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

☐ **Interim** X☐ **Final**

Date of Interim Audit Report: October 12, 2020 ☐ **N/A**

Date of Final Audit Report: March 19, 2021

Auditor Information

Name: K. E. Arnold	**Email:** kenarnold220@gmail.com
Company Name: KEA Correctional Consulting LLC	
Mailing Address: P. O. Box 1872	**City, State, Zip:** Castle Rock, CO 80104
Telephone: 484-999-4167	**Date of Facility Visit:** August 26, 27, 2020

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency *(If Applicable)*: SAA			
Physical Address: . 5501 Virginia Way Suite 110		**City, State, Zip:** Brentwood, Tennessee 37027	
Mailing Address: SAA		**City, State, Zip:** SAA	
The Agency Is:	☐ Military	X☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information: https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Eric S. Pierson, Senior Director, PREA Compliance and Programs	
Email: eric.pierson@corecivic.com	**Telephone:** 615-263-6915

PREA Coordinator Reports to: Steven Conry, Vice President, Operations Administration	**Number of Compliance Managers who report to the PREA Coordinator:** 65 (indirect)

Facility Information

Name of Facility: Commerce Transitional Center			
Physical Address: 4901 Krameria St		**City, State, Zip:** Commerce City CO 80022	
Mailing Address (if different from above): SAA		**City, State, Zip:** SAA	
The Facility Is:	☐ Military	X☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Facility Website with PREA Information: CoreCivic.com

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

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

☐ ACA
☐ NCCHC
☐ CALEA
☐ Other (please name or describe:.
X☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Facility Director

Name: Victoria Longstrom			
Email:	victoria.longstrom@corecivic.com	**Telephone:**	720-407-8061

Facility PREA Compliance Manager

Name: SAA			
Email:	SAA	**Telephone:**	SAA

Facility Health Service Administrator X☐ N/A

Name:			
Email:		**Telephone:**	

Facility Characteristics		
Designated Facility Capacity:	136	
Current Population of Facility:	129	
Average daily population for the past 12 months:	132	
Has the facility been over capacity at any point in the past 12 months?	☐ Yes X☐ No	
Which population(s) does the facility hold?	☐ Females X☐ Males ☐ Both Females and Males	
Age range of population:	18 plus	
Average length of stay or time under supervision	280 days	
Facility security levels/resident custody levels	Minimum	
Number of residents admitted to facility during the past 12 months		217
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:		214
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*		201
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?		X☐ Yes ☐ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch X☐ State or Territorial correctional agency X☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☐ **N/A**	
Number of staff currently employed by the facility who may have contact with residents:		23
Number of staff hired by the facility during the past 12 months who may have contact with residents:		11
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:		1
Number of volunteers who have contact with residents, currently authorized to enter the facility:		1

Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	1
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	1
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	20
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	X☐ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes X☐ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☐ Yes X☐ No
Are mental health services provided on-site?	☐ Yes X☐ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site X☐ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators X☐ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	X☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component X☐ Other (please name or describe: Colorado Department of Corrections Office of the Inspector General ☐ N/A

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

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) on-site audit of Commerce Transitional Center (CTC) was conducted August 26 and 27, 2020, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to a program and e-mailed to the auditor's secure e-mail address.

The documentation review included, but was not limited to, CoreCivic (CC) facility policies, staff training slides, completed forms regarding both staff and resident training, Memorandums of Understanding (MOUs), organizational chart(s), the CC PREA tri-fold brochure, victim advocacy brochure, resident education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resources documents associated with relevant PREA standard(s), and staff training certifications. This review prompted several questions and informational needs that were addressed with the CTC Director/PREA Compliance Manager (CTC PCM). The majority of informational needs were addressed pursuant to this process.

Following the on-site audit, the auditor spoke with the Director of Client Services at The Blue Bench. The Blue Bench is an advocacy group who provides assistance to residents who have been sexually abused at CTC. The Director of Client Services asserts she cannot specifically cite a number associated with receipt of sexual abuse/harassment reports from residents housed at CTC however, she can report they are minimal in view of the fact the facility is not foremost in her mind.

The auditor met with the Director/PCM, assistant facility administrator (afa), and operations supervisor (os) at 8:00AM on Wednesday, August 26, 2020. The auditor provided an overview of the audit process and advised the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised the Director/PCM of the tentative schedule(s) for the conduct of the audit. Between 8:20AM and 9:00AM, the auditor toured the entire facility with the Director/PCM, afa, and os.

It is noted the rated capacity of CTC is 136 residents and the facility count on August 26, 2020 was 76 residents.

During the on-site audit, the auditor was provided a conference room from which to review documents and facilitate confidential interviews with staff and residents. The auditor randomly selected (from a resident roster provided by the Director) 17 residents (nine of whom were designated as random resident interviewees) for on-site interviews pursuant to the Resident Interview Questionnaire and specialty interview questionnaires. Interviewees represented all wings.

According to the Director, there were no resident(s), confined in the facility at the time of the on-site audit, who were blind or deaf, resident(s) with speech impediments, lesbian/bisexual/transgender/ intersex residents, or residents who reported a sexual abuse incident at CTC.

It is noted the nine random resident interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to residents for reporting sexual abuse and sexual harassment. Overall, random resident interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random residents advised they had received training by CTC staff, as well as, information gleaned pursuant to previous PREA training within state prisons, jails, other CC facilities, and transitional centers.

The auditor notes the total staff complement at CTC during the on-site audit was 17 staff, comprised of the Director, assistant facility administrator, operations supervisor, nine security staff, and five case managers. Many staff perform multiple PREA-related duties and accordingly, one or more questionnaires were utilized with several interviewees. As an example, in view of days off and absence from the facility, five of the 12 random staff interviewees were interviewed using multiple questionnaires. The Director was interviewed pursuant to five separate questionnaires and the operations supervisor was interviewed pursuant to two questionnaires. Of note, the afa and os are relatively new to their positions and have not yet fully assumed PREA responsibilities.

As previously indicated, 12 random staff selected by the auditor from a staff roster provided by the Director, were interviewed and the Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees. Interviewees were questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, response protocols when a resident(s) allege abuse, and First Responder duties.

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

Agency Head
Director
CC PREA Coordinator (CCPC)
CTC PCM
Designated Staff Charged with Monitoring Retaliation (1)
Incident Review Team (1)
Human Resources (1)
Investigator (2- one criminal investigative interviewee- Brighton Police Department)
SAFE/SANE Staff- (1)
Intake (1)
Staff Who Perform Screening for Risk of Victimization and Abusiveness (1)
Security and Non-Security Staff Who Have Acted as First Responders (1 Security staff and 1 Non-Security staff)
Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)
Contractor (1)

The auditor notes two volunteers provide services at CTC, however telephone numbers have not yet been provided for facilitation of interviews. The auditor will interview the two volunteers during the corrective action period.

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

It is noted CC is the umbrella company for CTC.

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

Disabled [2 with physical disabilities (one of which was low hearing and physically disabled), and 2 cognitively impaired(one who reported historical sexual abuse in a jail)];
LEP (1);
Gay (1); and
Reported Prior Sexual Abuse (community) During Screening (2).

The auditor reviewed 10 staff training records, 10 resident files, 9 staff and 1 contractor HR files, two PREA investigative files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On August 26, 2020, the auditor was processed into the facility at the control center. The auditor did note PREA third-party notification (telephonic reporting information) posted in the facility lobby area.

Similarly, PREA Hotline notification numbers were posted above the resident telephones, in every resident room, and on various walls through the facility. An Ethics Hotline poster (staff private reporting mechanism) is also posted outside the control center. PREA Audit Notices were prevalent throughout the facility, inclusive of the housing units, program areas, etc. It is also noted a reminder regarding opposite gender staff announcements is posted on resident doors throughout the facility.

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

CTC is a 136-bed facility located in Commerce City, Colorado. The facility is located in an area that has commercial, industrial, and residential buildings. CDOC and step down residents from local jurisdictions and diversion residents are housed at CTC. The facility is comprised of male residents with risk factors ranging from minimum to low-medium risk.

CTC is comprised of one building with 20 multiple occupancy sleeping rooms. The entrance of the building houses an administrative area with office space, staff lounge, staff workout room, conference rooms and staff restrooms. The remainder of the internal portion of the building includes a public entrance, resident lounge, public restroom, control center, three client dayrooms, kitchen, storage closets, resident sleeping rooms, laundry rooms, and three client bathrooms. The exterior of the building has a large courtyard with exercise equipment that can be utilized by residents. One of the three wing bathrooms is closed in view of COVID-19 procedures, as well as, the reduced resident population resulting from the same.

As referenced in the narrative for 115.42, management staff have identified procedures to ensure an individualized shower for residents who identify as transgender or intersex and request separate showers.

CTC is equipped with 16 total cameras, all positioned to provide coverage of resident/staff movement throughout the facility. The auditor notes camera surveillance is well dispersed throughout the facility. All relevant areas are adequately covered by camera supervision, ensuring observation of entrance into and egress from relevant areas.

No cameras are specifically focused into resident rooms or resident bathrooms. The auditor reviewed camera angles in real time and found no instances allowing voyeurism, etc.

Toilet and shower areas are adequately shielded, therefore not allowing for visibility unless one has entered the urinal/toilet area. Staff must physically enter the bathroom to enable line of sight vision. While some urinals in the Wing 2 bathroom are visible from the doorway, curtains are installed for resident privacy. In other words, residents are responsible to close the curtains for privacy.

The auditor notes there are windows in all staff offices. Accordingly, supervision pursuant to routine correctional supervision is enhanced.

During report writing, the auditor did test the DOC-TIPS Line (external reporting source for residents, staff) and found the same to be operational. Contact with a recorded voice was accomplished and the auditor advised of the test of the Hotline. The auditor received notice of the test in follow-up to the call.

An on-site audit closeout meeting was facilitated on August 27, 2020 with the Director, afa, and os. The auditor expressed his gratitude for the hospitality displayed at the facility, as well as, staff's responsiveness during interviews, information gathering, etc. Additionally, the auditor thanked the Director for his diligence in terms of ensuring prompt reporting of interviewees.

While a rating is not provided during such closeouts, the auditor complimented the Director regarding staff and resident general knowledge regarding PREA programs and operations.

Facility Characteristics

An overview of facility characteristics is captured in the audit narrative reflected in the preceding section. Accordingly, the same will not be repeated.

The CC Mission Statement reads as follows.

We help government better the public good through:

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

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

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

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.231, 115.288

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met:

PREVENTION PLANNING

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

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

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? X□ Yes □ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? X□ Yes □ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? X□ Yes □ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? X□ Yes □ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the Pre-Audit Questionnaire (PAQ), the Director self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The Director further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The facility has a written policy which includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the policy includes sanctions for those found to have participated in prohibited behaviors. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Core Civic (CC) 14-2 CC entitled Sexual Abuse Prevention and Response, pages 1-33 addresses 115.211(a).

Pursuant to the PAQ, the Director self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement

facilities. The Director reports the CCPC is in the agency's organizational structure and the auditor verified the same pursuant to review of the CC Organizational Chart.

The auditor notes the Director serves as the PREA Compliance Manager (PCM) at Commerce Transitional Center (CTC). She is likewise included in the facility organizational chart.

The CCPC reports to the CC Vice President of Operations Administration. In turn, the Vice President of Operations Administration reports to the Executive Vice President and Chief Corrections Officer. The PCM reports to the Senior Director, Division VII.

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

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

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

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

In view of the above, the auditor finds CTC substantially compliant with 115.211.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA

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

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports CC and CTC do not contract with other facilities or companies to house residents designated for confinement at CTC. The auditor's research and informal interview with the CCPC and Director validate the same.

Given the lack of evidence substantiating non-compliance with 115.212, the auditor finds CTC substantially compliant with the same.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

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

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

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

115.213 (b)

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

115.213 (c)

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

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

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

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. The Director self reports the average daily number of residents since the last PREA audit is 132 and the average daily number of residents on which the staffing plan is predicated is 136.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section D(1 and 2)(a-d) addresses 115.213(a). Page 32 of the Colorado Community Corrections Standards. section OMA-020 also addresses the minimum staffing guidelines for community confinement facilities. A minimum of two staff, whose primary duties entail client supervision, must be on shift within the facility at all times.

Pursuant to the Director, the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect residents against sexual abuse are considered in the plan. Two staff members are assigned to each shift.

CTC is a minimum security facility with one staff member assigned to the security office at all times, plus one rover and this is commensurate with the contract. The staffing plan generally follows the Colorado Community Corrections Standards, is documented and maintained in hard copy in the Director's Office, and coincides with the daily roster.

When assessing adequate staffing levels and the need for video monitoring, the facility plan considers the following:

a. The staffing plan assessment focuses on blind spots and line of sight. In conjunction with the sexual abuse incident review team, camera placements and angles are evaluated. Additionally, staff observation pursuant to management by wandering around (MBWA) factors into the assessments.

b. While Security Threat Group (STG) members or associates are housed at CTC, no PREA concerns are noted. Similarly, racial balance is not an issue and the LGBTI population is negligible in terms of numbers.
c. There are few reported substantiated and unsubstantiated incidents of sexual abuse at CTC. However, frequency of the same, location(s) of incidents, staffing and camera surveillance, and staff training needs are closely monitored.
d. There are no other relevant factors under consideration at CTC at this time.

In regard to daily checks for compliance with the staffing plan, the operations supervisor (os) schedules staffing for all shifts and oversees the daily roster. The daily roster is built from the staffing plan.

