

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

X Final Report

Date of Report: November 26, 2021

Auditor Information

Name: Brian D. Bivens	Email: briandbivens@gmail.com
Company Name: Brian D. Bivens and Associates	
Mailing Address: P.O. Box 51787	City, State, Zip: Knoxville, TN 37950
Telephone: 865-789-1037	Date of Facility Visit: September 27-29, 2021

Agency Information

Name of Agency: CoreCivic		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 5501 Virginia Way, Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
Mailing Address: Same		City, State, Zip: Same	
The Agency Is:	Military	<input checked="" type="checkbox"/> 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 T. 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 68 (Indirect)

Facility Information

Name of Facility: Cimarron Facility

Physical Address: 3200 S. Kings Hwy

City, State, Zip: Cushing, Ok., 74023

Mailing Address (if different from above):
Same as above

City, State, Zip: Same as above

The Facility Is:

Military

☒ **Private for Profit**

Private not for Profit

Municipal

County

State

Federal

Facility Type:

☒ **Prison**

Jail

Facility Website with PREA Information: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

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

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

- ☒ ACA
- ☐ NCCHC
- ☐ CALEA
- ☒ Other (CoreCivic)
- ☐ N/A

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

Warden/Warden/Sheriff/Director

Name: Joe Norwood

Email: joe.norwood@corecivic.com

Telephone: 918-225-3336

Facility PREA Compliance Manager

Name: Michael Miller

Email: michael.miller@corecivic.com

Telephone: 918-225-3336

Facility Health Service Administrator ☐ N/A

Name: Hollie McNulty

Email: Hollie.Mcnulty@corecivic.com

Telephone: 918-225-3336

Facility Characteristics

Designated Facility Capacity:	1752	
Current Population of Facility:	1187	
Average daily population for the past 12 months:	876	
Has the facility been over capacity at any point in the past 12 months?	Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	Females Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	16-78	
Average length of stay or time under supervision:	22.69 Days	
Facility security levels/detainee custody levels:	Low, Moderate, High	
Number of detainees admitted to facility during the past 12 months:	13,615	
Number of detainees admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	12,102	
Number of detainees admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2,958	
Does the facility hold youthful detainees?	<input checked="" type="checkbox"/> Yes No	
Number of youthful detainees held in the facility during the past 12 months: (N/A if the facility never holds youthful detainees)	3	
Does the audited facility hold detainees 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)?	<input checked="" type="checkbox"/> Yes No	
<p>Select all other agencies for which the audited facility holds detainees: Select all that apply (N/A if the audited facility does not hold detainees for any other agency or agencies):</p>	<p>Federal Bureau of Prisons</p> <p><input checked="" type="checkbox"/> U.S. Marshals Service</p> <p>U.S. Immigration and Customs Enforcement</p> <p>Bureau of Indian Affairs</p> <p>U.S. Military branch</p> <p>State or Territorial correctional agency</p> <p>County correctional or detention agency</p> <p>Judicial district correctional or detention facility</p> <p>City or municipal correctional or detention facility</p> <p>Private corrections or detention provider</p> <p><input checked="" type="checkbox"/> Other - please name or describe: JPATS Justice Prisoner & Alien Transportation System</p>	
Number of staff currently employed by the facility who may have contact with detainees:	224	

Number of staff hired by the facility during the past 12 months who may have contact with detainees:	164
Number of contracts in the past 12 months for services with contractors who may have contact with detainees:	3
Number of individual contractors who have contact with detainees, currently authorized to enter the facility:	39
Number of volunteers who have contact with detainees, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditor should count all buildings that are part of the facility, whether detainees 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 detainees, 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.</p>	11
<p>Number of detainee housing units:</p> <p>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 detainees 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 detainees 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.</p>	7
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	30
In housing units, does the facility maintain sight and sound separation between youthful detainees and adult detainees? (N/A if the facility never holds youthful detainees)	<input checked="" type="checkbox"/> Yes No N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CoreCivic Staff
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CoreCivic Staff
Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other	
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:	1	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-detainee or detainee-on-detainee), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> Local police department Cushing Police Department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other <input type="checkbox"/> 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-detainee or detainee-on-detainee), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The on-site PREA audit of the Cimarron Facility was conducted September 27-29, 2021, by Department of Justice Certified PREA Auditor Brian D. Bivens. The Cimarron Facility is located in Cushing, Oklahoma. Cushing is located in Payne County; at the time of the 2010 census, the population was estimated to be 7,826. Cushing was established after the Land Run of 1891 by William "Billy Rae" Little. It was named for Marshall Cushing, private secretary to the United States Postmaster General John Wanamaker. Today, Cushing is a major trading hub for crude oil and is known as the "pipeline crossroads of the world".

Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire, and supporting documentation provided by the facility to demonstrate compliance to the PREA standards. The auditor and the PREA Manager had ongoing communication for several weeks prior to the audit to prepare for the on-site visit.

The auditor wishes to extend his deepest appreciation to Assistant Warden Michael Miller and his staff for their professionalism, hospitality, and kindness. The auditor also wishes to compliment the Cimarron Facility's Investigator Greg Jones for his outstanding work in organizing the files that were provided to the auditor in advance of the audit. This enabled the audit to move forward very efficiently. The auditor would also like to acknowledge the professionalism of the line staff at the Cimarron Facility; they were very accommodating and extremely helpful throughout the onsite visit. The auditor also wish to express gratitude for the CoreCivic's agency wide PREA Coordinator, Eric Pierson.

The facility supplied a list of resident names sorted by housing units, disabilities, and special designations, as well as a list of facility staff names by shift to the auditor. From these lists the auditor selected, at random, a sampling of residents and staff to be interviewed during the on-site visit. The sampling size for residents included at least one resident per housing unit. This decision was made to ensure all residents throughout the facility were receiving the same information and education related to all aspects of the PREA program instituted at this facility.

The on-site audit began with an entrance meeting being conducted on Monday September 27, 2021, at 08:30 a.m. in the Warden's Office. The following staff attended the entrance meeting:

Michael Miller, PREA Compliance Manager and Assistant Warden

Kimberly Sullivan, Assistant Chief of Security

Tommy Battles, Quality Assurance Manager

Steven Boone, Unit Manager

Tiffany Adams, Unit Manager

Hollie McNutty, Health Services Administrator

Quan Shai Carter, Unit Manager

Joe Norwood, Acting Warden

Following the entrance meeting, the auditor conducted a comprehensive site review (see **Chart 1**) that began at approximately 09:35a.m. and continued throughout the onsite visit. All necessary COVID-19 precautions were made by staff and auditor to ensure everyone's safety. During the site review the auditor reviewed camera placement, blind spots, staff placement and documentation to assist in determining standard compliance. While touring the facility, the auditor observed the notices of this PREA audit in all the buildings; as well as, posters that called attention to the agency's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. Posters were visible in both English and Spanish. Random staff and resident interviews were conducted in a private offices provided in each housing unit. The following staff accompanied the auditor on the site review:

Greg Jones, Facility Investigator

CHART 1 Areas Toured

Areas Toured	Comments
Administration	
Commissary	
Lobby	
Kitchen	
Laundry	
Supply	
Loading Dock	
Library	
Unit Management Areas	
Recreation Yards	
Central Control	
Visitation	
Medical and Mental Health	
Restrictive Housing	
Juvenile Housing	
General Population Housing	Alpha, Bravo, Charlie, Delta, Fox, Echo

While touring several residents and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available, and their responsibilities. All staff and residents informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment, and/or retaliation for reporting. The auditor found the staff to be well versed in their duties as PREA 1st Responders.

The auditor interviewed a total of forty-two staff members, contractors and/or volunteers during the course of this audit. (See **Chart 2**) All staff interviewed was well versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards.

Chart 2 Staff/Contractor/Volunteer Interviews (42)

Interview Type	Number Interviewed	Additional Information
Volunteer	0	Due to COVID
Contractor	2	Trinity Food Service
Supervisor	2	
1 st Responder	1	
Agency Head/Designee	1	
Facility Head/Designee	1	Assistant Warden Miller
Medical Staff	1	Health Services Administrator
Mental Health Staff	1	Mental Health Coordinator
PREA Coordinator	1	Assistant Warden Miller
PREA Manager	1	
Day Shift Random Staff	10	
Night Shift Random Staff	8	
PREA Investigator	1	
Screening Staff	1	
Human Resources	1	
Training Staff	1	Agency Investigator
Detention Counselor	1	
Juvenile Staff	1	
Unit Manager	1	
Segregation Staff	1	
Intake Staff	1	
Incident Review Member	1	
Retaliation Monitor	1	
Case Manager	2	

There is no SAFE or SANE staff at the facility; they are made available through a Memorandum of Understanding with Stillwater Medical Center. Staff interviewed was well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence, and retaliation for reporting. The Wings of Hope also acts the external reporting agency. Detainees can simply dial the posted numbers that are located in all housing units on any detainee phone, and they are quickly connected to a Victim Advocate. The system was successful tested during the initial tour of the facility.

There were forty detainees/detainees interviewed during the on-site visit. These residents consisted of: fifteen general population detainees and thirty-five targeted. See **CHART 3** for detainee/detainee interview breakdown.

