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. The Assistant Facility Director is informed of any residential residents who score through initial or 30-day reassessment screenings to be potential victims or potential predators and a note is entered into CorrectTech. The Clinical Treatment Manager is informed of this information if the resident is in the IRT program.

In interview with the Assistant Facility Director, he explained how the facility utilizes information from the 14-2 CC-B form. Residents who score to be potential victims are housed in rooms 5 for residential residents and in room 17 for IRT residents. Potential predators are housed in rooms away from rooms 5 and 17. The facility is ensuring the sexual safety of its residents

by timely completion of 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 as stated in policy 14-2 CC, page 15, section K-6. The agency does not place lesbian, gay bisexual, transgender or intersex residents in dedicated facilities, units or wings solely based on such identification.

In the past 12 months, there have not been any transgender or intersex residents housed at the Fox Facility. In interview with one self-disclosed gay resident, he reported that he was not placed in any special housing area due to his sexual orientation.

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.

CoreCivic 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 Assistant Facility Director or any other employee, to the agency PREA Coordinator, 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, The Blue Bench Sexual Assault Hotline at 303-322-7273 for English and 303-329-0031 for Spanish, or call the Denver Police Department. Residents interviewed were knowledgeable of the methods of reporting available to them.

Residents are made aware of methods of reporting available to them through the *Resident Residential Rules and Regulations* (page 13, section 43), through brochures provided to them 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 can be found on the CoreCivic website.

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 Assistant Facility Director or contact the CoreCivic's 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.

The Fox Facility does not have an administrative procedure for addressing residents' grievances regarding sexual abuse. All PREA allegations received as a grievance are submitted to the Assistant Facility Director 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.

CoreCivic policy 14-2 CC, page 10, section F-1-3, 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 on posters displayed throughout the facility, in the *Resident Residential Rules and Regulations* and in the CoreCivic brochure. 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 1-303-322-7273 for English and 1-303-329-0031 for Spanish, 24-hours a day. Residents can also call the Colorado Department of Corrections TIPS line to request free and confidential emotional support services and resources. Residents 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.

The Blue Bench when contacted prior to the onsite audit shared that they are not aware of any requests for emotional support services from the Fox Facility 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 Facility Director. Per CoreCivic policy 14-2 CC, page 17, section L-4, information for third party reporting is made available on the CoreCivic 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. Visitors are informed of the agency/facility's zero-tolerance policy and are instructed report any prohibited sexual behavior on the top portion of the *CoreCivic Visitation Log.* Visitors' signature on the log certifies that they have read and understand the information provided to them on the log.

Residents are made aware of this method of reporting in the CoreCivic PREA brochures and in the *Resident Residential Rules and Regulations.* Residents interviewed were knowledgeable of this method of reporting. During the past 12 months, there no third-party reports received.

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. Once an allegation is received, notifications are required to be made to the PREA Coordinator, the Community Parole Officer (CPO) for CDOC residents and Probations Liaison for Diversion residents. If the allegation appears to be criminal, in addition, local law enforcement and the CDOC Inspector General Investigator for Return to Custody residents must be notified.

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 were no allegations of sexual abuse or sexual harassment received.

The Fox Facility does not employ medical or mental health staff; therefore, subsection 115.261(c) does not apply to this facility.

The Fox Facility houses adult male residents only, none of whom according to their classified level of care are considered vulnerable adults under the Colorado State Vulnerable Persons Statue; 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 Assistant Facility 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.

CoreCivic 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 Assistant Facility Director shall notify the head of the facility where the sexual abuse was alleged to have occurred and document 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 occur, the Assistant Facility 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. If an allegation is received from another facility, the Assistant Facility Director will ensure that the allegation is investigated according to PREA standards.

In the past 12 months, there was one report of an allegation of staff-on inmate sexual abuse received from another facility that was alleged to have occurred at the Fox Facility that was immediately referred to the Denver Police Department – Sex Crimes Unit. That investigation is ongoing. There were no reports received from residents of sexual abuse that occurred while confined at other facilities. Upon interview, the Assistant Facility Director was aware of his responsibilities of reporting if allegations are reported.

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.

CoreCivic 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 allows 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 Assistant Facility Director, the Security Supervisor and the On-Call Administrator. The Assistant Facility Director will notify the Senior Director, the agency PREA Coordinator, the Denver Community Corrections Board, and the Division of Criminal Justice. If the resident is a DOC offender, the Parole Officer must be notified. All allegations of sexual abuse or sexual harassment are reported to the Denver Police Department – Sex Crimes 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 were no first responder duties implemented.