An established protocol is used to fill vacancies. During non-regular business hours, the on-call administrator effects staffing decisions to ensure no vacant security posts, even if he/she personally fills the vacancy. Non-security staff can be detailed to the vacant security post for the shift and overtime may be an option, generally the last resort, however. The os is also in the loop to ensure security posts are filled on a daily basis.

CTC is always compliant with the contract and staffing plan.

The auditor notes the Director is also self-designated as the PCM at CTC. Accordingly, her statement regarding staffing plan considerations is reflected in the preceding paragraphs.

Pursuant to the PAQ, the Director self reports in circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. According to the Director's self report in the PAQ, there were no instances of deviation from the staffing plan during the last year.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section D(3) addresses 115.213(b).

The Director asserts all instances of non-compliance with the PREA Staffing Plan would be documented. Specifically, the deviation would be documented in a 5-1 packet as a reportable incident and forwarded to the CCPC within seven days of occurrence. The Senior Director for Division 7 is alerted immediately. The Director self reports there were no instances of deviation from the staffing plan during the last 18 months.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.213. Two monitors are assigned to each shift and they are visible throughout the facility.

The auditor did note camera surveillance is sufficient to augment staffing, thereby serving to facilitate resident sexual safety. Camera placements are addressed in the first few pages of this report.

Pursuant to the PAQ, the Director self reports at least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:

The staffing plan;
Prevailing staffing patterns;
The deployment of video monitoring systems and other monitoring technologies; and
The allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 9 and 10, section D(5)(a) and (b)(i-iv) address 115.213(c). Additionally, Colorado Community Corrections Standards, section OMA-020 addresses 115.213 as referenced in the narrative for 115.213(a).

According to the CTC Director/PCM, the facility staffing plan is reviewed at least once each year. As both Director and PCM, she develops the same.

The auditor's review of the November 27, 2018 and November 13, 2019, Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.213(c). The plans address the four requisite consideration factors and bear all requisite signatures.

In addition to the above, the auditor's review of the Colorado Community Corrections Standards reveals the requisite minimum two staff per shift as previously articulated in the narrative for 115.213(a) .

In view of the above, the auditor finds CTC substantially compliant with 115.213.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

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

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X□ Yes □ No

- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). □ Yes □ No X□ NA

115.215 (d)

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

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

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

115.215 (e)

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

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

115.215 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports cross-gender strip searches or cross-gender visual body cavity searches of the anal or genital opening are not conducted at CTC. However, as reflected in the policy narrative cited below, the same can be conducted in exigent circumstances. The Director further self reports zero strip or cross-gender visual body cavity searches of residents were conducted at CTC during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section K(1)(a) addresses 115.215(a). Such searches can be completed in exigent circumstances. Exigent circumstances are defined in this policy provision, as well as, the specifics of provision requirements.

The non-medical staff (who may be involved in cross-gender strip or visual searches) interviewee asserts such searches are not facilitated at CTC. She did not cite any examples of exigent circumstances.

The auditor has found no evidence of cross-gender strip or visual searches conducted by non-medical staff at CTC during the last 12 months. Based on the auditor's observations and the results of staff interviews, cross-gender strip or visual body cavity searches are not conducted at CTC, despite policy allowance for the same.

The auditor finds a male staff member is assigned to each shift.

Pursuant to the PAQ, the Director self reports the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The Director further self reports the facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. Given the fact female residents are not housed at CTC, the auditor finds 115.215(b) not applicable to the facility. In the last 12 months, no female pat-down searches were conducted by male staff.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section K(1)(b) addresses 115.215(b). Exigent circumstances are defined in this policy provision, as well as, the specifics of provision requirements.

The auditor notes female residents are not housed at CTC.

Pursuant to the PAQ, the Director self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. As female residents are not housed at CTC, such policy is not applicable to cross-gender pat down searches of female residents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 14, section K(1)(c) addresses 115.215(c).

The auditor has found no evidence of the conduct of cross-gender strip searches of CTC residents during the audit period.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 15, section K(5 and 6) addresses 115.215(d). This policy provision addresses the requirements of the provision and a definition of exigent circumstances.

All nine random resident interviewees self report female staff announce their presence, by gender, when entering their housing area. All nine interviewees also self report they are never naked or in full view of female staff when toileting, showering, or changing clothing.

All 12 random staff interviewees self report female staff announce their presence, by gender, when entering housing and shower/toilet areas at CTC. Similarly, all interviewees self report residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

During the facility tour, the auditor noted a sign on every resident room door reading, "Opposite Gender Must Announce Upon Entry". The auditor noted no instances either during the facility tour or throughout the duration of the audit wherein female staff failed to announce their presence (by gender) whenever they entered a housing area.

In addition to the above, the auditor reviewed camera monitors with CTC staff and he determined there are no cameras in the bathrooms/showers or resident rooms.

Pursuant to the PAQ, the Director self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. According to the Director, no such searches were facilitated during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 14 and 15, section K(2) addresses 115.215(e).

All 12 random staff interviewees self report the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that they are aware of the relevant policy.

As previously mentioned, the Director/PCM advises zero transgender/intersex residents were housed at CTC at the time of the on-site audit. Accordingly, such interview was not facilitated.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section b(i) addresses 115.215(f).

The auditor's review of the training module regarding the conduct of cross-gender pat down searches and searches of transgender/intersex residents in a professional and respectful manner reveals substantial compliance with 115.215(f). Cross-gender pat-down searches and searches of transgender/intersex residents in a professional and respectful manner training are facilitated in the PREA Overview session during Pre-Service and annual In-Service training.

In addition to the above, the auditor's review of a Training Activity Enrollment/Attendance Roster dated February 12, 2020 reveals 15 staff completed a PREA: Cross Gender/Transgender Pat Searches class.

The auditor's on-site review of 10 random staff training files reveals requisite training was provided in four cases (Pre-Service) and all applicable cases (five annual In-Service). Some of the 2020 training has not yet been conducted in view of due dates.

In addition to the above, the auditor's review of two Orientation Training Activity Enrollment/Attendance Rosters reveals two CTC staff completed requisite training as articulated in 115.215(f). Of note, all staff receive the same initial and annual PREA training. The documents bear the date of training, the classes presented, and printed name/signature of participants.

All 12 random staff interviewees assert the agency does train staff how to conduct cross-gender pat down searches of female residents and professional and respectful searches of transgender/intersex residents. All interviewees also self report they received the requisite training either during Pre-Service, In-Service training, or both. The training was provided in a video/power point/discussion format and in some cases, a demonstration.

In view of the above, the auditor finds CTC substantially compliant with 115.215.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? X□ Yes □ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? X□ Yes □ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? X□ Yes □ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? X□ Yes □ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? X□ Yes □ No

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

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

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

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

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

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

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? X□ Yes □ No

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.264, or the investigation of the resident's allegations?
X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 13 and 14, section I(5)(a) and (b) addresses 115.216(a).

According to the Agency Head interviewee, the agency has established procedures to provide residents with disabilities and residents who are Limited English Proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, LanguageLine is used, when necessary, to communicate with LEP residents. Generally speaking, staff translators can also be used. TTY units are available in every facility and Braille is available in some facilities.

The Disabled [two cognitively impaired and two physically disabled (one who also presented with low hearing)] plus one limited English proficient (LEP)interviewees self report the facility provides information about sexual abuse/harassment that they are able to understand.

The auditor notes posters are positioned at reasonable heights for physically disabled resident review. Similarly, the Blue Bench pamphlet is posted at a reasonable height wherein the same can be easily reviewed by residents. Additionally, printed materials appear to be written at a reading level appropriate to the resident population.

The Director asserts Google Translator can be accessed for hearing impaired residents. Additionally, LanguageLine Solutions may be accessed to assist deaf or hearing impaired residents. When needed, staff read and explain materials to blind residents and deaf or hard of hearing residents read materials themselves. Residents sign and date a document stipulating they understand the subject-matter presented.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 13 and 14, section I(5)(a) and (b) addresses 115.216(b).

The auditor's review of LanguageLine Solutions instructions reveals substantial compliance with 115.216(b). Finally, the auditor's review of the CC tri-fold brochure entitled PREA: Prevent, Detect, Respond is presented in both English and Spanish.

Pursuant to the PAQ, the Director self reports agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response

duties, or the investigation of the resident's allegations. The Director further self reports the facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. Finally, in the last 12 months, there were no instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first response duties, or the investigation of the resident's allegations.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section I(5)(c) addresses 115.216(c).

Ten of 12 random staff interviewees were aware of at least one condition under which a resident translator, interpreter, reader, or assistant can be used to assist with translation in the event a disabled or Limited English Proficient (LEP) resident attempts to report sexual abuse. The auditor notes interviewees quickly identified the condition(s) following dissection of a scenario. All 12 interviewees self report no such instances of using translators pursuant to the circumstances articulated in 115.216(c) have presented during the last 12 months.

Throughout the on-site audit, the auditor found no evidence of staff use of other residents as described in 115.216(c).

In view of the above, the auditor finds CTC substantially compliant with 115.216.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

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

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

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

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

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

115.217 (b)

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

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

115.217 (c)

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

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

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

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

115.217 (g)

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

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) X□ Yes □ No □ NA

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports agency policy 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:

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
Has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraph.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(1)(a-c) addresses 115.217(a).

The auditor's review of PAQ documents relative to two staff and one contractor reveals all completed the 14-2H CC documents, certifying absence of the three 115.217(a) issues, as well as, sexual harassment [115.217(b)] from their history. Additionally, respective criminal background record checks reveal non-existence of 115.217(a and b) issues.

It is noted the auditor's on-site random review of three HR files regarding staff promoted during the last 18 months reveals two such staff completed the 14-2H CC in a timely manner (prior to the promotion date). As reflected in the narrative for 115.232, there is one contractor who executed a contract with CTC. The contract is executed between CC/CTC and ARAMARK. He likewise completed the 14-2H CC and a criminal background record check was conducted in a timely manner, revealing no 115.217(a) concerns.

December 7, 2020 Update:

The auditor has learned the above individual contractor is now a CC employee as the contractor (the company with whom he was employed) is not engaged in such a relationship at this time. All requisite 115.17 a, b, and c documentation has been completed.

The auditor's on-site random review of seven Human Resource (HR) files for staff hired at CTC between 2017 and 2019 reveals the requisite 14-2H CC form [captures the three questions plus the 115.217(b) question] was completed by the applicant prior to the date of hire and on the date of hire. Additionally, in applicable cases, the 14-2H CC was completed on an annual basis.

The auditor notes two files pertained to employees hired pursuant to the previous contract and they completed the 14-2H CC for two of three years.

Contact with HR staff reveals a criminal background record check is not completed for internal promotions as the initial criminal background record check, in addition to the completion of the annual 14-2H CC

document and internal vetting, provides continuity to determine the existence of the aforementioned issues. A criminal background record check is completed prior to the "start date" for all new employees thus, ensuring comprehensive knowledge of background history.

Of note, the HR interviewee asserts criminal background record checks are conducted by staff working for the Colorado Division of Criminal Justice (CDCJ). Additionally, a fingerprint check is completed as another source of criminal history exploration. Pursuant to contract, upon completion of these checks, CDCJ provides simply an affirmative response (it is okay to hire this individual) or negative response (it is not okay to hire this individual). Specifics regarding the particular criminal history are not provided to CC.

The HR interviewee asserts the 14-2H CC is also completed by potential contractors with both name and date affixed thereto. This document, in addition to the completion of a criminal background record check, provides reasonable assurance of compliance with 115.217(a).

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B addresses 115.217(b).

As articulated in the narrative for 115.217(a), the Form 14-2H CC contains a separate question as to whether a substantiated allegation of sexual harassment has been made against the individual. Additionally, the Form 3-20-2B entitled PREA Questionnaire for Prior Institutional Employers reflects the same question. Previous institutional employers are requested to complete the same however, there is no obligation. There is an expectation of response regarding sexual abuse issues.

As criminal background record checks do not address sexual harassment, the latter form is the only document available to validate the 14-2H CC.

The auditor's review of two interviewee files reveals they were previously employed in institutional settings. While the Form 3-20-2B was discussed with staff in the appropriate office in one case, the same was attempted, via U.S. Postal Service (USPS) as well as telephonically, with staff in the appropriate office in the second case. The auditor notes the validating documentary evidence was not available when the Interim Audit Report was completed. However, the CC HR has provided such validating evidence to the auditor since completion of the report.

Accordingly, the auditor finds CTC is and was compliant with 115.17(b) and (c) during the audit period.

The HR interviewee asserts the facility does consider prior incidents of sexual harassment when determining whether to hire or to promote anyone, or to enlist the services of any contractor, who may have contact with residents. New hires/promotions also complete the 14-2H CC. Prior Institutional Employer Checks validate any incidence of sexual harassment when the receiving party completes the mailed form.

Pursuant to the PAQ, the Director self reports agency policy requires before it hires any new employees who may have contact with residents, it conducts criminal background record checks; and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Director further self reports 11 persons were hired who may have contact with residents and all have had criminal background record checks, during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 5 and 6, section B(3)(a)(i and ii) addresses 115.217(c).

The HR interviewee asserts the facility performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents. The practice, as described by the HR interviewee, is clearly articulated in the narrative for 115.217(a).

This narrative also addresses procedural processing of criminal background record checks regarding promotions and contractors.