Chart 3 Detainee/Detainee Interviews (40)

Interview Type	Number Interviewed	Additional Information
General Population	15	
Juvenile	3	
LEP	10	
Blind/Low Vision	1	
Deaf/Hearing Impaired	1	
Self-Identified as LBGTQ	2	
Physical/Mental Disability	4	
Screened at Risk of Victimization	3	
Screened at Risk of Abusiveness	1	
Reported Sexual Abuse	0	None in custody at the time of onsite visit

All of the detainees/detainees interviewed acknowledged receiving PREA training and written materials in languages that they could comprehend (posters, pamphlets, and resident handbooks) outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting. Based on the outcome of the screening tool, Intake Staff make appropriate referrals to the Mental Health Staff when necessary. The facility has two mental health professionals that also act as victim advocates if needed. All detainees interviewed felt if they had to file a PREA complaint the facility would respond appropriately to their complaint and that all PREA complaints were taken very serious by staff at this facility.

The auditor selected and carefully examined ten human resource files, ten staff training files, and two contractors (See **CHART 4**). The human resource and volunteer files were very well organized and contained all the necessary background check information and signed statements regarding previous sexual misconduct described in the standards. The training records were also very complete and included written documentation that staff and contractors received the required training and understood what was being trained. It was clear the facility's Investigator thoroughly covers all aspects of PREA during his training sessions.

The auditor also reviewed forty-five detainee/detainee files and saw documentation of offender education, as well as documentation of the initial risk screenings, and screenings upon additional information being completed as required by the standard. Files also included 30-day reassessments, receipt of PREA information upon intake (Detainee Handbook) and documentation showing a more comprehensive educational PREA training was completed within 30 days of intake.

CHART 4 File Review

Type of File	Number Reviewed
Employee Training File	10
Employee Human Resource File	10
Detainee File	45
Contractor Human Resource File	2
Contractor Training File	2
PREA Investigation File	12

In the 12 months preceding the audit, the Cimarron Facility had received and investigated twelve PREA complaints regarding sexual harassment and/or sexual abuse. See **Chart 5** for the breakdown of the investigations. During the investigation each case was either determined to be unfounded, unsubstantiated or substantiated based on each merit, investigation findings and evidentially standards. All investigative files were reviewed during the on-site visit and appeared to document thoroughly the investigative process per agency policy. Policy was followed and documented for detainee notification, incident review and retaliations monitoring. Policy and procedure required that criminal investigative referrals were to be documented and proper referrals were made as warranted.

Chart 5 PREA Investigation Files from the past 12 months (12)**Detainee on Detainee**

Sexual Abuse	Pending	0
	Unsubstantiated	4
	Unfounded	0
	Substantiated	1
Sexual Harassment	Pending	0
	Unsubstantiated	2
	Unfounded	0
	Substantiated	0

Staff/Employee/Volunteer/Contractor on Detainee

Sexual Abuse	Pending	0
	Unsubstantiated	1
	Unfounded	0
	Substantiated	0

Sexual Harassment	Pending	0
	Unsubstantiated	0
	Unfounded	0
	Substantiated	4

There were three allegations made by detainees that occurred at other correctional facilities; file review showed all five allegations were forwarded to the appropriate jail administration.

At the conclusion of the on-site visit, an exit meeting was held on September 29, 2021 at approximately 1400 to discuss the audit findings. The following staff attended:

Michael Miller, PREA Compliance Manager and Assistant Warden

Facility Characteristics

The Cimarron Facility is operated by CoreCivic. The facility houses both male and female detainees; as well as, juvenile detainees. Custody levels include low, moderate and high custody. The facility has a rated capacity of 1,752 utilized for housing medium to maximum custody adult male detainees (See **CHART 6**) The Cimarron Correctional Facility was originally constructed in 1997 with a capacity of 1000 beds with an additional 752 beds added in 2008. The facility is located in Payne County, Cushing, Oklahoma in North Central Oklahoma. The facility has a total of 277,640 square feet, which is covered by the buildings and structures. The facility changed contracts from Oklahoma Department of Corrections to United States Marshal in September 2020.

Cimarron Correctional Facility Compound I housing includes four standardized units that house eight pods each, with a separate gymnasium and a large outdoor recreation area. Cimarron Correctional Facility's original housing consists of six separate buildings. Each building is divided into two distinct housing units joined together by a passageway. Each housing unit consists of 60 two-person cells, thirty are at floor level and thirty are at mezzanine level, for a total population of 120 offenders per pod.

The facility was expanded in 2008 adding an outer Compound (Compound II), with a separate multi-purpose building. The Compound II housing consist of two T-shaped housing units which were added and includes three wings of 120 beds each. In the second unit, one wing is designated for segregation beds and one wing for Intensive Supervision Programs. Each compound has an outdoor recreation area for volleyball, horseshoes, and a basketball court. The multi-purpose building of compound II contains a gymnasium, classrooms, a satellite kitchen and medical department.

CoreCivic at Cimarron does not contract for medical and mental health services for their detainees. Trinity currently oversees the food service for Cimarron Facility. The facility has two full-time chaplains.

The full-time Facility Investigator investigates incidents that occur in the complex, as well as gathers gang intelligence. The unit also has two administrative investigators. All new corrections officers complete the Corrections Training Program prior to working with detainees. The program is six weeks in length; including orientation, classroom and on-the-job training; employees complete 40-hour in-service every year of employment. The training facility is located outside the secured perimeter of the facility. It is a standardized course that ensures officers receive equal training.

Chart 6 Housing Breakdown

Location:	Capacity:	Single/Double:	Male/Female	Custody Level
Alpha North:	120	Double	Male	Low/Moderate
Alpha South:	120	Double	Male	Low/Moderate
Bravo North:	120	Double	Male	Moderate/High
Bravo South:	120	Double	Male	Low/Moderate
Charlie North:	120	Double	Male	Low/Moderate
Charlie South:	120	Double	Male	Low/Moderate
Delta North:	120	Double	Male	Intake
Delta South:	120	Double	Male	Low/Moderate
Golf Unit:	60	Double	Male	Low/Moderate
Echo Alpha:	60	Double	Male	Low/Moderate
Echo Bravo/Seg:	30	Double	Male	Low/Moderate/High
Echo Charlie:	120	Double	Female	Low/Moderate
Echo Delta:	120	Double	Female	Low/Moderate
Fox Alpha:	120	Double	Male	Low/Moderate
Fox Bravo:	120	Double	Male	Low/Moderate
Fox Charlie:	120	Double	Male	Low/Moderate

CoreCivic

Our Purpose, Mission and Values OUR PURPOSE

- Help government better the public good

OUR MISSION

We help government better the public good through:

- CoreCivic Safety – We operate safe, secure facilities that provide high-quality services and effective reentry programs that enhance public safety.
- CoreCivic Community – We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe.
- CoreCivic Properties – We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

OUR VALUES (P.R.I.D.E.)

Professionalism – Leading by example with passion and commitment, and conducting ourselves in a manner that is responsive to each other, our partners and those entrusted to our care.

Respect – Treating all people with dignity, fairness and understanding.

Integrity – Conducting ourselves ethically and honestly, and upholding the trust placed in us through support for each other and accountability to ourselves, our partners and the public.

Duty – Answering the call to serve and responsibly fulfill our obligations to each other, our partners, the public and those entrusted to our care.

Excellence – Achieving exceptional results through innovation and an unwavering commitment to quality and self-improvement.

Summary of Audit Findings

This facility has successfully met the necessary requirements for re-certification.

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.15, 115.64, and 115.86

Standards Met

Number of Standards Met: 42

List of Standards Met: 115.11, 115.12, 115.13, 115.14, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.87, 115.88, 115.89, 115.401, and 115.403

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the documentation provided: as well as, interview with the Agency-wide PREA Coordinator, and PREA Manager, Organizational Chart, Letter of Appointment, it was determined the Cimarron Facility delineates compliance with Standard 115.11.

115.11 (a) The Cimarron Facility staff follows the agency's policy, 14.2 Sexual Abuse, Prevention and Response page 1 which mandates a zero tolerance for all forms of sexual abuse and sexual harassment. This policy outlines the agency's approach to preventing, detecting, and responding to such conduct. This was evident during the onsite tour, interviews with detainees and staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.11 (B) and (C) The agency employs an upper-level, agency-wide PREA Coordinator. The Job Description for Senior Director, PREA Programs and Compliance, Job Code 10675, outlines the job duties of the agency's PREA Coordinator. Eric Pierson was appointed as the agency-wide PREA Coordinator by Damon Hininger, President and Chief Executive of CoreCivic on December 12, 2016. Mr. Pierson has over 30 years of experience in the field of Corrections. The agency provided the auditor with the organizational chart showing the PREA Coordinator position as an upper-level, agency-wide position, Mr. Pierson reports directly to the Vice President of Operations for CoreCivic. Mr. Pierson is very knowledgeable of the PREA standards and actively assists the facility with compliance. Mr. Pierson has the authority to develop, implement, and oversee PREA compliance. He is actively updating the facility as new Frequently Ask Questions (FAQ's) results are published on the PREA Resource Center website. The Cimarron Facility warden appointed Assistant Warden Michael Miller the facilities PREA Manager on January 01, 2021; Greg Jones was designated as the alternate PREA Compliance Manager on the same day. The PREA Manager reports directly to the Warden.

During interviews with the PREA Coordinator and the PREA Compliance Manager, both indicated they had sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit. The Cimarron Facility meets this standard due to the fact it employs a PREA Compliance Coordinator and a PREA Compliance Manager for the one facility. Therefore, this standard was found to be in compliance during this audit.