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 Assistant Facility Director, the Operations Supervisor and the Senior Director. In the event of an IRT resident involvement, the Clinical Treatment Manager would be included. 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.

CoreCivic 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 CoreCivic's policies on sexual abuse and sexual harassment. Since August 20, 2012, CoreCivic 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 removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation.

In interview with the Executive Vice President and Chief Corrections Officer on 10/4/16, any agreements that CoreCivic enters in to would not limit the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation and not disciplining employees up to and including termination.

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.

CoreCivic 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 Assistant Facility Director is responsible for monitoring for retaliation. Monitoring shall be documented on the 14-2 CC-D, *PREA Retaliation Monitoring Report (30/60/90)* 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: therefore, no retaliation monitoring was necessary. When interviewed, the Assistant Facility Director knew his responsibilities for monitoring for retaliation per policy and this standard. He stated that he would meet with the victim very quickly after the allegation was received and continue to monitor every two weeks for up to 90 days or longer if necessary.

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 Assistant Facility Director is the trained facility investigator who 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 CoreCivic 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 Crimes Unit for criminal investigation who conduct 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. CoreCivic 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 *CoreCivic Retention Schedule* (1-15 B). When interviewed, the Assistant Facility Director knew his responsibilities in the conduct of administrative investigations and referral of all allegations to the Denver Police Department – Sex Crimes Unit.

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 CoreCivic 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 Assistant Facility Director responsible for administrative investigations was asked what standard of evidence was used in determining if an allegation is substantiated, he 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 23 & 24, 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. It is the responsibility of the Assistant Facility Director to present this notification to residents.

In the past 12 months, there were no *Inmate/Resident Allegation Status Notification* forms required. When interviewed, the Assistant Facility Director confirmed this process is in place.

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. CMI Personnel Polices outline misconduct and sanctions imposed for misconduct on pages 11 & 12. 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 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 law enforcement agencies 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 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 CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. In interview with the Assistant Facility Director and documentation provided by the facility, in the past 12 months the Fox Facility has not received any reports of sexual abuse of residents by volunteers. If there were any reported, the Assistant Facility Director would deny access to the premises any volunteer who violated the agency/facility zero-tolerance policy.

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.

Residents receive a *Resident Residential Rules and Regulations* booklet when they arrive at the Fox Facility and a CoreCivic PREA brochure where they are informed that sexual misconduct is a violation against the facility's rules and regulations and describes what constitutes sexual misconduct.

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 the Fox Facility. An MOU with St.

Anthony's North Neighborhood Health Center provides residents' referrals for SANE examinations as well as any other medical services at the St. Anthony's North Hospital. Residents will be offered information and treatment for sexually transmitted infections prophylaxis.

An MOU with The Blue Bench provides victim advocacy services, support and crisis intervention to resident victims of the Fox Facility. 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. Residential residents are referred to Denver Health or the Stout Street Clinic for mental health services. IRT residents are referred to Correctional Psychology Associates (CPA) or to Dove Counseling for mental health services.

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 Fox Facility 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 treatment for sexually transmitted infections as medically appropriate.

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

The facility has an MOU with St. Anthony's 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 the Fox Facility. The terms of the MOU provide victims with three follow-up visits and continued support as needed. Resident-on-resident abusers will be offered mental health treatment within 60 days. Residential residents are referred to Denver Health or the Stout Street Clinic for mental health services. IRT residents are referred to Correctional Psychology Associates (CPA) or to Dove Counseling for mental health services.

In the past 12 months, there were no residents who required ongoing medical or mental health treatment due to 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 Facility 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 Facility Director, the Operations Supervisor, the Senior Director and the Clinical Treatment Manager (in the event of an IRT resident's involvement) make up the SART and are responsible for conducting 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 or 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 were no sexual abuse incident reviews required. When interviewed, members of the SART knew their 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 pages 26 & 27, section T-1 and section 2-a of CoreCivic policy 14-2 CC. CoreCivic 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 and sexual harassment 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. The PREA Coordinator prepares an *Annual PREA Report* summarizing the aggregated data from all of their facilities.

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 PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is then made public on the CoreCivic website and can be accessed at http://corecivic.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 2016 data, was very well written with easy to read tables according to the type of allegations and the investigative findings as well as a narrative overview of this information. The facility was found to exceed 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 the *CoreCivic Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years.

CoreCivic makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at http://CoreCivic.com/security-operations/prea. 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 — September 28, 2017

Auditor Signature — Date