Criminal background record checks, relevant to random staff file reviews, are addressed in the narrative for 115.217(a). The narrative regarding CTC non-compliance with 115.217(c)(2) and requisite corrective action is clearly articulated in the narrative for 115.217(b).

Pursuant to the PAQ, the Director self reports agency policy requires a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The Director further self reports there was one contract for services where a criminal background record check was conducted during the past 12 months. The contractor is trained by CC staff.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section B(3)(b) addresses 115.217(d).

As reflected in the narrative for 115.217(a), the requisite initial criminal background record check was facilitated with respect to the aforementioned contractor.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section B(3)(c) addresses 115.217(e).

The HR interviewee asserts CC tracks 5-year reinvestigation needs. Generally, the same is tracked via spread sheet and an alert signifies the need for reinvestigation. Reinvestigations are requested by CC staff to the CDCJ representative.

The auditor's on-site review of one employee (employed pursuant to the previous contract) file reveals she was hired by Time for Change in 2011 and accordingly, she would have been due for a five-year reinvestigation during 2016. As CC did not assume CTC until November, 2017, the requisite reinvestigation was not included in the file. The next five-year reinvestigation is due in June, 2021.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5 section B(2) and (b) addresses 115.217(f).

The auditor is aware the equivalent of the Form 14-2H CC is completed annually by all staff as required by the above policy. Additionally, the document is completed as a staff applicant and prior to hire. Finally, the same is completed by staff who are promoted.

According to the HR interviewee, the facility asks all applicants and employees who may have contact with residents about previous misconduct described in 115.217(a) as an applicant (asked separate from the application), at the interview, and following hire. Additionally, staff are asked the same questions on an annual basis and during the promotion phase. The 14-2H CC is completed annually as of calendar year 2018, to encompass the performance evaluation process and affirmative duty to report. Of note, the affirmative duty to report caveat is also reflected on the 14-2H CC.

Random file review findings regarding 115.217(f) are captured in the narrative for 115.217(a).

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5 section B(1)(NOTE:) addresses 115.217(g).

The auditor's review of the Form 14-2H CC reflects a caveat about material omissions regarding such misconduct, or the provision of materially false information, being grounds for termination. This document is signed and dated by the employee on an annual basis.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6 section B(3)(d)addresses 115.217(h).

According to the Director, during the last 12 months, no requests for information were received from an institutional employer, to whom a CC or ex-CC employee has applied to work, relative to substantiated allegations of sexual abuse or sexual harassment.

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

In view of the above, the auditor finds CTC substantially compliant with 115.217.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the date of the last PREA audit.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 32 and 33, section V(1) addresses 115.218(a).

Pursuant to the PAQ, the Director self reports the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 33, section V(2) addresses 115.218(b).

In view of the above and the lack of non-compliance with the provision, the auditor finds CTC substantially compliant with 115.218.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

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

115.221 (c)

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

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

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

- Has the agency documented its efforts to provide SAFEs or SANEs? X□ Yes □ No

115.221 (d)

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

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

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

115.221 (e)

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

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Director further self reports the Commerce City Police Department (CCPD) and the Colorado Department of Corrections Office of the Inspector General (CDOC OIG) facilitate criminal investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 24, section 4 and a addresses 115.221(a).

Ten of 12 random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The responses regarding first responder duties essentially encompass evidence preservation. CCPD or CDOC OIG conducts criminal investigations and they are responsible for physical evidence collection while all staff are responsible to secure the crime scene and guard against destruction of physical evidence by the victim and perpetrator or others.

Nine of the 12 random staff interviewees were able to correctly identify all four tasks as cited at 115.264(a). The majority of misinformation centers on telling or ensuring both the victim and perpetrator to not destroy physical evidence, as opposed to, requesting that the victim and ensuring the perpetrator doesn't destroy physical evidence.

Ten of 12 random staff interviewees assert the Director facilitates administrative sexual abuse/ harassment investigations and 11 of 12 interviewees assert CCPD or CDOC OIG facilitates criminal investigations.

Pursuant to the PAQ, the Director self reports no youth are housed at CTC and accordingly, that component of 115.221(b) is not applicable. The Director self reports the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, " or similarly comprehensive and authoritative protocols developed after 2011.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 24 and 25, section 4(b) addresses 115.221(b).

Pursuant to the PAQ, the Director self reports no youth are housed at CTC and accordingly, that component of 115.221(b) is not applicable. The Director further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents, " or similarly comprehensive and authoritative protocols developed after 2011.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 24 and 25, section 4(b) addresses 115.221(b).

According to the Director, executives with CCPD will not enter into a Memorandum of Agreement with the facility regarding sexual abuse/harassment investigative duties as they are required by law to investigate all such matters within their jurisdiction. Accordingly, sexual abuse investigations are

facilitated pursuant to departmental and generally accepted sexual abuse investigative law enforcement techniques.

The Director self reports the facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by SAFE/SANE Nurse Examiners.

When SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations. All of the above is clearly articulated in an MOU between CC and St. Anthony North Neighborhood Health Center. According to the Director, zero forensic medical examinations were conducted during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section 4(c) addresses 115.221(c).

The SANE Nurse interviewee asserts she is one of a team of SANE nurses responsible for conducting all forensic medical examinations. The interviewee provides the 80-hour SANE training to staff, much of the same is clinical. SANE Nurses are available twenty-four hours per day, seven days per week and staff are on-call to ensure coverage.

The auditor's review of an MOU Between CC and St. Anthony North Neighborhood Health Center dated August 6, 2019 reveals substantial compliance with 115.221(c).

Pursuant to the PAQ, the Director self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and these efforts are documented. The Director further self reports the facility provides victim advocate services pursuant to an MOU between CC and the Blue Bench (BB) dated October 7, 2019.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section 4(d)(i and ii) addresses 115.221(d).

The auditor's review of the aforementioned MOU reveals substantial compliance with 115.221(d).

According to the Director/PCM, victim advocacy services are available to CTC residents pursuant to an MOU with the BB. She asserts that the previous Executive Director and the current Director at Adams Transitional Center (previous contract- Time for Change) validated victim advocate (VA) qualifications during a meeting with BB management. Additionally, the auditor verified credentials pursuant to review of the BB website.

Pursuant to the PAQ, the Director self reports if requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section 4(e) addresses 115.221(e).

The Director/PCM asserts, if requested by the victim, a victim advocate is accessed through BB to accompany the victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is addressed in the BB MOU.

As reflected throughout this narrative, the CTC PREA Investigator (Director) facilitates administrative investigations. Accordingly, the auditor finds 115.221(f) to be not-applicable to CTC.

In view of the above, the auditor finds CTC substantially compliant with 115.221.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

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

115.222 (b)

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

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

- Does the agency document all such referrals? X□ Yes □ No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). In the last 18 months, one allegation of sexual abuse and one allegation of sexual harassment were received and the same were investigated administratively. The investigations were completed by the Director, who was the Acting Facility Administrator at the time. The auditor's review of PAQ evidence validates completion of the investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section O addresses 115.222(a).

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

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

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

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

The auditor's review of the administrative investigation of sexual abuse facilitated within the last 18 months, reveals substantial compliance with 115.222(a). The investigation takes the form of an electronically generated CC Incident Report, accompanied by an electronic investigative report, and the same encompasses all investigative steps and informational requirements articulated by the Agency Head interviewee, as reflected above.

In addition to the above, the auditor reviewed another administrative investigation of sexual harassment and finds the same substantially compliant with 115.222(a).

Pursuant to the PAQ, the Director self reports the agency has a policy requiring allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Director further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section O and page 24, section O(3)(a) and (b) address 115.222(b).

The investigative staff interviewee asserts agency policy requires allegations of sexual abuse/ harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. CCPD or CDOC OIG sexual abuse investigators conduct criminal investigations for CTC.

The auditor's review of the CC and CTC websites reveals the appropriate policy regarding criminal referrals and the investigative responsibilities for administrative and criminal investigative entities is posted on the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section O and pages 24 and 25, section O(3)(a) and (b) address 115.222(c).

In view of the above, the auditor finds CTC substantially compliant with 115.222.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

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

115.231 (c)

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

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

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

115.231 (d)

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

Auditor Overall Compliance Determination

X□ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

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

Pursuant to the PAQ, the Director self reports the agency trains all employees who may have contact with residents on:

1) Its zero-tolerance policy for sexual abuse and sexual harassment;
2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3) Resident's rights to be free from sexual abuse and sexual harassment;
4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5) The dynamics of sexual abuse and sexual harassment in confinement;
6) The common reactions of sexual abuse and sexual harassment victims;
7) How to detect and respond to signs of threatened and actual sexual abuse;
8) How to avoid inappropriate relationships with residents;
9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, and intersex, or gender non-conforming residents; and
10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 6 and 7, section C(1)(a)(i-xiii) addresses 115.231(a).

The auditor's review of the PREA Overview Curriculum and accompanying training slides reveals substantial compliance with 115.231(a). The PREA Teach back Topics document also suggests significant interactive learning between facilitator and students and content appears to be comprehensive.

The auditor's review of PAQ Pre-Service and In-Service CORECIVIC PREA POLICY ACKNOWLEDGMENT AND/OR TRAINING ACKNOWLEDGMENT forms reveals one staff member was provided In-Service PREA Overview training during 2019. These documents include the "I understand the subject-matter presented" caveat and are signed/dated by the employee participant.

All 12 random staff interviewees self report they received training regarding the aforementioned 10 PREA topics either during Pre-Service and/or PREA ART.

Taking into consideration the date of CC assumption of CTC (November 1, 2017) and the fact all staff previously hired under the old contract were re-trained regarding PREA, the auditor's review of randomly selected staff files in addition to those referenced in the preceding paragraph, the auditor finds substantial compliance with 115.231(a).

The auditor's review of a Pre-Service CORECIVIC PREA ACKNOWLEDGMENT AND/OR TRAINING ACKNOWLEDGMENT form completed during 2020 reveals the employee understands the subject-matter presented.

The auditor's on-site review of 10 random staff training files reveals documentation demonstrating all five random staff hired within the last 12 months completed Pre-Service PREA training in a timely manner. The auditor notes annual In-Service PREA training (ART) was provided to four randomly selected staff for at least the last two years. Only one of the employees hired within the last 12 months has not participated in PREA ART and she was hired in December, 2019.

The Director asserts one staff member transferred to CTC during the last 24 months wherein additional PREA training was provided as she transferred from a facility wherein female residents are housed. All new CTC staff are provided PREA training.

Pursuant to the PAQ, the Director self reports 23 staff, who may have contact with residents, have been trained or retrained in PREA requirements. This equates to 100% of the staff complement.

If there are any policy updates in regard to PREA matters, staff are trained on the policy during staff meetings. Employees who may have contact with residents receive PREA training on an annual basis.

Given the facts 115.231(c) requires refresher training every two years to ensure all employees know the agency's current sexual abuse/harassment policies and procedures and CTC facilitates PREA ART, the auditor finds CTC exceeds standard requirements with respect to this provision.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(1)(a) addresses 115.231(c).

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section C(1)(d) addresses 115.231(d).

The auditor's on-site review of staff training files, as reflected in the narrative for 115.231(a), reveals staff signed and dated the requisite Core Civic PREA Policy Acknowledgment and/or Training Acknowledgment forms, acknowledging their understanding of the subject-matter presented for 2018, 2019, and/or 2020. Accordingly, the auditor finds CTC substantially compliant with 115.231(d).

In view of the above, the auditor finds CTC exceeds standard requirements with respect to 115.231.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports all volunteers and contractors who have contact with residents are trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/ harassment/prevention, detection, and response. The Director further self reports one contractor and two volunteers provide services at CTC, who have contact with residents. The auditor's review of documents, as described below, reveals all contractors received requisite training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section 2(a) addresses 115.232(a).

The auditor's review of the CCA Volunteer Orientation and PREA Training- Student Volunteer Handout reveals substantial compliance with 115.232. The curriculum is broad, providing excellent information to volunteers enabling them to meet PREA responsibilities. Additionally, the auditor's review of the CC PREA Volunteer video reveals substantial PREA information is provided to assist affected individuals in the performance of duties.

The contractor interviewee asserts he has received training in his responsibilities regarding sexual abuse/ harassment prevention, detection, and response per agency policy and procedure. Specifically, he completed the same on April 27, 2020, prior to assumption of duties with residents. Of note, he did receive relevant policies at that time. A video was included during this training.

The auditor's review of one completed CORECIVIC Zero Tolerance Policy- Prohibited Sexual Behaviors document reveals a contractor signed and dated the same, acknowledging her review of the comprehensive document and understanding of the same. Additionally, the current contractor signed and dated the Volunteer Code of Ethics and CORE CIVIC ACKNOWLEDGMENT AND/OR TRAINING ACKNOWLEDGMENT, attesting to completion of requisite training prior to contact with residents. The document addresses all facets of 115.232.

The auditor's review of two completed CORECIVIC PREA POLICY ACKNOWLEDGMENT AND/OR TRAINING ACKNOWLEDGMENT documents executed by the aforementioned contractor and a volunteer reveals provision of requisite training as articulated in 115.232(a) and the "I understand" caveat. The PREA Policy and Training Acknowledgment also minimally reflects the contractor's and volunteer's printed name/ signature/date and the "I understand" caveat. Of note, one document addresses completion of Pre-Service training while the other document addresses relevant policy review.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section 2(b) addresses 115.232(b).