Standard 115.12: Contracting with other entities for the confinement of detainees

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

115.12 (a)

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

115.12 (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 detainees.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the documentation provided: as well as, interview with the Warden, PREA Coordinator and PREA Manager, it was determined the Cimarron Facility does not contract with other facilities to house detainees assigned to their custody. CoreCivic is a private provider and does not contract with other agencies for the confinement of those in their custody. Therefore, this standard was found to be in compliance during this audit.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or detainees may be isolated)? ☒ 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 detainee population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on an interview with the Warden, PREA Manager, random detainee/detainee interviews, review of documentation provided and review of the Cimarron Facility staffing analysis, Cimarron Facility Supervisor Unannounced PREA Rounds & Staff Visit Log, and policy 14.2 Sexual Abuse, Prevention and Response (pages 7 and 8). The following delineates the audit findings regarding this standard:

115.13 (a) The facility has documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing as described and required by this standard. The established staffing plan uses the criteria found in the standard 115.13 (a) to include the physical layout of the facility, composition of the residents housed, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors identified. Video monitoring has been deployed to assist with the protection of offenders against sexual abuse at this facility. The staffing levels are monitored daily by review of shift rosters. There have not been any judicial findings of inadequacy in the past twelve months. If a deviation is noted, the PREA Compliance Manager shall document and describe the deviation on the 5-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. This was corroborated during an interview with the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.13 (b) The facility has procedures in place to ensure all deviations are covered by overtime or notification must be documented on shift roster and submitted to the PREA Coordinator outlining the reason(s) for the deviation. There has not been any deviation reported where the staffing plan had not been complied with in the past twelve months, as confirmed by written documentation and during interview with the Assistant Warden. If a deviation is noted, the Shift Supervisor shall document and describe the deviation on the 5-1B Notice to Administration (NTA), along with a

thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. This process was reaffirmed during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.13 (c) The staffing plan is reviewed annually by the PREA Manager and forwarded to the Warden for review. The Warden sends the plan to the Agency-wide PREA Coordinator and the Managing Director, then it is forwarded to the Vice President. The Warden would oversee any changes to policy and procedures, physical plant, video monitoring, or staffing levels. The last Annual Staffing Plan assessment was completed on January 14, 2021. This was reaffirmed during interviews with the acting Warden and the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.13 (d) Based on Cimarron Facility Supervisor Unannounced PREA Rounds & Staff Visit Log, staff interviews, and policy 14.2, Sexual Abuse, Prevention, and Response (page 8). Intermediate-level or higher-level supervisors are required to conduct and are documenting UNANNOUNCED rounds on all shifts as required. There are five Administrative Duty Officers for the complex; each are required to tour every housing unit weekly. Random documentation review showed within a 72-hour period; more than a dozen unannounced rounds were conducted in the facility. Such rounds are logged on Cimarron Facility Unit Sign-In logs. Forty detainee/detainees interviewed stated they see supervisors on a regular basis in their housing units. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.14: Youthful detainees

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

115.14 (a)

- Does the facility place all youthful detainees in housing units that separate them from sight, sound, and physical contact with any adult detainees through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful detainees [detainees <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful detainees and adult detainees? (N/A if facility does not have youthful detainees [detainees <18 years old].) ☒ Yes ☐ No ☐ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful detainees and adult detainees have sight, sound, or physical contact? (N/A if facility does not have youthful detainees [detainees <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful detainees in isolation to comply with this provision? (N/A if facility does not have youthful detainees [detainees <18 years old].)
☒ Yes ☐ No ☐ NA

- Does the agency, while complying with this provision, allow youthful detainees daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful detainees [detainees <18 years old].)
☒ Yes ☐ No ☐ NA

- Do youthful detainees have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful detainees [detainees <18 years old].)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the auditor observation, documentation provided, 14.2, Sexual Abuse, Prevention and Response, Cimarron Facility policy 18-100, Classification Housing, work and Programs Plan, J-Pod 24-hour Building Schedule, interviews with the Warden, PREA Coordinator, PREA Manager and staff interviews, the Cimarron Facility does house youthful offenders. The following delineates the audit findings regarding this standard:

115.14 (a) CoreCivic policy 14.2, Sexual Abuse, Prevention and Response (page 6); states that youthful detainees will be separated at all times during the intake process and housing. Such detainees will be supervised under direct supervision guidelines. Such detainees will be separated by sight, sound and physical contact with the adult detainee/detainee population. This was verified during interviews with youthful detainees and observations by the auditor during the outside visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.14 (b) CoreCivic policy 14.2, Sexual Abuse, Prevention and Response (page 6); states that youthful detainees will be separated at all times during the intake process and housing. Such detainees will be supervised under direct supervision guidelines. Such detainees will be separated by sight, sound and physical contact with the adult detainee/detainee population. Cimarron Facility Housing Plan 182BB and unit schedule outline the daily activities for youthful detainees, including education services and recreation times. This was verified during interviews with youthful detainees and observations by the auditor during the onsite visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.14 (c) Youthful detainees are housing in Golf Unit only according to Cimarron Facility policy 18-100, Classification Housing, work and Programs Plan. This was confirmed during an interview with the PREA Coordinator and through auditor observation during the onsite visit. During an interview with the Warden, it was determined that there has not been any youthful detainees housed outside of their designated housing unit in during the on-site visit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female detainees, except in exigent circumstances? (N/A if the facility does not have female detainees.)
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female detainees' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female detainees.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female detainees? (N/A if the facility does not have female detainees.) ☒ Yes ☐ No ☐ NA

115.15 (d)

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

- Does the facility require staff of the opposite gender to announce their presence when entering a detainee housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex detainees for the sole purpose of determining the detainee's genital status? ☒ Yes ☐ No
- If a detainee's genital status is unknown, does the facility determine genital status during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response, Training Enrollment/Attendance Roster, training curriculums, CoreCivic Search Procedures – Facilitator's Guide, staff interviews, training file reviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.15 (a) CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response (page 13) outlines offender searches including searches of transgender and intersex offenders. The review of training curriculums and CoreCivic Search Procedures – Facilitator's Guide (page 8) and staff interviews revealed cross gender strip searches are prohibited except in exigent circumstances and must be documented when conducted. There have been no documented cross-gender visual body cavity or strip searches reported in the past twelve months. This was reiterated during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.15 (b) CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response (page 13) and CoreCivic Search Procedures – Facilitator’s Guide (page 8) prohibits male employees from frisk/pat searches of female detainees except in exigent circumstances. Participation in training is documented on the Training Enrollment/Attendance Roster. This practice was confirmed during female detainee interviews.

115.15 (c) CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response (page 13) and CoreCivic Search Procedures – Facilitator’s Guide (page 8) prohibits frisk/pat searches of the female detainees by male staff and requires that all cross-gender searches in exigent circumstances be documented. If a search is completed under exigent circumstances, the Notice to Administration 5-1B must be completed. There no reported searches completed under exigent circumstances in the past twelve months. This practice was confirmed during female detainee interviews.

115.15 (d) CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response (pages 13 and 14) and CoreCivic Search Procedures – Facilitator’s Guide (page 8) outlines that detainees shall be permitted to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia. The detainees confirmed during interviews they have privacy when showering, using the toilets and while changing their clothes. CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response (pages 13 and 14) also require staff of the opposite gender to announce their presence prior to entering the housing units. Detainee and staff interviews revealed that opposite gender announcements were common practice at this facility and reminders of this requirement are posted on the entry doors of all housing units exceeding the requirements of this part of the standard during this audit.

115.15 (e) Based on CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response (page 13), CoreCivic Search Procedures – Facilitator’s Guide (page 10), training curriculum provided and staff interviews the facility prohibits staff from physically examining transgender or intersex detainees for the sole purpose of determining genital status. If the detainee’s genital status is unknown, it is determined during conversations with the detainee, 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. This was corroborated during interviews with two LBGTI detainees and random staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.15 (f) Based on CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response (page 6), CoreCivic Search Procedures – Facilitator’s Guide (page 11), training curriculum provided, staff training file reviews, and staff interviews the facility trains security staff to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. During interview with the two LBGTI detainees, it was confirmed that the detainees felt the staff conducts proper searches. There were also no complaints filed by the LBGTI detainee in the past twelve months related to searches. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.16: Detainees with disabilities and detainees who are limited English proficient

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

115.16 (a)

- Does the agency take appropriate steps to ensure that detainees 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: detainees who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that detainees 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: detainees who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that detainees 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: detainees who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that detainees 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: detainees who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that detainees 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: detainees who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with detainees who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees who: Have intellectual disabilities? ☒ Yes ☐ No

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

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

115.16 (c)

- Does the agency always refrain from relying on detainee interpreters, detainee readers, or other types of detainee assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under §115.64, or the investigation of the detainee's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on Cimarron Facility practice, review of the lesson plans, and review of Language Line agreement, invoices, signage displayed throughout the facility, as well as staff and detainee interviews and facility tour; the following delineates the audit findings regarding this standard:

115.16 (a) According to Policy 14.2 Sexual Abuse, Prevention and Response page 12, the Cimarron Facility takes appropriate steps to ensure detainees with disabilities (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and

impartially, both receptively and expressively, using any necessary specialized vocabulary. PREA handouts, PREA postings, Just Detention International PREA education video, and the detainee handbook are provided in both English and Spanish. The facility also makes available TDD; logs were provided showing that the TDD phone has been utilized multiple times in the past twelve months. The facility utilizes Language Line for interpreter services. During interviews with the detainees identified to meet the aspects of this standard, they all confirmed having received training and materials they could understand. The agency has multiple employees who are fluent in Spanish. The detainees and staff also confirmed that the Language Line is available when needed. The auditor was provided with invoices and payments for Language Line Services. There was five with cognitive impairments, four with physical impairments, ten limited English proficient, one blind/low vision and one deaf/hearing impaired detainee to interview during the onsite visit; both detainees stated they were aware of the facility's zero tolerance for sexual abuse and sexual harassment; both knew how to report and both indicated they felt safe in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.16 (b) The Cimarron Facility takes 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 detainees who are limited English proficient, including steps to provide interpreters who can interpret effectively accurately and impartially. Language Line interpreter services and/or staff interpreters are used to translate at this facility. The facility has numerous bi-lingual speaking employees. There were ten Spanish speaking detainees interviewed (with the assistance of a staff interpreter) during the on-site visit and they confirmed during interviews receiving all written PREA information and viewing the Spanish version of the a Just Detention International PREA video. The detainees and staff also confirmed that interpretive services are available when needed. The facility makes available TDD; receipts were provided showing that the TDD phone has been utilized multiple times in the past twelve months. CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response (page 12) outlines these practices. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.16 (c) CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response (page 12) illustrates the facility does not rely on detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety. The auditor was provided with invoices and payments for Language Line Services. This was confirmed during interviews with First Responders, the PREA Coordinator, and the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

- Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response (pages 4 and 5), Self-Declaration Form 14-2H, NCIC records, Verification of Former Employer Form 3-20-2A, Human Resource staff interviews, and personnel file reviews; the following delineates the audit findings regarding this standard:

115.17 (a) CoreCivic Policy 14.2, Sexual Abuse, Prevention and Response policy pages 3 and 4 outlines that Cimarron Facility does not hire or promote anyone who may have contact with detainees, and does not enlist the services of any contractor or volunteer who may have contact with detainees, 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 above. The facility completes a Self-Declaration of Sexual Abuse/Sexual Harassment Form 14-2H on all applicants as well as a background check is completed on all new applicants confirming compliance. This practice was confirmed during interviews with the agency's Human Recourse Director and the Facility Background Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (b) Cimarron Facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with detainees. The facility has not allowed volunteers into the facility since the beginning of the COVID-19 pandemic. This was confirmed during review of ten human resource files for employees and two Human Resource File reviews of contractors. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (c)-1 Cimarron Facility requires a criminal background records check be completed before hiring any new employee. Cimarron Facility contracts with the United States Marshal Service to conduct all background checks. Ten out of ten Human Resource files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

(c)-2 Cimarron Facility makes their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of allegation of sexual abuse. This request is documented on PREA Questionnaire for Prior Institutional Employer 3-202B Form. Review of Human Resource files illustrated this practice. Two applicants had previously worked at a prior institution; the Facility Background Investigator had sent and received the prior documentation (Verification of Former Employment Form 3-20-2A page 2 sections 1 and 2) from the previous employer for each applicant. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (d) Cimarron Facility requires a criminal background records check be completed before enlisting the services of any contractor who may have contact with the detainees. Two out of two files reviewed confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (e) Cimarron Facility completes background checks every five years. There is an extensive tracking system in place to monitor the process. CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 5) outlines the requirements. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (f) Cimarron Facility instills upon all employees a continuing affirmative duty to disclose any sexual misconduct as required by this standard. A Cimarron Facility PREA Questionnaire for Prior Institutional Employer 3-20-2B Form is completed by all applicants, upon being hired and if being considered for a promotion. Each subsequent year of employment, employees are required to

complete the agency's Self-Declaration of Sexual Abuse/Sexual Harassment Form 14-2H during open enrollment. File review showed that ten out of ten files contained a Self-Declaration Form for the past two years. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (g) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 5) mandates that material omissions regarding sexual misconduct, and the provision of materially giving false information, are grounds for termination as required by this standard. The Facility Investigator stated there had not been anyone terminated for this circumstance in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.17 (h) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 5) requires that the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Facility Investigator stated the agency has not received such a request in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (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 detainees from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (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 detainees from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

Based upon an interview with the Vice President of Operations, the Warden, review of Cimarron Facility physical plant, staff interviews and review of documentation provided; the following delineates the audit findings regarding this standard:

115.18 (a) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 26) requires when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse. CoreCivic employs architects and other professionals who through experience, research, and consulting have knowledge of the issues and needs presented by PREA. On new builds and renovations, the design staff will consult in areas such as showers, restrooms, and any areas where detainees/residents may be in a state of undress. Blind spots are identified that can be corrected through video surveillance coverage. At existing facilities, a form 7-1B (PREA Physical Plant Considerations) is used to ensure PREA is considered when initiating a renovation/new construction according to the Vice President of Operations. According to the acting Warden, during this audit cycle there have been no expansions or modifications to this facility. There are 282 cameras for the complex. Additional security mirrors were added in multiple locations since the last audit. Video storage is approximately 90 days. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.18 (b) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 26) requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect detainees from sexual abuse. Cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restrooms and shower areas. Technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by the facility staff and the FSC PREA Coordinator. There are 282 cameras for the complex. Additional security mirrors were added in multiple locations since the last audit. Video storage is approximately 90 days. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

During this audit cycle there has been minimal enhancements to the video technology at this facility. This was corroborated during an interview with the acting Warden. All identified blind spots were addressed and staff as well as detainees/detainees confirmed during interviews they felt safer with the changes in place. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

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

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

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (pages 20-21), investigative staff interviews, MOU with Cushing Police Department, MOU with the Stillwater Medical Center, MOU with Wings of Hope, and review of documentation provided; this delineates the audit findings regarding this standard:

115.21 (a) and (b) Cimarron Facility complies with all elements of this standard. Documented in CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 20); the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. Cimarron Facility has a Memorandum of Understanding with the Cushing Police Department. The Cushing Police Department investigates all PREA complaints for potential criminal activity and maintains a close working relationship with the County Attorney and the Cushing Police Department investigator on each case. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.21 (c) Cimarron Facility offers all victims of sexual abuse access to forensic medical examinations at Stillwater Medical Center without financial cost, where evidentiary or medically appropriate. Such examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required. During the past twelve months, there were one detainee who alleged sexual abuse that constituted the need for a SANE exam. The exam was conducted. SANE/SAFE exams are conducted at Stillwater Regional Hospital; approximately thirty minutes from Cimarron. Interviews with Wings of Hope personnel and the facility's Health Services Administrator confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.21 (d) The Cimarron Facility has entered into a Memorandum of Understanding with Wings of Hope which agrees to provide outside victim advocacies services to the detainees. Additionally, Cimarron Facility has two mental health staff members listed as advocates (counselors) to assist the detainee/detainee victim upon request. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.21 (e) Cimarron Facility has entered into a Memorandum of Understanding with Wings of Hope; which agrees to provide outside victim advocacies services to the detainees upon request. The facility also makes available to the victim two mental health qualified agency staff members, upon request by the victim, who will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as warranted. Interviews with multiple Cimarron Facility staff members confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.21 (f) The Cimarron Facility is responsible for administrative investigations and criminal investigators with the Cushing Police Department shall conduct all criminal investigations covering all aspects of this standard. Cimarron Facility has a Memorandum of Understanding with the Cushing Police Department. This was confirmed during an interview with the PREA Coordinator and during review of all twelve PREA investigation files from the past twelve months. Therefore, this part of the standard is not applicable to this facility.

115.21 (g) Cimarron Facility complies with all elements of this standard. Documented in CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 20); the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for

administrative proceedings. Cimarron Facility has a Memorandum of Understanding with the Cushing Police Department. The Cushing Police Department investigates all PREA complaints for potential criminal activity and maintains a close working relationship with the County Attorney and the Cushing Police Department investigator on each case. The Cimarron Facility is responsible for administrative investigations and criminal investigators with the Cushing Police Department shall conduct all criminal investigations covering all aspects of this standard. This was confirmed during an interview with the PREA Manager and during review of all twelve PREA investigation files from the past twelve months. Therefore, this part of the standard is not applicable to this facility.

115.21 (h) The Cimarron Facility has two mental health employee advocates (counselors) available for detainee/detainee victims of sexual assault. These individuals have received proper training and have been screened by the Administrative Staff before providing these services. Therefore, this part of the standard is not applicable to this facility.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (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 criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (pages 19-20) investigative staff interviews, interview with the Vice President of Operations, MOU with Cushing Police Department, Investigation Reports 5-1G, and review of documentation provided; the following delineates the audit findings regarding this standard:

115.22 (a) The Cimarron Facility is required to investigate ALL PREA complaints received at this facility. According to the Vice President of Operations, it is CoreCivic Policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. All administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. Cimarron Facility has a Memorandum of Understanding with the Cushing Police Department. All potential criminal activity is referred to the Cushing Police Department PREA Investigator assigned to the Cimarron Facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.22 (b) All PREA allegations are investigated by the Cimarron Facility for potential criminal activity. If it is determined that the allegation involves potential criminal activity, it is referred to the Cushing Police Department PREA Investigator for criminal investigation and prosecution as warranted. Cimarron Facility has a Memorandum of Understanding with the Cushing Police Department. This was confirmed during an interview with the PREA Coordinator. This policy is published on the agency website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.22 (c) CoreCivic Policy 14.2 page 20 requires the Cimarron Facility refers all criminal allegations for investigation to the designated Cushing Police Department. According to the Vice President of Operations, all allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials. This was confirmed during an interview with the PREA Coordinator. The requirements of this part of the standard are outlined in the policy that is posted on the website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with detainees received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the review of the CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (pages 5-7) staff interviews, random staff training file review and review of documentation provided CoreCivic Code of Ethics, PREA Overview – Facilitator's and Participant Guides, sign-in sheets (form 4-2A), signed acknowledgement forms (14-2A1), training curriculums (Including Supervising Female Detainees - 14 PowerPoint Slide presentation) and employee handouts; the following delineates the audit findings regarding this standard:

115.31 (a) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (pages 5-7) requires Cimarron Facility train all their employees who have contact with detainees 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) Detainees' right to be free from sexual abuse and sexual harassment;
- (4) The right of detainees 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 detainees;

- (9) How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.31 (b) The training is tailored to both male and female gender of the detainees at Cimarron Facility. This was confirmed after reviewing the Supervising Female Detainees - 14 PowerPoint Slide training lesson plan and an interview with the PREA Investigator. The facility's PREA Investigator conducts all PREA training sessions for staff and contract employees. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.31 (c) The training staff provided a report containing all staff that had been PREA trained which confirmed the requirements needed to meet the standard and proved that all current staff was trained within one year of the effective date of the PREA standards. All staff receive annual refresher PREA training during in-service according to policy 14.2 which meets the requirements of this standard. Review of ten employee training files illustrated that all ten were found to be in compliance with the policy. The facility's PREA Investigator conducts all PREA training sessions for staff and contract employees. Therefore, the facility meets this part of the standard during this audit.