The contractor interviewee asserts he has been notified of the agency's zero tolerance policy on sexual abuse/harassment, as well as, informed how to report such incidents. He further asserts the training included detection and manipulation information regarding sexual abuse/harassment behaviors.

The zero tolerance policy regarding sexual abuse/harassment and reporting strategies are reflected on posters, visible throughout the facility.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section 2(c) addresses 115.232(c).

In view of the above, the auditor finds CTC substantially compliant with 115.232.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? X□ Yes □ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? X□ Yes □ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? X□ Yes □ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? X□ Yes □ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? X□ Yes □ No

115.233 (b)

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

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? X□ Yes □ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? X□ Yes □ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? X□ Yes □ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? X□ Yes □ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? X□ Yes □ No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The Director self reports 217 residents were provided requisite information at intake during the last 12 months. The Director further self reports 100% of residents admitted during the last 12 months were provided this information at intake.

The auditor's review of the CoreCivic PREA- Prevent, Detect, and Respond tri-fold brochure reveals verbiage regarding the resident's right to be free from sexual abuse/harassment and retaliation for

reporting the same. The pamphlet is presented in both English and Spanish. Additionally, strategies to avoid sexual abuse/sexual harassment are addressed in this document.

The PREA Advisement is likewise printed in both English and Spanish. The same is provided at intake and includes topics as follows: zero tolerance towards sexual abuse/harassment; all sexual behavior is prohibited; disciplinary action will be imposed in appropriate cases; and reporting options are articulated. An "I understand the subject-matter" caveat is included in the same.

A Day One Security Orientation form confirms the resident's viewing of the PREA video. The completed example included in the PAQ reveals PREA Orientation was completed on the date of intake.

A document entitled Day Two Security Orientation Checklist is completed by staff, capturing the date on which the component was completed and the employee's signature. The PAQ example again pertained to the same resident as referenced throughout this narrative for 115.233(a) and the same was completed one day following intake. Both forms reflect resident signature/date, the administering staff member's signature/date, and the os signature/date.

Review of the CoreCivic Client Handbook reveals provision of information regarding the zero tolerance policy, as well as, reporting options.

A Colorado Community Corrections generated video entitled Responses to Sexual Activity in Community Corrections is presented to new arrivals.

The intake staff interviewee self reports he provides residents with information about the CC and CTC zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake. The interviewee asserts he reads relevant provisions of the PREA pamphlet to residents. Orientation instruction is generally provided following arrival, as well as, residents view the PREA video. The case manager facilitates PREA Orientation. The interviewee also asserts PREA documentation is posted throughout the facility.

Six of the nine random resident interviewees self report they received information about the facility's rules against sexual abuse/harassment during intake. All nine random resident interviewees self report they were told about the following when they arrived at CTC:

a. Their right not to be sexually abused or sexually harassed;
b. How to report sexual abuse or sexual harassment;
c. Their right not to be punished for reporting sexual abuse or sexual harassment; and
d. Their right not to be punished for reporting sexual abuse or sexual harassment.

Six of the nine interviewees self report they received the information on the date of arrival while three assert they received the information within one day to one week of arrival at the facility.

Interviewees confirmed the materials provided to them were consistent with staff assertions as reflected above.

The auditor's review of the three resident files for those who assert they received untimely PREA information reveals in two of the three cases, the resident received all requisite PREA materials, as well as, PREA Orientation on the date of arrival.

In addition to the auditor's on-site review of the three resident files referenced above, the auditor's review of seven additional random resident files reveals timely provision of both intake PREA materials, as well as, PREA Orientation.

The auditor notes the resident and a staff witness electronically sign and date the PREA Advisement.

Pursuant to the PAQ, the Director self reports the facility provides residents who are transferred from a different community confinement facility with refresher information as referenced above. The Director further self reports one resident was transferred to CTC from a different community confinement facility within the last 12 months and he has received refresher training. Residents receive the same PREA information when they transfer from one CC facility to another facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section I(1)(a-d) and (4) addresses 115.233(a) and (b).

The intake staff interviewee self reports residents are made aware of the rights articulated in the narrative for 115.233(a) within the first day of admission.

All nine random resident interviewees reported being transferred to CTC from state correctional facilities, county jail(s), or private re-entry facilities.

Pursuant to the PAQ, the Director self reports resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as, to residents who have limited reading skills.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 13 and 14, section I(5)(a) and (b) addresses 115.233(c).

Resident education formats and accessibility of the same to the resident population are addressed in the narrative for 115.216 above.

Pursuant to the PAQ, the Director self reports the agency maintains documentation of resident participation in PREA education sessions.

Substantiating documentation is referenced in the narrative for 115.233(a) above. Multiple documents discussed in the narrative for 115.233(a) substantiate compliance with this provision. Executed documents, as discussed above, are applicable to one resident, in addition to the on-site random resident file reviews.

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

The Director/PCM provided the auditor with two posters, both printed in English, in the PAQ packet. The posters reveal methods and telephone numbers for residents to privately report sexual abuse/ harassment, inclusive of an entity not affiliated with the facility.

The auditor validated the preceding statement during the facility tour. Posters are hung on the back of resident room doors, as well as, in strategic locations throughout the facility.

In view of the above, the auditor finds CTC substantially compliant with 115.233.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its

investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

X□ Yes □ No □ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) X□ Yes □ No □ NA

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

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

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

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
X□ Yes □ No □ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director asserts agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section b(i) addresses 115.234(a).

The auditor's review of the training syllabus for the National Institute of Corrections (NIC) course entitled PREA: Investigating Sexual Abuse in a Confinement Setting addresses the requirements of 115.234(a) and

(b). Additionally, another PREA Investigator's certificate relative to a separate course described below, substantiates completion of the same.

The auditor also reviewed the syllabus from the training described below and determined the same is commensurate with 115.234(a) and (b).

According to the investigative staff interviewee, she completed a three hour in-person training with the CC Director of PREA Investigations, patterned after the National Institute of Corrections (NIC)/PREA Resource Center (PRC) course regarding the Conduct of Sexual Abuse Investigations in a Confinement Setting.

These courses included topics such as interviewing techniques relative to victims and perpetrators in a confinement setting, execution of Miranda and Garrity warnings, evidence collection in sexual abuse cases, and the evidence standard necessary to substantiate a case for administrative action or prosecution referral.

The auditor's review of a Training Activity Enrollment/Attendance Roster reveals two historical CTC PREA investigators completed specialized sexual abuse/sexual harassment investigator training, provided by an experienced CC PREA investigator, on August 1, 2018. This training was based on the aforementioned NIC course and syllabus. Additionally, individual training transcripts for these two staff reveals completion of the same course.

The auditor notes there is currently only one trained sexual abuse/harassment investigator at CTC. Records reflect both the afa and os were recently promoted to their current positions.

While there is one trained investigator at CTC and CC policy requires two, it is clear plans are in process to address the policy matter. The auditor finds the plan reasonable given the facility turnover and circumstances.

In view of the above, the Director/PCM will provide a copy of training documentation regarding the selected investigator's completion of requisite specialty training on or before January 11, 2021.

March 4, 2021 Update:

According to the Director/PCM, the os on board at CTC during the on-site audit was properly trained in accordance with 115.234 (a) and (b). He has since departed employment with CTC. The aforementioned evidence validates the interviewee's assertion. The auditor has validated the same.

The auditor finds no basis for a non-compliant finding with respect to 115.234 in view of the circumstances.

The criminal investigative interviewee asserts he has received sexual abuse investigation training through both the Adams County District Attorney's Office and the Brighton Police Department (BPD). This lengthy training was provided in a classroom setting and included all topics mentioned above. In regard to physical evidence collection, the interviewee notes the Commerce City Police Department CSI (specialized evidence collection team) facilitates the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section b(i) addresses 115.234(b).

Pursuant to the PAQ, the Director self reports the agency maintains documentation showing investigators have completed the required training. As previously indicated, the Director also self reports the agency maintains documentation showing two investigators have completed the required training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section b(i) addresses 115.234(c).

In view of the above, the auditor finds CTC substantially compliant with 115.234.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

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

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

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

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)

  □ Yes □ No X□ NA

115.235 (c)

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

115.235 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. However, no medical or mental health staff work at CTC. The Director further self reports that zero medical/mental health practitioners, who work regularly at the facility, received the training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 7 and 8, section b(i) addresses 115.235(a).

According to the Director/PCM and pursuant to the auditor's observation and review of the CTC Organizational Chart, medical and mental health staff are not employed at CTC. Accordingly, such interviews could not be conducted. Of note, none of the provisions of 115.235(a) are applicable to CTC however, as the auditor finds no evidence of non-compliance, CTC is compliant with the standard.

Pursuant to the PAQ and in view of the above, the Director self reports facility medical staff do not conduct forensic examinations at CTC. Accordingly, the auditor finds 115.235(b) not applicable to CTC.

Pursuant to the PAQ and in view of the above, the Director self reports the agency does not maintain documentation showing that medical/mental health practitioners have completed the required training. Medical/mental health care is provided in community facilities.

As mentioned throughout the narrative for this standard, no medical/mental health practitioners are employed at CTC.

As there are no apparent deviations from standard, the auditor finds CTC substantially compliant with 115.235.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

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

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

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

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

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

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

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

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

115.241 (e)

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

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

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

115.241 (f)

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

115.241 (g)

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

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

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

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

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

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

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(1) addresses 115.241(a).

The staff who performs screening for risk of victimization and abusiveness interviewee self reports she does screen residents upon admission to CTC or transfer from another facility for risk of sexual victimization or sexual abusiveness toward other residents. Additionally, she reports new commitments are screened within 72 hours of intake. As a matter of fact, new commitments are screened within 24 hours of intake.

Eight of nine random resident interviewees self report when they first arrived at CTC, they were asked questions like whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as being LGBTI, and whether they think they may be in danger of being sexually abused at CTC. Similarly, eight interviewees self report they were asked these questions on the date of arrival.

The auditor's review of resident files for the one random resident interviewee who reported he was not asked the aforementioned questions upon intake reveals he was asked the requisite questions in a timely (date of intake), thorough, and comprehensive manner.

The auditor's on-site review of 10 random resident files reveals sexual victimization/sexual abusiveness screening was conducted in a timely (date of intake) and comprehensive manner in all cases.

The auditor observed the staff office(s) wherein new commitments are screened and noted there are no blinds on the windows however, offices are located outside resident housing wings.

Pursuant to the PAQ, the Director self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The below policy requires screening be conducted within 24 hours of arrival at CTC. The Director self reports that during the last 12 months, 214 residents entering the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of their entry into the facility. This equates to 100% of residents admitted to the facility during the last 12 months, for 72 hours or more.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(1)(b) and (c) addresses 115.241(b).

The auditor's review of two initial assessments, conducted on January 23 and 24, 2020 and reassessments conducted on February 20, 2020 (two residents) reveals substantial compliance with 115.241(b). CoreCivic policy requires completion of the initial assessment within 24 hours of arrival and the same was comprehensive/timely. The reassessment was likewise comprehensive and timely.

Pursuant to the 115.241(a) narrative, the auditor's on-site review of 10 random resident files reveals timely and comprehensive completion of initial screenings within 24 hours of arrival at the facility. Review of 30-day reassessments related to the same residents, reveals seven of eight were untimely and two were not yet due in view of the date of arrival. All relevant 30-day reassessments are comprehensive.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(1)(a) addresses 115.241(c).

The auditor's review of the CC 14-2B CC, Sexual Abuse Screening Tool, reveals the same is an objective screening tool.

The auditor's review of the Sexual Abuse Screening Tool reflects substantial compliance with 115.241(d). Specifically, the document reflects the following issues:

1) Whether the resident has a mental, physical, or developmental disability;
2) The age of the resident;
3) The physical build of the resident;
4) Whether the resident has previously been incarcerated;
5) Whether the resident's criminal history is exclusively nonviolent;
6) Whether the resident has prior convictions for sex offenses against and adult or child;
7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
8) Whether the resident has previously experienced sexual victimization; and
9) The resident's own perception of vulnerability.

The staff who performs screening for risk of sexual victimization and abusiveness interviewee self reports the following factors are considered in the sexual victimization/abusiveness screening:

1) Whether the resident has a mental, physical, or developmental disability;
2) The age of the resident;
3) Whether the resident has previously experienced sexual victimization;
4) Whether the resident has previously been incarcerated;
5) Whether the resident's criminal history is exclusively nonviolent;
6) Whether the resident has prior convictions for sex offenses against any adult or child; and
7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

According to the interviewee who conducts such assessments, a pre-screening packet is reviewed by the screener prior to the conduct of the screening. If there are discrepancies between the resident's statements and the pre-screening packet, the same will be reconciled to the degree possible and documented. The client is taken to the case manager's office with the door slightly open. The interview is conducted one-on-one and she reads the questions to the resident, documenting responses.

The auditor notes there is limited resident traffic in the area(s) wherein staff offices are housed. Low volume talk occurs to ensure confidentiality.

The auditor's review of the Sexual Abuse Screening Tool reveals substantial compliance with 115.241(e). Specifically, the same addresses prior acts of sexual violence, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(1)(a-c) addresses 115.241(e).

Pursuant to the PAQ, the Director self reports the policy requires the facility reassesses each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional relevant information received by the facility since the intake screening. The Director self reports during the last 12 months, 201 residents entering the facility (either through intake or transfer) were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days after their arrival at the facility based upon any additional relevant information received since intake. The Director further self reports this represents 100% of residents entering the facility for 30 days or more.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(2)(a) addresses 115.241(f).

According to the staff who performs screening for risk of victimization and abusiveness interviewee, reassessments are conducted within 30 days of arrival at CTC by case managers and then annually thereafter.

Two of nine random resident interviewees report they were asked the questions reflected in the narrative for 115.241(a) above since arrival at CTC. The questions were allegedly asked within 30 days of arrival at the facility.

The auditor's review of five of seven resident files related to those interviewees who assert they were not reassessed at CTC reveals three reassessments were conducted in an untimely manner (outside the prescribed 30 day window). The remaining two interviewees were not yet due for reassessment at the time of the on-site audit.

The auditor's on-site review of four additional random resident files reveals reassessments were not conducted in a timely manner. In one additional case, the reassessment was conducted in a timely manner. Of note, with the exception of those cases where reassessments were not yet due, reassessments were conducted.

Given the above, the auditor finds CTC non-compliant with 115.241(f). Accordingly, CTC is placed in corrective action status for a period not to exceed 90 days. The due date for completion of corrective action is on or before January 11, 2021.

To demonstrate institutionalization of the 115.241(f) requirement, the Director/PCM will facilitate a training session for all staff who conduct requisite screenings. The Director/PCM will provide to the auditor a training syllabus regarding content provided to all staff who facilitate sexual victimization and abusiveness screenings. Additionally, the Director/PCM will provide to the auditor training certifications regarding the training, validating all stakeholders have received the requisite training.

In addition to the above, on or before December 28, 2020, the Director/PCM will provide to the auditor a roster of current CTC residents. The auditor will randomly select 10-15 names from that roster, forward the same to the Director/PCM, and the Director/PCM will provide evidence validating timely completion of the 30 day reassessment in each case. The Director/PCM will provide to the auditor the date of arrival at CTC, the initial assessment, and the 30-day reassessment.

Upon the auditor's review of the evidence presented, he will determine the status of compliance with respect to 115.241(f).

December 24, 2020 Update:

The auditor’s review of 10 random 30-day reassessments for residents received at CTC between September 9, 2020 and October 26, 2020 reveals timely and comprehensive reassessments were completed in nine cases.

February 3, 2021 Update:

The auditor’s review of five additional random 30-day reassessments for residents received at CTC during December, 2020 reveals timely and comprehensive reassessments were completed in nine cases. The auditor is satisfied corrective action has been institutionalized with respect to actual practice [115.241(f)].

March 4, 2021 Update:

The auditor’s review of a Training/Activity Attendance Roster reflects five case managers completed risk screening and retaliation monitoring training. All participants printed/signed their names and

dated the requisite training form, signifying attendance and completion. This training was based on review of CC Policy 14-2 CC requirements and procedures, as related to 115.241(f) and 115.267(c) findings.

In view of the above, the auditor finds CTC has completed requisite corrective action and is now substantially compliant with 115.241(f).

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 12 and 13, section H(2)(b) addresses 115.241(g).

According to the Director, additional sexual abuse or sexual victimization information has been received regarding one resident which triggered a re-assessment. The PCM did include within the PAQ packet two annual reassessments (same resident as previously referenced) dated October 29, 2018 and January 31, 2019 respectively. Both reassessments are timely and comprehensive.

The staff responsible for risk screening interviewee relates the case managers reassess within 30 days of arrival. The case manager also facilitates reassessments, as needed, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Pursuant to the PAQ, the Director self reports the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the resident has a mental, physical, or developmental disability;
Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the resident has previously experienced sexual victimization; or
The resident's own perception of vulnerability.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section H(3)(a-d) addresses 115.241(h).

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

Whether or not the resident has a mental, physical, or developmental disability;
Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the resident has previously experienced sexual victimization; or
The resident's own perception of vulnerability.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section H(4) addresses 115.241(i).

According to the CTC Director/PCM, the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Initial PREA Assessment information is available to all staff on the CTC intranet via the shared drive. Access to this system is password protected. The Director advises she feels comfortable with this distribution and the ability to protect sensitive information from exploitation as the result of the small facility size, small staffing pattern, and all staff have a "Need to Know".

The staff who performs screening for risk of sexual victimization and abusiveness confirms the Director/ PCM's response.

In view of the above, the auditor finds CTC substantially compliant with 115.241. Corrective action, as described in the narrative for 115.241(f), has been completed and implemented.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

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

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

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

115.242 (b)

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

115.242 (c)

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

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

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

Auditor Overall Compliance Determination

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

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

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

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(1) addresses 115.242(a).

According to the Director/ PCM, the agency uses information gleaned from the risk screening during intake to keep residents safe from being sexually victimized or sexually abusive. This information is used primarily with housing decisions as the facility is open in terms of structure, etc. Potential and known victims (PVs/ KVs) are separated from potential and known abusers (PAs/KAs). Residents classified as "Unrestricted" may be placed with PVs/KVs or PAs/KAs.

Each resident is keyed into a grid reflecting the aforementioned designations. This ensures placements are specific to resident sexual safety.

According to the staff who performs screening for risk of victimization and abusiveness interviewee, PVs/ KVs are physically separated (housing only) from PAs/KAs in terms of housing. Residents may also be placed in rooms closer to surveillance and staff. Programming activities are supervised by staff and work assignments are generally off-site.

The auditor's review of a housing schematic (date unknown) reveals consistency in terms of geographic separation (by room) of victims/possible victims and abusers/possible abusers. Additionally, the auditor's review of two initial victimization/abuser assessments (one for a victim and one for a possible abuser), compared against the above document, reveals the two individuals are housed in different rooms.

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

Relevant policy provisions are addressed in the narrative for 115.242(a) above.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section J(1)(a) addresses 115.242(c).

The Director/PCM asserts all incoming residents are placed in a sexually safe situation based on screening results. PVs/KVs and PAs/KAs are housed with Unrestricted or the same classification can be housed together. However, KVs/PVs are not housed with KAs/PAs.

There are no designated location(s) for transgender/intersex resident housing. Programming is supervised by staff.

The agency does consider whether the placement will ensure the resident's health and safety. Similarly, the agency considers whether the placement would present management or security concerns.

The Director/PCM asserts zero transgender/intersex residents were housed at CTC during the on-site audit. Accordingly, such interview(s) could not be conducted.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section J(1)(a) addresses 115.242(d).

The Director/PCM asserts the transgender/intersex resident's own views with respect to his/her own safety are given serious consideration in placement and programming assignments.

The staff who conducts screening for risk of victimization and abusiveness interviewee confirms the PCM's statement in this regard.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 15, section K(7) addresses 115.242(e).

According to the Director/PCM, transgender and intersex residents are given the opportunity to shower separately from other residents. Procedurally, the resident alerts staff that he/she is ready to shower at the predetermined time. Security staff clear the bathroom/shower and the same is subsequently monitored by staff, generally outside the bathroom.

Of note, the staff responsible for risk screening interviewee corroborates the Director/PCM's statement.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section J(1)(b) addresses 115.242(f).

The Director/PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI residents. The PCM further asserts the os and senior monitor (sm) closely monitor the grid to preclude placement of LGBTI residents in specific locations, etc.

The gay interviewee reports he is not housed in a specific wing, unit, etc. The auditor's cursory review of room/bed assignments reveals no deviation from standard.

In view of the above, the auditor finds CTC substantially compliant with 115.242.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

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

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

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

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 15 and 16, section L(1)(a)(i-vii) address 115.251(a).

The auditor's review of the CoreCivic Resident Handbook, PREA Advisement, and CoreCivic PREA-Prevent. Detect. Respond. tri-fold pamphlet reveals multiple methods for private resident reporting of sexual abuse and sexual harassment incidents.

All 12 random staff interviewees are able to cite at least two methods available to residents for reporting sexual abuse/harassment, retaliation by other residents/staff for reporting sexual abuse/harassment, or staff neglect/violation of responsibilities that may have contributed to an incident of sexual abuse/harassment. Methods of reporting include the Hotline (DOC-TIPS Hotline), verbal report to supervisors, Ethics Hotline, and submission of an emergency grievance.

All nine random resident interviewees are able to cite at least two methods available to them to report. Options include a verbal report to staff, dialing the Hotline (DOC-TIPS), submit a kite to staff, report to family, and submit an emergency grievance.

As previously addressed in the narrative for 115.233, posters (regarding procedures for reporting sexual abuse/harassment of residents) are available throughout the facility.

Pursuant to the PAQ, the Director self reports the agency provides at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, sections L(1)(a)(vii) addresses 115.251(b).

Pursuant to the auditor's review of the resources mentioned in the narrative for 115.251(a), the DOC-TIPS-LINE is the most prevalent validation of compliance with 115.251(b).

The Director asserts the CoreCivic Prevent. Detect. Respond. tri-fold pamphlet is issued at intake and the same is available in Spanish.

According to the Director/PCM, the DOC-TIPS Line serves as one way for residents to report sexual abuse/ harassment to a public or private entity or office that is not part of the agency. Operators are CDOC employees. The Director/PCM asserts either she or the Senior Director is generally notified within 24 hours, generally by telephone or e-mail, with the exception of weekends and holidays. This service is offered pursuant to CDOC contract.

The Director/PCM asserts the DOC-TIPS-LINE was tested by a mock auditor and a call was returned to the auditor.

The auditor did test the DOC-TIPS-Line (CDOC), making contact with a recorded voice. He advised of the test of the Hotline and was subsequently notified, in a timely manner, by DOC-TIPS-Line staff, of the test.

Seven of nine random resident interviewees assert they are allowed to make a report without having to give their name.

Pursuant to the PAQ, the Director self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The

Director further self reports staff are required to document verbal reports. The time frame in which staff are required to document such verbal reports is "immediately".

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section 2 addresses 115.251(c). This policy stipulates verbal reports must be documented promptly.

Ten of 12 random staff interviewees assert when a resident alleges sexual abuse, he can do so verbally, in writing, anonymously, and from third parties. All 12 interviewees assert they immediately document any verbal reports of sexual abuse/harassment received from residents.

All nine random resident interviewees assert reports of sexual abuse/harassment can be made both in person and in writing. Furthermore, six of nine interviewees assert a friend or relative can make the report for the resident without giving his name.

Pursuant to the PAQ, the Director self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Of note, the telephone number for DOC TIPS Line is listed in the following policy. The auditor's review of the CC website reveals staff reporting information. The same can be generally accomplished through reporting to the Ethics and Compliance Hotline. Staff are alerted to reporting procedures pursuant to Pre-Service and PREA ART.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section 2(d) addresses 115.251(d).

One staff-related poster was observed during the facility tour regarding The Ethics Line. The Ethics Line is specifically referenced in the above policy as a resource for private staff reporting in accordance with 115.251(d).

All 12 random staff interviewees are able to cite at least two methods of privately reporting sexual abuse/ harassment of residents. Methods cited are placement of a telephone call or e-mail to a supervisor/Director/ operations supervisor, closed door meeting, report to Director via her cell phone during non-regular business hours (phone list is available on Sharepoint), Ethics Hotline, DOC-TIPS, or submit a written report.

In view of the above, the auditor finds CTC substantially compliant with 115.251.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) □ Yes □ No X□ NA

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

115.252 (c)

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

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) □ Yes □ No X□ NA

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

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

115.252 (e)

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

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

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

115.252 (f)

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

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

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

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

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

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

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

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

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section L(1)(b) addresses 115.252. This policy stipulates as follows:

Unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's inmate/detainee grievance process. Should a report be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer (ADO).

The Director relates there has been no residents, within the last 12 months, who filed or attempted to file a sexual abuse allegation pursuant to the facility grievance policy.

As the auditor finds no deviation from either standard or CC policy, he finds CTC substantially compliant with 115.252.

In view of the above, the auditor finds no standard deviation(s) and the facility is exempt from the provision. Accordingly, the auditor finds CTC substantially compliant with 115.252.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

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

115.253 (b)

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

115.253 (c)

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

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

Auditor Overall Compliance Determination

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

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

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

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

Giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and

Enabling reasonable communication between residents and these organizations in as confidential manner as possible.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 10, section F(2) addresses 115.253(a).

The auditor's review of the aforementioned tri-fold brochure identified in the narrative for 115.251 reveals some compliance with 115.253. This brochure is provided to residents at intake.

The auditor's review of a PAQ poster and a case manager orientation document that is completed by staff, reveals substantial compliance with 115.253(a). Clearly, there are numerous avenues through which residents can be aware of 115.253(a) information.

The Director asserts an informative pamphlet from BB [provides 115.253(a) services pursuant to a Memorandum of Understanding (MOU)] is available to residents and the auditor validated the same during the facility tour as the BB information is posted in the Multi-Purpose room. Coupled with coverage during the case manager orientation, residents are provided adequate information regarding BB.

Seven of nine random resident interviewees assert there are services available outside the facility for dealing with sexual abuse, if the resident needed it. Three interviewees specifically cited counseling as the service provided. Seven interviewees assert such information is available in the CC PREA pamphlet(s) or review of posters throughout the facility. Six interviewees assert the telephone calls are free of charge and all nine interviewees assert the calls can be accessed at any time.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 10, section F(3) addresses 115.253(b).

The auditor's review of the CoreCivic PREA- Prevent. Detect. Respond. tri-fold brochure reveals compliance with 115.253(b).