115.31 (d) Cimarron Facility documents, through employee signature on CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgement Form 14-2A, that all employees understand the training they have received. Ten out of ten training file reviews confirmed this practice. The facility's PREA Investigator conducts all PREA training sessions for staff and contract employees. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 7) volunteer and contractor interviews, random training file review and review of documentation provided CoreCivic PREA Overview: Training for Contractors and Volunteers (14-2K), signed acknowledgement forms, training curriculums and handouts; the following delineates the audit findings regarding this standard:

115.32 (a) Cimarron Facility ensures all volunteers and contractors who have contact with detainees have been trained on their responsibilities under Cimarron Facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. CoreCivic PREA Overview: Training for Contractors and Volunteers (14-2K) outlines the training given to all volunteers and contractors. Interviews with two contractors confirmed they had been properly trained. Signature on the CoreCivic PREA Overview: Training for Contractors and Volunteers (14-2K) acknowledges each volunteer and contractor has received and understands the PREA training provided. Volunteer training is generally conducted by the PREA Investigator and contractor training is completed by the Learning and Development Department at the facility. Due to COVID restrictions, there has not been any Volunteer training since the COVID-19 pandemic. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.32 (b) 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 detainees, but all volunteers and contractors who have contact with detainees are notified of Core Civics' zero-tolerance policy regarding sexual abuse and sexual harassment and their requirements to report such incidents. Review of two training records also confirmed the training. Volunteer training is generally conducted by the PREA Investigator and contractor training is completed by the Learning and Development Department at the facility. Due to COVID restrictions, there has not been any Volunteer training since the COVID-19 pandemic. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.32 (c) Cimarron Facility documents through signature on the CoreCivic PREA Overview: Training for Contractors and Volunteers (14-2K), that volunteers and contractors understand the training they have received. Volunteer training is generally conducted by the Facility Chaplain and contractor training is completed by the Learning and Development Department at the facility. Due to COVID restrictions, there has not been any Volunteer training since the COVID-19 pandemic. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.33: Detainee education

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

115.33 (a)

- During intake, do detainees receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do detainees receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to detainees either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to detainees either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to detainees either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all detainees received the comprehensive education referenced in 115.33(b)?
☒ Yes ☐ No
- Do detainees receive education upon transfer to a different facility to the extent that the policies and procedures of the detainee's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide detainee education in formats accessible to all detainees including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide detainee education in formats accessible to all detainees including those who are deaf? ☒ Yes ☐ No
- Does the agency provide detainee education in formats accessible to all detainees including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide detainee education in formats accessible to all detainees including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide detainee education in formats accessible to all detainees including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on review of the CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 11) the Detainee/Detainee Handbook, form 17-101B, Facility Orientation Checklist, Initial Intake Screening, PREA Posters, and the Just Detention International PREA video; as well as interviews with random detainees and staff. The following delineates the audit findings regarding this standard:

115.33 (a) During the intake process, detainees receive information explaining Cimarron Facility's zero-tolerance policy (CoreCivic policy 14.2 Sexual Abuse, Prevention and Response page 11) regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Detainee sign the Orientation Checklist that they have received the Detainee/Detainee Handbook which is available in both English and Spanish. Documentation of this process can be found on form 17-101B. This was confirmed during an interview with the Screening Officer. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.33 (b) Within 30 days of intake, Cimarron Facility provides comprehensive education to the detainees, administered by video, regarding 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 additional education is provided in the form of a video (both English and Spanish). The video "PREA- What you need to know" was created by the PREA Resource Center and Just Detention International. This practice is outlined in the CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 11 and 12). Based on the

review of forty-five detainee files; it was determined that detainees receive PREA educations upon intake and more comprehensive education within 30-days of incarceration. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.33 (c) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 12) mandates that Cimarron Facility provides such education within one year of the effective date of the PREA standards to all its detainees, and provides education to detainees upon transfer as required by this standard. This was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.33 (d) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 12) mandates that Cimarron Facility provides detainee education in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. The facility has an agreement with Language Line Services. PREA handouts, PREA postings, Just Detention International PREA education video, and the detainee handbook are provided in both English and Spanish. The facility utilizes the U.S. Immigration and Customs Enforcement agreement for ASL, American Sign Language (available 24/7). There one blind/low vision and one deaf/hard of hearing detainees incarcerated at the time of the onsite visit. Ten limited English proficient detainees had documentation in their intake file showing they all had received a PREA Brochure, properly screened and watched the PREA education video. All ten LEP detainees interviewed stated they felt safe in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.33 (e) There was documentation provided of detainees participation in PREA educational sessions as required by this part of the standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.33 (f) Cimarron Facility does provide the detainees with posters, pamphlets, and a detainee handbook in English and Spanish outlining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Detainees/detainees are given the "CoreCivic PREA – Prevention, Detections, and Response Brochure. The agency has "Zero Tolerance / No Means No" Posters located in all common areas of the facility. Records review showed that nine out of ten LEP detainees received education information in a Spanish format; all nine LEP detainees stated they felt safe in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, 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 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (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 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (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 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on review of the Cimarron Facility practices as well as the MOU provided, National Institute of Corrections Curriculum, Investigators training file review and investigative staff interviews; the following delineates the audit findings regarding this standard:

115.34 (a) In addition to the general training provided to all employees Cimarron Facility ensures that the PREA Administrative Investigator received training in conducting investigations in confinement settings, training records are maintained electronically. This was confirmed during a review of the Investigation's training records. The Cimarron Facility has a Memorandum of Understanding with the Cushing Police Department to conduct all criminal investigations. The MOU requires the Cushing Police Department Investigator to have specialized training for sexual assault in a confinement setting. The Investigator has over a decade of experience and has attended countless trainings pertaining to his job duties. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.34 (b) Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Investigator has over a decade of experience and has attended countless trainings pertaining to his job duties. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.34 (c) Cimarron Facility maintains documentation that Cushing Police Department investigators have completed the required specialized training in conducting sexual abuse investigations. The Cimarron Facility has a Memorandum of Understanding with the Cushing Police Department to conduct all criminal investigations. The MOU requires the Cushing Police Department Investigator to have specialized training for sexual assault in a confinement setting. The auditor found the facility PREA Investigator to be very knowledgeable and well versed in the PREA standards as they pertain to investigations and evidentially standards. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

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

115.35 (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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
☒ Yes ☐ No ☐ NA

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on review of the Cimarron Facility practices, as well as the PREA Specialized Medical/Mental Health training records, National Institute of Corrections lesson plan and certificates, training file review and staff interviews; the following delineates the audit findings regarding this standard:

115.35 (a) CoreCivic provides PREA Specialized Medical/Mental Health training video, National Institute of Corrections (NIC) curriculum provided, training file Cimarron Facility review and staff interviews revealed the agency has provided specialized training to all its medical and mental health staff on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment. Review of two training records and interviews with two CoreCivic Medical Staff members (Health Services Administrator and the Mental Health Coordinator) confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.35 (b) The medical staff at this facility does not conduct forensic exams. This was confirmed during interviews with the Warden and the PREA Manager. SANE/SAFE examinations are conducted at Stillwater Regional Hospital. Therefore, this part of the standard is not applicable to this facility.