All nine random resident interviewees assert that what is said to people from the outside services remains private. Four interviewees assert such conversations could be told to or listened to by someone else if someone is in danger (law enforcement concern), there is a threat of self harm, a potential criminal matter, or consent has been given.

At the conclusion of each interview wherein the interviewee was unaware of the appropriate responses to these questions, the auditor provided correct response(s) and directed the interviewee(s) to resources for further review.

In view of the above, the auditor is confident CTC residents have been properly educated regarding the subject-matter of 115.253(b).

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

The auditor's review of the MOU with The Blue Bench reveals the same is commensurate with 115.253(c). The same is also addressed in the narrative for 115.221 above.

In view of the above, the auditor finds CTC substantially compliant with 115.253.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The CC website provides information regarding third-person reporting options.

According to the Director and validated by the auditor during the facility tour, PREA posters are posted throughout the facility addressing reporting via the 1-877-DOC-TIPS line. The auditor did observe a poster regarding the CC Ethics Line posted outside the control center. All visitors must pass this point and accordingly, the information presented is available for third-party consumption.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 17, section L(4) addresses 115.254.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

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

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

115.261 (b)

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

115.261 (c)

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

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

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

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

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

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;
Any retaliation against residents or staff who reported such an incident; or

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section 2(a)(i-iii) addresses 115.261(a).

All 12 random staff interviewees assert the agency requires all staff to report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Eleven of 12 interviewees assert policy requires immediate reporting to the os, afa, on-call, or Director.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section 2(c) addresses 115.261(b).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 17, section 2(e) addresses 115.261(c).

As previously indicated, there are no medical/mental health staff on board at CTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 17, section 2(f) addresses 115.261(d).

According to the Director/PCM, no residents under the age of 18 are housed at CTC. With respect to a vulnerable adult being subjected to sexual abuse or sexual harassment, such residents are not ordinarily housed at CTC as the result of the screening process. If such a situation did present, county or CDOC representatives, whichever is appropriate, would be notified.

The auditor has not been provided any information relative to allegation(s) received from vulnerable adults, nor has he discovered any such allegations pursuant to random and specialized staff interviews.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section 2 addresses 115.261(e).

The Director asserts all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported directly to the designated facility investigator. The Director asserts staff generally contact her immediately and as she is currently the only trained sexual abuse investigator, she facilitates the investigation.

The auditor's review of the two investigations conducted during the last 18 months reveals substantial compliance with 115.216(e).

In view of the above, the auditor finds CTC substantially compliant with 115.261.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Director further self reports, in the last 12 months, there were zero times the facility determined a resident was subject to substantial risk of imminent sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 1, section entitled Policy and page 16, section 2(c) addresses 115.262(a).

The auditor's review of the CC PREA Overview Facilitator Guide reveals removal of the resident victim from the danger zone is paramount to assurance of the potential victim's safety.

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

The Director asserts when staff learn a resident is at risk of imminent sexual abuse, he is removed from the danger zone and placed in other housing under staff supervision. If necessary, the victim may be moved to another facility pursuant to Director-to-Director agreement however, the alleged perpetrator is commonly moved.

All 12 random staff interviewees corroborate the assertions of the Agency Head interviewee and the Director to the extent the potential victim would be immediately removed from the danger zone.

In view of the above, the auditor finds CTC substantially compliant with 115.262.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

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

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

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section 5(a) addresses 115.263(a).

Pursuant to a PAQ document entitled PREA Process for Community Corrections Programs, allegations regarding sexual abuse perpetrated in a jail, CDOC facility, or private prison are forwarded to the CDOC PC for investigation, processing, and/or referral.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section 5(a) addresses 115.263(b).

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section 5(b) and (c) addresses 115.263(c).

Pursuant to the PAQ, the Director self reports facility policy requires allegations received from other facilities/ agencies are investigated in accordance with PREA standards. The Director further self reports in the last 12 months, there was zero allegations of sexual abuse received by the facility from other facilities.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section 5(d) addresses 115.263(d).

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

According to the Director/PCM, when an allegation is received from another facility regarding an incident that allegedly occurred at CTC, a full investigation would be initiated pursuant to standard procedure. The alleged victim is interviewed at the facility at which housed to secure a statement, even, if necessary, telephonically. The Director subsequently responds to the reporting administrator regarding the outcome of the investigation.

The Director asserts she is not aware of any such allegation(s) that occurred during this audit period.

In view of the above, the auditor finds CTC substantially compliant with 115.263.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? X□ Yes □ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? X□ Yes □ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X□ Yes □ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X□ Yes □ No

115.264 (b)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has a first responder policy for allegations of sexual abuse. Specifically, upon learning of an allegation a resident was sexually abused, the first security staff member to respond to the report shall be required to:

1) Separate the alleged victim and abuser;
2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described in paragraph 3 above.
The Director self reports zero alleged incidents of sexual abuse occurred at CTC during the last 12 months.

CC PCN 14.2(02) CC entitled Sexual Abuse Prevention and Response, page 1, section M(1)(b) and CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 17, sections M(1)(a-c) address 115.264(a). The Policy Change Notice (PCN) addresses a verbiage clarification related to "requesting that the victim not destroy physical evidence". This PCN is dated January 31, 2019.

The auditor's review of a Priority: PREA laminated staff card reveals substantial compliance with 115.264(a).

Both the security and non-security first responder interviewees were able to accurately identify all steps involved in the first responder duty expectations. Additionally, nine of the 12 random staff interviewees were able to correctly identify all four tasks as cited at 115.264(a).

Pursuant to the PAQ, the Director self reports agency policy requires if the first responder is not a security staff member, that responder shall be required to:

1) Request the alleged victim not take any actions that could destroy physical evidence; and
2) Notify security staff.
The Director further self reports that of the allegations of sexual abuse within the last 12 months, there were zero times a first responder was a non-security staff member.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section M(1)(e) addresses 115.264(b).

Of note, all staff receive the same first responder training as all staff receive the same PREA training, both Pre-Service and PREA ART.

In view of the above, the auditor finds CTC substantially compliant with 115.264.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

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

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

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 10-12, section G(1-3) and pages 17-26, sections M-O address 115.265(a). Specific duties and responsibilities are articulated for various individuals and departments as a response to an incident of sexual abuse.

The auditor's review of this plan, in addition to the aforementioned policy citations, reveals a comprehensive and substantive plan to enable proper staff response to an incident of sexual abuse.

According to the Director, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. She asserts staff are trained regarding the coordinated response plan during Pre-Service and PREA ART. The Coordinated Response Plan is articulated in policy and pursuant to a few forms.

The auditor's review of an augmenting memorandum to all staff provides a generic approach to response to PREA incidents.

In view of the above, the auditor finds CTC substantially compliant with 115.265.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit. During the on-site audit, the auditor confirmed this assertion.

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

The auditor's on-site review validates the statement of the Agency Head.

Since the auditor finds no CTC deviation from standard, compliance with 115.266 is established.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

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

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? X□ Yes □ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? X□ Yes □ No

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

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

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

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

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

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. According to the Director, the afa is the designated retaliation monitor at CTC. In the event the position is vacant, retaliation monitor duties default to the Director or operations supervisor.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section 3(a)(iv) addresses 115.267(a).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 11 and 12, sections 3(a)(iv through vi) and 3(b)(i and ii) address 115.267(b). Additionally, CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 18 and 19, sections 3(b), (c), and (e) address 115.267(b).

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

According to the Director and staff member charged with monitoring retaliation, they follow up and check-in with both resident and staff victims. Formal 30/60/90 day retaliation meetings are conducted with the victim(s), augmented with random check-ins.

Relocation of the perpetrator is the primary response and secondarily, the victim, dependent upon the circumstances. Staff perpetrators are removed from contact with resident victims pursuant to placement on administrative leave or they may be moved to another shift/facility, dependent upon the circumstances. Minimally, the victim's housing within the facility, is considered and, if appropriate, the same would be changed. With respect to staff victims, the perpetrator may be moved to a different shift and/or post assignment, minimally. The Employee Assistance Program may be recommended for staff victims and emotional support treatment may be recommended for resident victims of retaliation.

Pursuant to the PAQ, the Director self reports the facility monitors the conduct or treatment of residents or staff who reported sexual abuse/harassment and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The Director reports retaliation monitoring is continued for at least 90 days or more, if necessary, throughout the duration of placement. The facility does act promptly to remedy such retaliation.

The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Director self reports retaliation has not occurred within the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section 3(a)(iv and v) addresses 115.267(c). Documented monitoring occurs at 30/60/90 day intervals.

The Director and designated staff member charged with retaliation monitoring interviewee asserts she monitors changes in resident behavior(s) (increase in receipt of misconduct reports), frequency of room

change requests, hygiene changes, isolation, withdrawal, and decreased job performance to assess retaliation. In regard to staff victims, a decrease in work productivity, frequent shift or post change requests, increase in call-offs, increase in corrective actions, and isolation, are key indicators.

Monitoring is continued for a minimum of 90 days however, the same may be extended dependent upon the circumstances. There is no maximum time frame for retaliation monitoring as the same is based on progress and circumstances.

The auditor notes CC policy requires the conduct of 30/60/90 retaliation monitoring in both sexual abuse/harassment situations. The auditor's on-site review of two sexual abuse/harassment investigations reveals the following in terms of retaliation monitoring:

One sexual harassment investigation (unsubstantiated) resulted in a 30-day retaliation monitoring meeting, absent the 60-day and 90-day meetings. The second investigation (sexual abuse) was determined to be unfounded and accordingly, retaliation monitoring is not required pursuant to 115.267(f). Additionally, the victim in that matter was not housed at CTC at any point during the investigation.

In view of the above, the auditor finds CTC non-compliant with CC policy and accordingly, CTC is non-compliant with 115.267(c). The auditor imposes up to a 180 day corrective action period (ending on or before April 12, 2021) wherein compliance with both standard and policy are demonstrated.

To demonstrate compliance, the Director/PCM will train staff stakeholders regarding the retaliation monitoring process and its application to both sexual abuse/harassment actions. The Director/PCM will provide to the auditor a copy of the training materials utilized and training certification(s) for all attendees.

In addition to the above, the Director/PCM will provide to the auditor a copy of all sexual abuse/ harassment investigations conducted between the date of this report and April 12, 2021, inclusive of retaliation monitoring evidence. The auditor will review the same and make a determination regarding compliance. All materials will be included in the audit file.

The Director asserts in one case, only one 30-day review was completed. She further asserts the responsible staff member failed to facilitate the 60 and 90-day reviews.

February 9, 2021 Update:

The auditor has been advised CC Policy 14-2 CC has been amended, removing the previous requirement that retaliation monitoring be facilitated in all sexual harassment cases. The auditor has validated the same.

March 4, 2021 Update:

The auditor’s review of a Training/Activity Attendance Roster reflects five case managers completed risk screening and retaliation monitoring training. All participants printed/signed their names and dated the requisite training form, signifying attendance and completion. This training was based on review of CC Policy 14-2 CC requirements and procedures, as related to 115.241(f) and 115.267(c) findings.

March 19, 2021 Update:

Since the auditor has been advised no further sexual abuse incidents allegations have been received at CTC since completion of the Interim PREA Report, he agreed to facilitation of a mock scenario, inclusive of an investigation, retaliation monitoring, a SAIR conducted pursuant to 115.286, and completion of the requisite 115.273 notification.

The auditor's review of a mock allegation and accompanying documents, as described above, reveals substantial compliance with 115.267. Timely and sufficiently detailed PREA Retaliation Monitoring Reports were completed and included in the corrective action materials. Retaliation monitoring was completed for the requisite 90 days.

In view of the above, the auditor finds corrective action is complete with respect to 115.267 and CTC is substantially compliant with 115.267(c).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section 3(a)(iv) addresses 115.267(d). The auditor recommends that a prescribed status check period and documentation of the same be added to policy.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section 3(a)(vi) addresses 115.267(e).

The Director asserts that during the last 24 months, there were no other incidents wherein other individual(s) who cooperated with an investigation, expressed a fear of retaliation.

When a resident who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he receives the same benefits and treatment as articulated in the narrative for 115.267(b) above.

In view of the above, the auditor finds CTC compliant with 115.267(e). Additionally, the auditor finds CTC substantially compliant with 115.267.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) X□ Yes □ No □ NA

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

115.271 (b)

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

115.271 (c)

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

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? X□ Yes □ No

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

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? X□ Yes □ No

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

115.271 (f)

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

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) X□ Yes □ No □ NA

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility has a policy related to criminal and administrative agency investigations.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 1, section entitled Policy, and pages 23 through 25, section O(1-3) address 115.271(a).

According to the investigative staff interviewee, an investigation is initiated immediately following receipt of an allegation of sexual abuse. If she is on-site, she immediately commences the investigation. If the sexual abuse allegation is reported during off-duty hours, she would immediately report to the facility to commence an investigation. Dependent upon the circumstances, she may report to the facility for a sexual harassment allegation however, minimally, she would direct on-duty staff regarding separation of the involved and housing, any evidence issues, etc., commencing the investigation the next day.

In regard to anonymous or third-party reports of sexual abuse/harassment, they are handled the same as any sexual abuse/harassment investigation. The criminal investigative interviewee also asserts anonymous and third-party allegations are handled in the same manner as any sexual abuse investigation.

The auditor's review of the investigation referenced above reveals substantial compliance with 115.271. The Director maintains close contact with CCPD with respect to criminal investigations and investigations are completed in a timely, comprehensive, and methodical manner.