115.35 (c) The agency maintains documentation that all medical and mental health practitioners have received specialized training. The National Institute of Corrections (NIC) training is an online course entitled; PREA Specialty Training for medical and Mental Health Staff. Review of two training records and interviews with two CoreCivic staff members (Health Services Administrator and the Mental Health Coordinator) confirmed this practice. Juveniles victims must notify Department of Human Services. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.35 (d) Medical and mental health care practitioners with CoreCivic also receive the annual training mandated for all employees, contractors, and volunteers. Review of two training records and interviews with two CoreCivic staff members (Health Services Administrator and the Mental Health Coordinator) confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (1) Whether the detainee has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (2) The age of the detainee? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (3) The physical build of the detainee? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (4) Whether the detainee has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (5) Whether the detainee's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (6) Whether the detainee has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (7) Whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the detainee about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the detainee is gender nonconforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (8) Whether the detainee has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (9) The detainee's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (10) Whether the detainee is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing detainees for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing detainees for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing detainees for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

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

115.41 (g)

- Does the facility reassess a detainee's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess a detainee's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess a detainee's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a detainee's risk level when warranted due to receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

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

115.41 (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 detainee's detriment by staff or other detainees? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 10), detainee and staff interviews, detainees file reviews, and a review of the Cimarron Facility Sexual Abuse Screening Tool 14.2B; the following delineates the audit findings regarding this standard:

115.41 (a) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 10) mandates that Cimarron Facility ensures that all detainees are assessed during intake and upon transfer to another facility for risk of being sexually abused by other detainees or sexually abusive toward other detainees. Forty-five detainee file reviews confirmed this practice; these files are kept secured in the Records Department. This area consists of six clerks and one manager. Detainees sign a facility property receipt, indicating they have received the facility's brochure on PREA. The Detainee/Detainee Handbook outlines basic information on the topics of sexual assault and sexual harassment, the agency's zero tolerance, reporting procedures and the victim advocacy support available. Screenings are conducted by Intake Staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (b) The Cimarron Facility provided documentation proving compliance with the standard that all detainees are screened for their risk of being sexually abused by other detainees or being sexually abusive toward other detainees normally upon intake but no later than 72 hours of arrival at the facility. This process is documented on (Cimarron Facility) Assessment Questionnaire Form 14.2B After the results of the PREA screening are determined, an alert is generated in the offender management system and detainees/detainees are then housed accordingly. Review of forty-five detainee files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (c) Based on the documentation provided and detainee file reviews the facility utilizes an objective screening instrument that covers all aspects of this standard. Review of forty-five detainee files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (d) The intake screening instrument (Cimarron Facility) Sexual Abuse Screening Tool 14.2B considers, at a minimum, the following criteria to assess detainees for risk of sexual victimization:

- (1) Whether the detainee has a mental, physical, or developmental disability;
- (2) The age of the detainee;
- (3) The physical build of the detainee;
- (4) Whether the detainee has previously been incarcerated;

- (5) Whether the detainee's criminal history is exclusively nonviolent;
 - (6) Whether the detainee has prior convictions for sex offenses against an adult or child;
 - (7) Whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - (8) Whether the detainee has previously experienced sexual victimization;
 - (9) The detainee's own perception of vulnerability; and
 - (10) Whether the detainee is detained solely for civil immigration purposes.
- Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (e) The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to Cimarron Facility Assessment Questionnaire Form 14.2B. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (f) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 10) mandates within 30 days from the detainee's arrival, the Cimarron Facility will reassess the detainee's risk of victimization or abusiveness based upon any additional, relevant information received by Cimarron Facility since the intake screening. The appropriate Detention Counselor completes a follow-up interview with each detainee within 30 days to determine if additional information is available. This process is documented on the Cimarron Facility Assessment Questionnaire Form 14.2B. After the results of the PREA screening are determined, an alert is generated in the offender management system and detainees/detainees are then housed accordingly. Review of forty-five detainee files confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (g) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 11) mandates Cimarron Facility will reassess a detainee's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness. A review of rescreening showed there was a clear handoff from the PREA Manager and the Screening staff, when circumstances warranted a reassessment. Two such rescreening were reviewed during the on-site visit. The process was confirmed during an interview with the facility's Mental Health Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (h) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 11) mandates Cimarron Facility does not discipline detainees for refusing to answer screening questions or not disclosing complete information. This was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.41 (i) Cimarron Facility implements appropriate controls on the dissemination of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees. Based on policy review, interview with the Assistant Warden and interviews with the staff responsible for completing the screening, all information gathered on the screening instrument is restricted to staff making housing, work and program assignments. After the results of the PREA screening are determined, an alert is generated in the offender management system and detainees/detainees are then housed accordingly. Additionally, all housing assignments are reviewed to ensure potential victims and potential predators are not housed together. Staff responsible for detainee movements do have access to see

who listed as aggressor and/or a victim. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

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

115.42 (c)

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

115.42 (d)

- Are placement and programming assignments for each transgender or intersex detainee reassessed at least twice each year to review any threats to safety experienced by the detainee? ☒ Yes ☐ No

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- 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 detainees, does the agency always refrain from placing: lesbian, gay, and bisexual detainees 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 detainees pursuant to a consent decree, legal settlement, or legal judgment.) ☒ 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 detainees, does the agency always refrain from placing: transgender detainees 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 detainees pursuant to a consent decree, legal settlement, or legal judgment.) ☒ 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 detainees, does the agency always refrain from placing: intersex detainees 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 detainees pursuant to a consent decree, legal settlement, or legal judgment.)
☐ Yes ☒ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 11), detainee and staff interviews, file review, and a review of the Cimarron Facility Assessment Questionnaire Form 14.2B; the following delineates the audit findings regarding this standard:

115.42 (a) Cimarron Facility uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. This was confirmed during a review of policy and during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (b) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 10) requires Cimarron Facility makes individualized determinations about how to ensure the safety of each detainee. This was confirmed during a review of policy and during an interview with the PREA Coordinator. This is also available in the Cimarron Facility Classification Plan 18-2AA. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (c) Cimarron Facility outlines the procedures to be followed in deciding whether to assign a transgender detainee to a facility for male or female detainees, and the process for making housing and programming assignments, on case-by-case basis as required by this standard. Based on interview with the two self-identified LGBTI detainees housed at this facility the detainee confirmed feeling safe at the facility and felt staff considered the detainee's safety when making housing and programming assignments. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (d) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 12) documents Cimarron Facility procedures for placement and programming assignments of each transgender or intersex detainee being reassessed at least twice per year to review any threats to safety experienced by the detainee as required by this standard. Based on interviews with the two self-reported LGBTI detainees housed at this facility the detainee confirmed feeling safe at the facility and felt staff considered the detainee's safety when making housing and programming assignments. The detainees also confirmed the PREA Manager always inquiries about the detainee's safety. Documentation provided revealed that a review was conducted and documented every six months as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (e) Cimarron Facility requires that a transgender and intersex detainee's own view regarding their own safety be given serious consideration. The facility has not housed a transgender or intersex detainee/detainee in the past twelve months according to the PREA Investigator. If a transgender detainee was processed into the facility, a multi-disciplinary team reviews the detainees housing, programming and worker status based on the detainee's own views, medical and mental health history, prior institutional behavior record and programming needs. The multi-disciplinary team would then make than individualized assessment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (f) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 14) requires that Cimarron Facility transgender and intersex detainees be given the opportunity to shower separately from other detainees. Showers are documented in a unit log book. The facility has not housed a transgender or intersex detainee/detainee in the past twelve months according to the PREA Investigator. If a transgender detainee was processed into the facility, a multi-disciplinary team reviews the detainees housing, programming and worker status based on the detainee's own views, medical and mental health history, prior institutional behavior records and programming needs. The decision for housing and programs placement for a transgender detainee is documented on the Cimarron Facility's "Transgender Housing Assessment" Form. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.42 (g) CoreCivic policy 14.2 Sexual Abuse, Prevention and Response (page 12) stipulates that Cimarron Facility does not place lesbian, gay, bisexual, transgender, or intersex detainees in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such detainees. This was confirmed by the auditor's observation during the onsite visit, interview with two self-identified LGBTI detainees an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing detainees at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the detainee in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do detainees who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do detainees who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do detainees who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do detainees who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

115.43 (c)

- Does the facility assign detainees at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the detainee's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each detainee who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on an interview with the acting Warden, CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 14), Cimarron Facility Policy 10-100 Segregation/Restrictive Housing Management (USM Only), staff interviews, detainee interviews, and documentation review; the following delineates the audit findings regarding this standard:

115.43 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 12) and Cimarron Facility Policy 10-100 Segregation/Restrictive Housing Management {USM Only} (page 6), state that detainees/detainees at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. These policies outline the procedures to ensure compliance with this standard. Staff and detainee interviews revealed no incidents of involuntary segregated housing being used for this purpose during the past twelve months at this facility. This was confirmed during an interview with the PREA Manager. The acting Warden advised the facility had plenty housing alternatives available. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.43 (b) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 13) and Cimarron Facility Policy 10-100 Segregation/Restrictive Housing Management {USM Only} (page 7) stipulate that detainees/detainees placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. If Cimarron Facility restricts access to programs, privileges, education, or work opportunities, Cimarron Facility documents the opportunities that have been limited, the duration of the limitation; and the reasons for such limitations. This was confirmed during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.43 (c) Cimarron Facility assigns such detainees to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment does not ordinarily exceed a period of 30 days. Staff and detainee interviews revealed no incidents of involuntary segregated housing being used for this purpose during the past twelve months at this facility. This was confirmed during an interview with the acting Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

REPORTING

Standard 115.51: Detainee reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for detainees to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the detainee to remain anonymous upon request? ☒ Yes ☐ No
- Are detainees detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses detainees detained solely for civil immigration purposes) ☒ Yes ☐ No ☐ NA

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of detainees? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response (pages 2-3), the Detainee Handbook, PREA Brochures, and posters provided to detainees were utilized to verify compliance with this standard. The following delineates the audit findings regarding this standard:

115.51 (a) Cimarron Facility provide multiple internal and external ways for detainees to report incidents of abuse or harassment: they include;

- Internal Hotline at *9032#
- Tell a Staff Member
- Tell a 3rd Party
- External Hotline at #74
- Forward a letter to CORECIVIC at 10 Burton Hills Boulevard, Nashville, TN 37215
- Contact the Office of Inspector General at 1-800-869-4499 or write a letter to: 950 Pennsylvania Avenue, Room 4706, Washington, DC 20530
- Write to Cushing Police Department P.O. Box 311, Cushing, OK 74023
- Forward a letter, sealed and marked "confidential" to the Warden

Multiple posters are located in each housing unit and in all common areas both in English and Spanish outlining the multiple processes in which detainee can report sexual abuse and/or sexual harassment. The auditor successfully tested the phone system during the facility tour. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.51 (b) Cimarron Facility provides at least one way for detainees to report abuse or harassment to a public or private entity or office that is not part of Cimarron Facility, and that is able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials, allowing the detainee to remain anonymous upon request.