The criminal investigative interviewee asserts the Director forwards the initial report to the CCPD dispatcher and he/she forwards the same to the on-duty officer. Based on the circumstances, the officer forwards the allegation(s) to the criminal investigative interviewee.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section b(i) and page 19, section 3(f), and page 25, section 3(b) address 115.271(b).

Trained sexual abuse/harassment investigators are addressed in the narrative for 115.234.

According to the investigative staff interviewee, she completed a three hour in-person training with the CC Director of PREA Investigations, patterned after the National Institute of Corrections (NIC)/PREA Resource Center (PRC) course regarding the Conduct of Sexual Abuse Investigations in a Confinement Setting.

These courses included topics such as interviewing techniques relative to victims and perpetrators in a confinement setting, execution of Miranda and Garrity warnings, evidence collection in sexual abuse cases, and the evidence standard necessary to substantiate a case for administrative action or prosecution referral. An assessment of relevant training for the criminal investigative interviewee is captured in the narrative for 115.234.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section 3(g), and pages 23 and 24, sections O(1-3) address 115.271(c).

The investigative staff interviewee asserts the initial steps in initiating an investigation and time frames for implementation of each step are as follows:

Ensure first responder duties have been completed (5-10 minutes);
Preliminary questioning of victim (15-20 minutes);
Review written reports (10-15 minutes);
Develop list of interviewees and questions (10 minutes);
Video review (15 minutes- two hours);
Review files (15 minutes);
Facilitate in-depth interviews of victim and witnesses (20-30 minutes each);
Interview perpetrator, unless criminal, (0-45 minutes); and
Write report (two hours).

The criminal investigative interviewee asserts he responds quickly to the crime scene subsequent to notification by the CCPD officer. Facility staff and CCPD CIS staff complete steps1-3 as articulated above. The interviewee asserts that upon arrival at the scene, he is briefed regarding the circumstances of the assault, physical evidence, he reviews any reports, and then he develops his interview list and questions. He also receives and reviews and video footage and file documents. Subsequently, he interviews the victim, witnesses, and conducts any re-interviews prior to interviewing the alleged perpetrator.

Direct and circumstantial evidence the interviewee is responsible for collecting entails written statements, video, files, cell phone records, and interview notes. All physical evidence is collected by CCPD CIS staff.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 24, section O(3)(b) addresses 115.271(d). This provision stipulates as follows:

At this facility, additional contracting agency requirements pertaining to the investigation of rape, sexual assault, or employee on resident sexual misconduct are:

Contact the Commerce City Police Department.

The investigative staff interviewee asserts compelled interviews are not conducted by CTC staff. The same are facilitated by CCPD investigator(s) and accordingly, they would maintain contact with prosecutors. The auditor verified the same pursuant to the criminal investigative interviewee.

The auditor's review of the previously mentioned investigation reveals the matter was not referred for criminal investigation due to the administrative finding.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section O(1)(d) addresses 115.271(e). Additionally, the narrative referenced in 115.271(d) is applicable.

In regard to credibility assessments relative to staff and resident witnesses, both investigative staff interviewee asserts credibility is established on whether or the degree to which their statement matches the totality of evidence. The interviewees further relate they would not, under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section O(1)(f) addresses 115.271(f).

With respect to determining whether staff action(s) or failure to act contributed to the incident of sexual abuse, the investigative staff interviewee asserts she assesses facts “from the moment" perspective. Specifically, did staff's actions or inactions violate policy or ethical considerations?

The interviewee asserts administrative investigations are documented in written reports. The reports generally address the following format:

General synopsis of the allegation(s);
Chronological timeline of interviews/evidence until conclusion of the incident;
Credibility and physical evidence assessments are addressed in the timeline;
Conclusion, including finding; and
Recommendation(s).

The auditor's review of the aforementioned administrative sexual harassment investigation reveals an assessment of staff actions is not applicable to the fact pattern.

The investigative staff interviewee asserts criminal investigations are documented. In actuality, the reports are similar to the administrative reports completed by the interviewee and as described above in the narrative for 115.271(f). The criminal investigative interviewee asserts that in addition to the above, he also includes a section regarding any other such findings made by county/state agencies. This information is gleaned pursuant to his research of relevant databases.

As there were no criminal referrals and subsequent investigations, the auditor did not review any criminal investigation reports.

Pursuant to the PAQ, the Director self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. The Director further self reports zero administrative or criminal findings were referred for prosecution since the last PREA audit.

The investigative staff interviewee asserts cases are referred for criminal investigation whenever the evidence points to the existence of a criminal code violation. Referrals for prosecution are generally facilitated by CCPD when it appears the evidentiary standard has been met.

The criminal investigative interviewee asserts he facilitates a referral for prosecution when there appears to be evidence beyond a reasonable doubt, the volume and credibility of physical and testimonial evidence appears to lead to a conclusion the incident happened as scripted, and there is a verifiable crime.

Pursuant to the PAQ, the Director self reports the agency retains all written reports referenced in the above paragraphs of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section T(1) addresses 115.271(i). Additional policy citations with respect to 115.271(i) are noted in the narrative for 115.287(d). The aforementioned retention schedule clearly substantiates compliance with 115.271(i).

The auditor's review of the CCA Record Retention Schedule reveals compliance with 115.271(i).

The CCPC asserts a Change Notice is being developed to address 115.271(j) and the same will be inserted into existing policy. The CCPC asserts that although policy addition is necessary, the provision is already included in practice and the same is commensurate with the auditor's observations.

Given the above, the auditor finds CTC non-compliant with 115.271(j) for the audit period. Accordingly, the auditor imposes a 90-day corrective action period wherein the aforementioned change notice will be implemented and the Director and all investigators/duty officers will be properly trained. Corrective action will be completed on or before January 11, 2021.

Demonstration of standard compliance and institutionalization will be demonstrated by the Director/PCM pursuant to provision of the change notice to the auditor for review and inclusion in the audit file. Additionally, the Director/PCM will provide training to any other investigators and duty officers, providing a copy of the training plan and roster to the auditor for inclusion in the audit file. Upon completion of the same, the auditor will consider closure of the finding.

December 4, 2020 Update:

The auditor's review of PCN 14-2(03) entitled Sexual Abuse Prevention and Response reveals the requisite standard provision language is now captured in a policy update.

The Director is aware of the aforementioned PCN update and accordingly, corrective action is sufficient. In view of the above, the auditor finds CTC substantially compliant with 115.271(j).

The investigative staff interviewee asserts she continues the investigation regardless of whether a staff member alleged to have committed a sexual abuse act terminates employment prior to a completed investigation into his/her conduct and/or when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. Of note, the criminal investigative interviewee also validates the above.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 24, section O(2)(a)(i) addresses 115.271(l).

The Director/PCM asserts she periodically follows up with the CCPD investigator by either email or telephone, checking on the status of criminal investigations. Follow-up contact is documented.

As previously referenced above, the e-mail thread(s) regarding the one sexual abuse investigation facilitated during the last year, substantiates attempts to be informed regarding the status of the investigation.

According to the investigative staff interviewee, she acts as a liaison or facilitator (e.g. addresses any evidentiary needs, interview coordination/scheduling, etc.) whenever CCPD investigators investigate sexual abuse incident(s). She is a liaison throughout the process.

In view of the above, the auditor finds CTC substantially compliant with 115.271.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? X□ Yes □ No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section O(5) addresses 115.272(a).

The investigative staff interviewee asserts she relies on a preponderance of evidence to substantiate allegations of sexual abuse/harassment. She asserts this equates to "more evidence is available leading to the conclusion the incident happened, than not."

The criminal investigative interviewee's statement regarding the evidence standard in a criminal matter is captured in the narrative for 115.271.

The auditor's review of the unfounded allegation of sexual abuse and the unsubstantiated sexual harassment investigations conducted during the last 18 months reveals substantial compliance with 115.272(a).

In view of the above, the auditor finds CTC substantially compliant with 115.272.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

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

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

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

115.273 (d)

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

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

115.273 (e)

- Does the agency document all such notifications or attempted notifications? X□ Yes □ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has a policy requiring that any resident who makes an allegation he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Director self reports one administrative sexual abuse and one sexual harassment investigation was completed during the last 18 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section Q(1) addresses 115.273(a). This policy stipulates provision of the notification upon completion of a sexual abuse investigation.

The auditor reviewed one Inmate/Resident PREA Allegation Status Notification of sexual harassment advising the recipient the investigation was determined to be unsubstantiated. When questioned as to why the notification was provided to the resident nearly five months following conclusion of the investigation, the auditor learned that the requirement was initially missed and when discovered, the notification was provided. The auditor notes 115.273(a) is applicable only to sexual abuse allegations and investigations.

The auditor's review of a sexual abuse investigation conducted during the last 18 months reveals the resident was not confined at CTC at the time of the investigation and accordingly, notification was not made to the alleged victim in accordance with 115.273(f).

According to the Director, the facility does notify a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. She asserts she makes such notifications pursuant to a Resident Notification Form. The investigative staff interviewee substantiates the Director's statement.

Pursuant to the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The Director further self reports zero investigations were completed by an outside agency during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section Q(1) addresses 115.273(b).

Pursuant to the PAQ, the Director self reports following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined the allegation is unfounded) whenever:

The staff member is no longer posted within the resident's unit;
The staff member is no longer employed at the facility;
The agency learns the staff member has been indicted on a charge related to sexual abuse within the facility; or
The agency learns the staff member has been convicted on a charge related to sexual abuse within the facility.
The Director asserts there has been no staff-on-resident sexual abuse allegations during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section Q(2)(a-d) addresses 115.273(c).

The one staff-on-resident sexual abuse investigation conducted during the last 18 months reveals the same was determined to be unfounded. Accordingly, the parameters of 115.273(c) are not applicable.

Pursuant to the PAQ, following a resident's allegation he or she has been sexually abused by another resident at CTC, the agency subsequently informs the alleged victim whenever:

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section Q(3)(a and b) addresses 115.273(d).

The auditor finds there are no investigations regarding sexual abuse by another resident during the last 18 months.

Pursuant to the PAQ, the Director self reports the agency has a policy that all notifications to residents described under this standard are documented. The notification in accordance with 115.273(e) is discussed above.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section Q(4) addresses 115.273(e).

In view of the above, the auditor finds CTC substantially compliant with 115.273.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? X□ Yes □ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? X□ Yes □ No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section 2(a) addresses 115.276(a).

Pursuant to the PAQ, the Director self reports in the last 12 months, zero facility staff members are alleged to have violated agency sexual abuse/ harassment policies. The Director further self reports zero staff have resigned or been terminated from employment for violation of agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section 2(a) addresses 115.276(b).

Pursuant to the PAQ, the Director self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The Director further self reports that in the last 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 27 and 28, section 2(b) addresses 115.276(c).

Pursuant to the PAQ, the Director self reports all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Director further self reports during the last 12 months, zero facility staff have been reported to law enforcement or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section 2(c) addresses 115.276(d).

In view of the above, the auditor finds CTC substantially compliant with 115.276.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the Director self reports agency policy requires any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. According to the Director, in the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section R(3) addresses 115.277(a). In addition to the above, the CoreCivic Zero-Tolerance Policy-Prohibited Sexual Behavior document, signed and dated by each contractor/volunteer, reflects the requirements of 115.277 in the section entitled Corrective Action for Contractors and Volunteers that Engage in Prohibited Sexual Behavior.

The auditor's review of one contractor CORECIVIC PREA POLICY ACKNOWLEDGEMENT AND/OR TRAINING ACKNOWLEDGMENT, one SELF DECLARATION OF SEXUAL ABUSE/SEXUAL HARASSMENT, and one Zero-tolerance Policy- Prohibited Sexual Behaviors documents reveals all were signed and dated by the contractor prior to contact with residents. Accordingly, the auditor finds CTC substantially compliant with 115.232 and clearly, contractors/volunteers are provided substantial training regarding the consequences of sexual abuse/sexual harassment of residents [115.277(a)]. Additionally, the completed SELF DECLARATION OF SEXUAL ABUSE/SEXUAL HARASSMENT document validates substantial compliance with 115.217(a) and (b).

Pursuant to staff and resident interviews and documentation reviews, the auditor has not found any incidents wherein the requirements of 115.277 were invoked or would require the same.

Pursuant to the PAQ, the Director self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section R(3) addresses 115.277(b).

The Director asserts she suspends contractor/volunteer facility access privileges and eliminates contact with residents, pending the results of an investigation, should a contractor/volunteer be involved in a sexual abuse/harassment incident with a resident. She terminates the contract if the investigation is substantiated.

In view of the above, the auditor finds CTC substantially compliant with 115.277.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? □ Yes X□ No

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The Director further self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the last 12 months, there was zero administrative and/or criminal findings of resident-on-resident sexual abuse that occurred at the facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section R(1)(a)(i) addresses 115.278(a).

The auditor's review of the CoreCivic Resident Handbook reveals substantial compliance with 115.278 in terms of administrative charges and sanctions.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(a)(iii) addresses 115.278(b).

According to the Director, residents who facilitate a resident-on-resident sexual abuse incident may normally be recommended, during an administrative disciplinary process, for termination from the program following a substantiated administrative or criminal investigation. This would occur for such a 100 level offense. A Hearing Notice and charge(s) are issued by CTC staff and the actual hearing is facilitated by county staff or CDOC staff, whichever is appropriate.

As the hearing is facilitated by county or CDOC staff, it is unknown whether sanctions are commensurate with the nature and circumstances of the offense committed. Additionally, county and CDOC staff would consider any mental health issues.

In the event of a sexual harassment investigative finding, CTC staff issue the misconduct report and conduct the Due Process Hearing.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(a)(iv) addresses 115.278(c).

Pursuant to the PAQ, the Director self reports the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. In the event of a substantiated case, the perpetrator is generally removed from the program. In view of the above, facility staff do not consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(c) addresses 115.278(d).

Pursuant to the PAQ, the Director self reports the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(a)(v) addresses 115.278(e).

The auditor finds no allegations or investigations relative to resident sexual contact with staff, conducted during the last 12 months, addressing the subject-matter of 115.278(e). According to the Director, during the last 12 months, there was no allegations or investigations relative to resident sexual contact with staff meeting the parameters of 115.278(e).

Pursuant to the PAQ, the Director self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(b)(i) addresses 115.278(f).

The auditor has found no evidence of deviation from the requirements of 115.278(f).

Pursuant to the PAQ, the Director self reports the agency prohibits all sexual activity between residents. The Director further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(a)(vi) addresses 115.278(g).

The auditor did not find any incidents of resident discipline for sexual abuse linked to consensual sex.

In view of the above, the auditor finds CTC substantially compliant with 115.278.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? X□ Yes □ No

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

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? X□ Yes □ No

115.282 (d)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Director further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The Director self reports that as medical and mental health care is not provided at CTC, such secondary materials are maintained at the hospital.

During the facility tour, the auditor validated no medical/mental health staff are employed at CTC.

Page 2, section entitled ST. ANTHONY agrees to, of the MOU between CoreCivic and St. Anthony North Neighborhood Health Center addresses 115.282(a).

The interview narratives for security and non-security first responders, as reflected in 115.221, 115.262, and 115.264 address preliminary steps taken by first responders to protect the victim. Specific responsibilities in terms of medical evaluation and the conduct of a forensic examination are articulated in the narrative and relevant policy cited for 115.265.

The auditor has found no incidents wherein medical care and follow-up were warranted, applicable to the audit period.

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The Director further self reports that as medical and mental health care is not provided at CTC, such secondary materials are maintained at the hospital.

Page 2, section entitled Access to Emergency Medical Health Services, paragraph 2 of the MOU between CMI and St. Anthony North Neighborhood Health Center addresses 115.282(c).

Pursuant to the PAQ, the Director self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section O(4)(c) addresses 115.282(d).

Page 2, section entitled Access to Emergency Medical Health Services, paragraph 3 of the MOU between CC and St. Anthony North Neighborhood Health Center addresses 115.282(d).

In view of the above, the auditor finds CTC substantially compliant with 115.282.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 1, section W(2)(a) addresses 115.283(a) in entirety.

The auditor has learned the one resident, who alleged being victimized at a jail, provided a different narrative during his initial victimization/abuser screening. Specifically, according to the Director, the resident arrived at CTC on November 13, 2019, admitted to being threatened with sexual assault and approached for sex while incarcerated but, he did not indicate any physical sexual abuse ever occurred. He did state he was sexually abused as a child and he was referred for a mental health meeting.

Given 115.283(a) verbiage limiting the need for a follow-up meeting to instances wherein the resident was victimized by sexual abuse in any prison, jail, lockup, or juvenile facility, the auditor finds CTC substantially compliant with 115.283(a). With respect to this case and given the information provided in the preceding paragraph, the resident, in question, was not offered a meeting relative to institutional sexual abuse.

As previously mentioned, medical/mental health providers are not employed at CTC. All medical/ mental health care is provided in the surrounding community. As the auditor understands, such care is provided to residents pursuant to Medicare, their private insurance provider, or some other form of payment.

When questioned as to the method employed at CTC to initiate 115.283(a) and (b) referrals, the Director asserts the respective case manager makes the appropriate medical or mental health referral for residents who have reported previous institutional abuse.

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 1, section W(2)(b) addresses 115.283(b) in entirety.

Zero residents who reported a sexual abuse at CTC were housed at the facility during the on-site audit. Accordingly, such interview was not conducted.

The auditor has found no evidence meeting the requirements of 115.283(b).

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 1, section W(2)(c) addresses 115.283(c) in entirety.

CTC is an all-male facility and therefore, the auditor finds 115.283(d) not applicable to the facility.

CTC is an all-male facility and therefore, the auditor finds 115.283(e) not applicable to the facility.

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 2, section W(2)(e) addresses 115.283(f) in entirety.

Page 2, section B(6) of the MOU between CC and St. Anthony North Neighborhood Health Center addresses 115.283(f).

Pursuant to the PAQ, the Director self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 2, section W(2)(f) addresses 115.283(g) in entirety.

Page 2, section B(2) of the MOU between CC and St. Anthony North Neighborhood Health Center addresses 115.283(g).

Pursuant to the PAQ, the Director self reports 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 by mental health practitioners.

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 2, section W(2)(g) addresses 115.283(h) in entirety.

Of note, there are no medical and mental health practitioners at CTC. All care is provided in community hospital(s).

In a separate conversation, the Director advised no resident-on-resident sexual abusers have been housed at CTC during the last 18 months. As previously indicated, CC acquired CTC on or about November 1, 2017.

In view of the above, the auditor finds CTC substantially compliant with 115.283.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility conducts a sexual abuse incident review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Director further self reports in the last 12 months, zero criminal or administrative sexual abuse investigations were facilitated at CTC. However, the auditor reviewed two administrative investigations (relevant to incidents occurring within the last 18 months) during the on-site audit. One investigation was determined to be sexual abuse while the other was determined to be sexual harassment. The sexual abuse allegation was determined to be unfounded and the other (sexual harassment) was found to be unsubstantiated.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 21, section N(1) addresses 115.286(a).

Although not required by CC policy or standard, a SAIR was completed with respect to the aforementioned sexual harassment investigation. The same was completed in a timely manner, consistent with the requirements of 115.86(a). The auditor's review of the SAIR report relative to an unsubstantiated administrative sexual harassment case (occurred in March, 2019 and was discovered in May, 2019) referenced throughout this report reveals the requisite committee membership was present at the review and the report is comprehensive, addressing all requisite areas. The date on which the review was completed is also reflected as May, 2019 however, the Director asserts the same was completed in May, 2020.

Pursuant to the PAQ, the Director self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Director further self reports in the last 12 months, zero criminal or administrative sexual abuse investigations were facilitated at CTC. A description of two investigations and SAIR reviews is addressed in the narrative for 115.286(a).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 22, section N(1)(b) addresses 115.286(b).

Pursuant to the PAQ, the Director self reports the SAIR team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The auditor notes no medical or mental health staff are employed at CTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 22, section N(1)(a) addresses 115.286(c).

The auditor finds the composition of the SAIR review teams, in question, to be commensurate with standard expectations. Commensurate with a memorandum included in the PAQ documentation, the Senior Director for the Division, the Facility Director/PCM, and the afa comprise the membership of the SART team.

The Director asserts the facility does have a sexual abuse incident review team. The team is comprised of the Director and Senior Director (Division 7), allowing for input from line supervisors, and investigators. The afa may also be included on the team.

Pursuant to the PAQ, the Director self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section N(2)(a-e) and N(3) address 115.286(d).

The auditor's review of the CC SAIR form reveals substantial compliance with 115.286(d).

According to the Director, the team works to determine whether the alleged incident was the result of a policy, technology, inadequate staffing, or performance failure and if corrective strategies are required. If required, the same are implemented unless determined to be impractical. In that case, the reason for non-implementation is documented.

During the review, the team assesses those facets which were correctly accomplished and those that were incorrectly accomplished. The process is designed to enhance the PREA program and resident sexual safety at CTC.

The team considers:

Was the incident motivated by race, ethnicity, gender identity, LGBTI identification status or perceived status or perceived status, or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility;
Physical examination of the area, in the facility, where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
Assessment of the adequacy of staffing levels in the area during different shifts; and
Assessment of whether monitoring technology should be deployed or augmented to supplement staff supervision.
Of note, the SAIR team interviewee's statement parallels that of the Director/PCM in terms of issues assessed during the review.

Pursuant to the PAQ, the Director self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section N(4)addresses 115.286(e).

The auditor notes there were no recommendations applicable to the aforementioned review.

In view of the above, the auditor finds CTC substantially compliant with 115.286.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Director further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section T(1)(a)(i) addresses 115.287(a/c).

The auditor's review of the CC Incident Reporting Definitions (IRD) and CC 5-1E forms reveals substantial compliance with 115.287(a/c).

Pursuant to the PAQ, the Director self reports the agency aggregates the incident-based sexual abuse data at least annually.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section T(1)(a)(ii) addresses 115.287(b).

The auditor's review of the CC website reveals substantial compliance with 115.287(b) as aggregated data is available for audit years.

Pursuant to the PAQ, the Director self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 28 and 29, section T(1) addresses 115.287(d).

Based on the PAQ review and on-site review of documents, the auditor finds CTC substantially compliant with 115.287(d).

CTC does not contract with any other facility(ies) for confinement of its residents. Accordingly, the auditor finds 115.287(e) not applicable to CTC.

According to the Director, CoreCivic has not provided sexual abuse/sexual harassment data to the U.S. Department of Justice during 2019. It is noted CoreCivic assumed CTC during calendar year 2017, as previously indicated. Accordingly, the auditor finds 115.287(f) not applicable to CTC.

In view of the above, the auditor finds CTC substantially compliant with 115.287.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? X□ Yes □ No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? X□ Yes □ No

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

X□ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

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

Pursuant to the PAQ, the Director self reports the agency reviews data collected and aggregated pursuant to 115.287, in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response policies and training including:

Identifying problem areas;
Taking corrective action on an ongoing basis; and
Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as, the agency as a whole.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page29, section 3(a)(i-iii) addresses 115.288(a).

The auditor's review of the 2019 CC Annual Report reveals substantial compliance with 115.288(a), (b), and (c). The report is published on the CC website.

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

In view of the above, the auditor finds CTC exceeds compliance expectations with respect to 115.288. This procedure is representative of CC's commitment and zeal in terms of enhancement of inmate sexual safety within facilities.

While the CCPC interviewee was not interviewed during this audit, his statement with respect to previous CC audits is noteworthy. He asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Such data is securely retained in password protected programs at both the facility and CCPC's office. Access to this information is limited.

Auditor's Note: PREA investigation reports and ancillary documentation are electronically generated. The auditor observed this process throughout the on-site audit.

The CCPC further advises the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation.

The Director/PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve effectiveness of its sexual abuse prevention, detection, and response policies, and training. Data is maintained electronically by the Director/PCM and CCPC. The data is maintained in a password protected system with access by the Director/PCM only. Hard files are maintained by the Director in a locked file cabinet in her office. Of note, the auditor validated the Director/PCM's statement.

The Director/PCM also asserts the agency prepares an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. The CCPC actually compiles the report.

Pursuant to the PAQ, the Director/PCM self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Director/PCM further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section 3(b) addresses 115.288(b).

The auditor finds substantial compliance with 115.288(b) pursuant to review of the 2019 Annual CC PREA Report.

Pursuant to the PAQ, the Director self reports the agency makes its annual report readily available to the public at least annually through its website and the reports are approved by the agency head.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section 3(c) addresses 115.288(c).

The auditor's review of the CC website reveals the 2019 Annual PREA Report is maintained on the same.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Chief Corrections Officer for final review and signature.

Pursuant to the PAQ, the Director self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Furthermore, the agency indicates the nature of the material redacted.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section 3(d) addresses 115.288(d).

According to the Director/PCM, personal names/identifiers and security information is typically redacted from the annual report and the agency indicates the nature of the redacted material. The report is generated by the CCPC.

In view of the above, the auditor finds CTC substantially compliant with 115.288(d).

In view of the above, the auditor finds CTC exceeds standard expectations with respect to 115.288.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? X□ Yes □ No

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency ensures incident-based and aggregate data are securely retained.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 28 and 29, section T(1)(a)(iv) addresses 115.289(a).

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve effectiveness of its sexual abuse prevention, detection, and response policies, and training. Data is maintained electronically by the Director/PCM and CCPC. The data is maintained in a password protected system with access by the Director/PCM only. Hard files are maintained by the Director in a locked file cabinet in her office.

The auditor's on-site review validates the Director/PCM's assertion regarding information security.

Pursuant to the PAQ, the Director self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually through its website.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section T(2)(c)(i) addresses 115.289(b).

The auditor's review of the CC website reveals aggregated sexual abuse data is available on an annual basis.

Pursuant to the PAQ, the Director self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section T(2)(c)(ii) addresses 115.289(c).

The auditor's review of aggregated sexual abuse data on the website reveals all personal identifiers have been removed.

Pursuant to the PAQ, the Director self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

The auditor's review of the CC Records Retention Schedule reveals compliance with 115.289(d).

In view of the above, the auditor finds CTC substantially compliant with 115.289.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) X□ Yes □ No

115.401 (b)

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

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

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? X□ Yes □ No

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

The auditor notes facility staff were extremely facilitative throughout the pre-audit, on-site, and post audit phases of this process. Staff and resident interviews were well organized and facilitated in rapid fashion. The auditor complements facility staff for their efforts in this regard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

NA

AUDITOR CERTIFICATION

I certify that:

X□ The contents of this report are accurate to the best of my knowledge.

X □ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

X□ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

K. E. Arnold **March 19, 2021**

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.