Cimarron Facility provides multiple internal and external ways for detainees to report incidents of abuse or harassment: they include;

- Internal Hotline at *9032#
- Tell a Staff Member
- Tell a 3rd Party
- External Hotline at #74
- Forward a letter to CORECIVIC at 10 Burton Hills Boulevard, Nashville, TN 37215

- Contact the Office of Inspector General at 1-800-869-4499 or write a letter to:
950 Pennsylvania Avenue, Room 4706, Washington, DC 20530
- Write to Cushing Police Department P.O. Box 311, Cushing, OK 74023
- Forward a letter, sealed and marked "confidential" to the Warden

The auditor successfully tested the phone system during the facility tour. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.51 (c) CoreCivic 14.2 Sexual Abuse, Prevention and Response requires all staff to accept reports made verbally, in writing, anonymously and from third parties. All allegations shall be promptly documented in an incident report and reported to the supervisor. All staff, volunteers and contractors have been trained in the mandatory reporting laws in the State of Oklahoma; all confirmed this practice during interviews. This philosophy was collaborated during review of the agency's PREA investigation files. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.51 (d) Cimarron Facility staff may privately report sexual abuse and sexual harassment to the CoreCivic Ethics Hotline. Posters are located in all housing units, indicating how to report sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit detainees to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency always refrain from requiring a detainee to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (c)

- Does the agency ensure that: A detainee who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (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 detainees in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the detainee in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- At any level of the administrative process, including the final level, if the detainee does not receive a response within the time allotted for reply, including any properly noticed extension, may a detainee consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (e)

- Are third parties, including fellow detainees, staff members, family members, attorneys, and outside advocates, permitted to assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Are those third parties also permitted to file such requests on behalf of detainees? (If a third-party files such a request on behalf of a detainee, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the detainee declines to have the request processed on his or her behalf, does the agency document the detainee's decision? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (f)

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

- After receiving an emergency grievance alleging a detainee is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA
- Does the initial response and final agency decision document the agency's determination whether the detainee is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (g)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

CoreCivic 14.2 Sexual Abuse, Prevention and Response policy stipulates that Cimarron Facility does not process PREA incidents through the grievance process. Any grievance that pertains to PREA, are immediately turned over to the PREA Investigator as a possible criminal infraction. This was corroborated during an interview the PREA Investigator. Therefore, this standard was found in compliance with this standard.

Standard 115.53: Detainee access to outside confidential support services

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

115.53 (a)

- Does the facility provide detainees with access to outside victim advocates for emotional support services related to sexual abuse by giving detainees mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA
- Does the facility enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (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 detainees with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on Cimarron Facility practices, staff interviews, detainee interviews, CoreCivic Sexual Assault/Abuse Handbook, MOU with the Wings of Hope and documentation review; the following delineates the audit findings regarding this standard:

115.53 (a) The agency has entered into a Memorandum of Understanding with the Wings of Hope which agrees to provide confidential outside victim advocacies services to the detainees at Cimarron Facility. The mailing address and telephone number for this agency are made available to all detainees at the facility. Cimarron Facility enables reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible. The auditor successfully tested the phone system. The person who answered the call, took the auditor through the process if an actual detainee had contacted them for assistance. The Sexual Assault representative stated they did utilize the bilingual staff if they received a call from a limited English Proficient detainee. The services of these victim advocates have not been requested or used by the detainees during this audit cycle, verified by phone call. Detainees/Detainees are given this information upon intake on the Orientation Checklist. CoreCivic 14.2 Sexual Abuse, Prevention and Response policy (page 9) outlines this process. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.53 (b) Cimarron Facility informs detainees, 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. All calls to the Wings of Hope are free and not recorded. Information can be found on posters displayed throughout the facility; as well as, in the Cimarron Facility Sexual Assault/Abuse Handbook.

- Contact the Wings of Hope by:
Local Call 1-800-624-3020
Forward a letter to 606 South Husband, Room 111, Stillwater, OK 74074

This was confirmed by the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.53 (c) Cimarron Facility maintains a Memorandum of Understanding with the Wings of Hope. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a detainee? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the review of Cimarron Facility practices as well as a review of the agency website outlining third party reporting; the following delineates the audit findings regarding this standard:

115.54 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 16) mandates that Cimarron Facility provides multiple methods for receiving third-party reports of sexual abuse and sexual harassment on the facility's website at: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. Methods include;

- Contact the Facility directly at 918-225-3336
- Call Ethics Hotline at 1-866-757-4448 (website: www.corecivic.com/ethicsline)
- Forward a letter to CORECIVIC at 10 Burton Hills Boulevard, Nashville, TN 37215
- Contact the Office of Inspector General at 1-800-869-4499 or write a letter to: 950 Pennsylvania Avenue, Room 4706, Washington, DC 20530
- Call or write to Cushing Police Department P.O. Box 311, Cushing, OK 74023
- Forward a letter, sealed and marked "confidential" to the Warden

The information available on the website explains how to report sexual abuse and sexual harassment on behalf of a detainee. The facility takes all reports seriously no matter how they are received and investigates each reported incident. Review of PREA investigation files revealed that three investigations were started and completed based on third party reports. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

OFFICIAL RESPONSE FOLLOWING A DETAINEE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against detainees or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform detainees of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 15), Sexual Abuse Incident Check Sheet 14-2C, Incident Reports 5-1A, medical and mental health documentation, staff interviews, First Responder Card, and documentation provided, the following delineates the audit findings regarding this standard:

115.61 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 15), requires 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 Cimarron Facility; retaliation against detainees or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff has a "First Responder Card" on their person at all times. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.61 (b) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 15) stipulates that Cimarron Facility requires apart from reporting to designated supervisors or officials, staff do not reveal 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. This was reiterated during an interview with the PREA Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.61 (c) Cimarron Facility requires medical and mental health practitioners to report sexual abuse immediately to the security staff supervisor. Medical and mental health practitioners are required to inform the detainees of their duty to report, and the limitations of confidentiality, at the initiation of services. This was confirmed during interviews with two CoreCivic Medical staff; each confirmed their knowledge of mandatory reporting laws in the state of Arizona. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.61 (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, Cimarron Facility reports the allegation to the Department of Children Services. This was confirmed by the PREA Investigator and the Health Services Administrator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.61 (e) Cimarron Facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the PREA investigator as required. File review of twelve PREA investigations confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response, Sexual Abuse Incident Checklist 14-2C, First Responder Card, Vice President of Operations interview, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.62 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response Policy, interview the Vice President of Operations, and staff training requires all staff to take immediate action and staff acknowledged during their interviews the requirement of all staff to protect detainees when it is learned that a detainee at the Cimarron Facility is subject to a substantial risk of imminent sexual abuse. All staff has a "First Responder Card" on their person at all times. The review of twelve PREA investigation files clearly illustrated that everyone from line staff, intermediate supervisors and the SART team play specific roles in dealing with PREA allegations. Cimarron Facility maintains an update "keep separate" list at all times; this list is made available to all staff charged with the duty of housing movements. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response, Interview with the Vice President of Operations, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.63 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 17) mandates that upon receiving an allegation that a detainee was sexually abused while confined at another facility, the head of Cimarron Facility that received the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred. This process is documented on memorandum. This process was corroborated during interviews with the PREA Manager and the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.63 (b) and (c) Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. According to the Vice President of Operations, this occurs most often at the facility level rather than at the corporate office level. The information is received by the Warden; however, any staff member who receives the information must report it to the Warden. The information then gets added into CoreCivic's incident system and the PREA protocols are initiated. Documentation review revealed that three such notifications has occurred during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.63 (d) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 17) mandates that upon receiving a call from an outside facility that a detainee had been sexually abused while in the custody of the Cimarron Facility. According to the Vice President of Operations, the most common examples are allegations detainee make during their intake process. The CoreCivic staff members obtain as much information as possible from the detainee and provide this to the Warden at the other facility. The allegation is referred immediately to the PREA Investigator to be investigated.

This was confirmed during interviews with the PREA Coordinator and the PREA investigator. The PREA Investigator stated he has not received one notification from another agency in the past twelve months and file review revealed it was thoroughly investigated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that a detainee was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a detainee was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a detainee was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a detainee was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 16), First Responder Card, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.64 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 17) outlines the responsibilities of all staff members receiving an allegation of sexual abuse to follow these guidelines:

- (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 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.

Cimarron Facility employees are required to keep a PREA First Responder Card on their person while on duty. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.64 (b) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 17) mandates when the first staff responder is not a security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff immediately. Cimarron Facility employees are required to keep a PREA First Responder Card on their person while on duty. The auditor confirmed compliance based on interviews with and training records of two contract employees. All random staff interviews confirmed staff are training on their role and responsibility of a first responder. One first responder was also interviewed; it was clear each understand the process as it is outlined in CoreCivic 14.2 policy. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic 14.2 Sexual Abuse Prevention and Response, SART Memo, staff interviews, and documentation provided, the following delineates the audit findings regarding this standard:

115.65 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response, Cimarron Facility has a very comprehensive written 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. The plan clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail. The Sexual Assault Response Team is made up of the PREA Manager, Facility Investigator, a member of the Medical Staff, a member of the Mental Health Staff, and the Victim Service Coordinator. Interviews with SART members confirmed their knowledge of the response plan. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.66: Preservation of ability to protect detainees from contact with abusers

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

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on an interview with the Warden, CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 23), interviews with agency head and the PREA Coordinator; the following delineates the audit findings regarding this standard:

115.66 (a) Employees are subject to disciplinary sanctions up to termination for violating Cimarron Facility policies on sexual abuse and sexual harassment. The Cimarron Facility has not entered into a collective bargaining agreement. This was reaffirmed during an interview with the Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with

victims, and emotional support services, for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (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 detainees or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by detainees or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by detainees or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any detainee disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor detainee housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor detainee program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response (pages 6-10), interview with the Vice President of Operations, staff interviews, detainee interviews, PREA Retaliation Monitoring Report 14-2D, and documentation provided; the following delineates the audit findings regarding this standard:

115.67 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 6) policy to protect all detainees and staff at Cimarron Facility who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff, and designates which staff members or departments are charged with monitoring retaliation. Cimarron Facility utilizes the investigation staff as retaliation monitors. Monitoring is documented on PREA Retaliation Monitoring Report 14-2D. Records review showed appropriate retaliation monitoring took place in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.67 (b) Cimarron Facility has multiple protection measures, such as housing changes or transfers for detainees, victims or abusers, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Monitoring is documented on PREA Retaliation Monitoring Report 14-2D. Cimarron Facility utilizes the investigation staff as retaliation monitors. Records review showed appropriate retaliation monitoring took place in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.67 (c) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 10) calls for at least 90 days following a report of sexual abuse, Cimarron Facility monitors the conduct and treatment of detainees or staff who reported the sexual abuse and of detainees who were reported to have

suffered sexual abuse to see if there are changes that may suggest possible retaliation by detainees or staff, and act promptly to remedy any such retaliation. There is periodic status checks performed and documented. Cimarron Facility's monitoring includes any detainee disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Such monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. Monitoring is documented on PREA Retaliation Monitoring Report 14-2D. Cimarron Facility utilizes the investigation staff as retaliation monitors. According to the Vice President of Operations, for both detainees/residents and staff who have reported allegations of sexual abuse, CoreCivic provides monitoring on a 30/60/90 day period (longer if needed) to ensure no retaliation has occurred. These reviews are documented on an attachment policy 14.2 Sexual Abuse, Prevention and Response. The review takes into consideration any actions which may be perceived as retaliatory, whether it be housing and/or job assignments with detainees/residents and shift changes, evaluations, etc. for staff. These reviews also occur for victims of sexual harassment/sexual abuse. CoreCivic policies and procedures prohibit retaliation for any reason and CoreCivic includes this expectation in training with staff. Records review showed appropriate retaliation monitoring took place in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.67 (d), (e), (f) If any other individual who cooperates with an investigation expresses a fear of retaliation, Cimarron Facility takes appropriate measures to protect that individual against retaliation. Cimarron's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect a detainee who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 12), CoreCivic 10-1 Segregation/Restrictive Housing Unit Management (pages 9-10), staff interviews, detainee interviews, PREA Retaliation Monitoring Report 14-2D, and documentation provided; the following delineates the audit findings regarding this standard:

115.68 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 12) states that Cimarron Facility prohibits offenders who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing is used, the same provisions as outlined in policy CoreCivic 10-1 Segregation/Restrictive Housing Unit Management (pages 9-10) would apply. Interviews with the Detention Counselors and segregation staff revealed that involuntary segregation has not been used for this purpose in the past 12 months. The Detention Counselor stated that if separation was required to protect the offender, they would be placed in segregation for no longer than 72 hours. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (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 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- 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 115.21(a).) ☒ Yes ☐ No NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon and interview with the acting Warden, review of the CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 6), CoreCivic Records Retention Schedule, investigative staff interviews, training certificates, investigative reports, Sexual Abuse Incident Checklist 14-2C, MOU with the Cushing Police Department, as well as interviews with the Facility Investigator, and the PREA Compliance Manager, the following delineates the audit findings regarding this standard:

115.71 (a) Cimarron Facility specialized PREA trained investigators initiate all PREA investigations. Cushing Police Department PREA investigators conduct an investigation immediately when notified by Cimarron Facility Administration of an allegation of sexual abuse and sexual harassment. Cimarron Facility has a Memorandum of Understanding with the Cushing Police Department to investigation all criminal PREA allegations. Cimarron has referred two investigations to the Cushing Police Department in the past twelve months. The investigative files were reviewed and it appeared that the investigations were conducted promptly, documented thoroughly, and objectively for all allegations, including third-party, and anonymous reports. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (b) Based on training curriculums provided, investigators training file review, and investigative staff interviews, it was evident the facility provided, in addition to the general training received by all employees, specialized training to all its investigators. This training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interview with the Facility Investigator confirmed the training. According to the Warden, members of the Cushing Police Department training with the Cimarron staff on-site from time-to-time. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (c) Cushing Police Department PREA Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. CIMARRON has referred ten investigations to the Cushing Police Department. Interview with the Facility Investigator confirmed this process. Review of the investigation files indicated there was a clear communication line between the facility and the Cushing Police Department Investigators. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (d) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 20) stipulates, when the quality of evidence appears to support criminal prosecution, Cimarron Facility refers the case to the Cushing Police Department PREA Investigator for the criminal investigation. Cimarron has referred two investigations to the Cushing Police Department. Interview with the Facility Investigator confirmed this process. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (e) The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as detainee or staff. The detainee who alleges sexual abuse is not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interview with the Facility Investigator confirmed this process. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (f) Cimarron Facility administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Interview with the Facility Investigator confirmed this process. Investigation files were found to be very organized and thorough; each file has a checklist to ensure all prior documentation and notifications are made. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (g) Cimarron Facility criminal investigations are documented by the Facility PREA Investigator in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Cimarron has referred two investigations to the Cushing Police Department. Investigation files were found to be very organized and thorough; each file has a checklist to ensure all prior documentation and notifications are made. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (h) Cimarron Facility refers all allegations to the Cushing Police Department PREA Investigator for investigation and prosecution when warranted. File review showed there were two investigations in the past twelve months that were referred to Cushing Police Department. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (i) Cimarron Facility retains all written reports for as long as the alleged abuser is incarcerated or employed by Cimarron Facility, plus five years. This is stipulated in the CoreCivic Records Retention Schedule. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (j) The departure of the alleged abuser or victim from employment or control of the Cimarron Facility or agency does not provide a basis for terminating an investigation. This was confirmed during interviews with the PREA Coordinator and the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (k) The Cushing Police Department Investigator conducts criminal sexual abuse investigations pursuant to the requirements of this standard. Cimarron Facility Memorandum of Understanding with the Cushing Police Department outlines the requirements of the criminal investigation and complies with all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.71 (l) Cimarron Facility refers all criminal cases to the Cushing Police Department PREA Investigator and cooperates with their investigators during the entire investigation. The facility remains informed of the progress of the investigation through communication between the facility investigator and the Cushing Police Department PREA Investigator agent handling the case. This was confirmed during an interview with the PREA Manager and the Facility Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

PREA Investigation Files from the past 12 months (12)

Detainee on Detainee

Sexual Abuse	Pending	0
	Unsubstantiated	4
	Unfounded	0
	Substantiated	1
Sexual Harassment	Pending	0
	Unsubstantiated	2
	Unfounded	0
	Substantiated	0

Staff/Employee/Volunteer/Contractor on Detainee

Sexual Abuse	Pending	0
	Unsubstantiated	1
	Unfounded	0
	Substantiated	0
Sexual Harassment	Pending	0
	Unsubstantiated	0
	Unfounded	0
	Substantiated	4

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 25) Investigation file review, and investigative staff interviews; the following delineates the audit findings regarding this standard:

CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 25) requires Cimarron Facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was reiterated during an interview with the PREA Investigator and evident during twelve PREA investigation file reviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

PREA Investigation Files from the past 12 months (12)

Detainee on Detainee

Sexual Abuse	Pending	0
	Unsubstantiated	4
	Unfounded	0
	Substantiated	1
Sexual Harassment	Pending	0
	Unsubstantiated	2
	Unfounded	0
	Substantiated	0

Staff/Employee/Volunteer/Contractor on Detainee

Sexual Abuse	Pending	0
	Unsubstantiated	1
	Unfounded	0
	Substantiated	0
Sexual Harassment	Pending	0
	Unsubstantiated	0
	Unfounded	0
	Substantiated	4

Standard 115.73: Reporting to detainees

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response (pages 21-22), Detainee PREA Allegation Status Notification Form 14-2E documentation provided, and staff interviews; the following delineates the audit findings regarding this standard:

115.73 (a) Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 21), it was confirmed that following an investigation into a detainee's allegation he/she suffered sexual abuse in the facility, the detainee was to be informed whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. The documentation provided confirmed the detainees were provided this notification on the Cimarron Facility Detainee PREA Allegation Status Notification Form 14-2E. The detainees are required to sign the form documenting acknowledgement of this notification as required. There were twelve investigations in the past twelve months; there was one case pending, four detainees released prior to the completion of the investigation, and seven notifications made to the detainee on the 14-2E PREA Allegation Status Notification Form. It is the responsibility of the PREA Investigator to have the detainee sign the notification form. If the detainee refuses, the notification must be signed by a staff member and a witnessing staff member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.73 (b) The agency does request all relevant information from the criminal investigation conducted by the Cushing Police Department in order to inform the detainee as required by this standard. Cimarron Facility Memorandum of Understanding with the Cushing Police Department outlines the requirements of the criminal investigation and complies with all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.73 (c) Based on Cimarron Facility practice and documentation provided, it was confirmed that following a detainee's allegation that a staff member has committed sexual abuse against the detainee, the agency shall subsequently inform the detainee (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the detainee's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the Cimarron Facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the Cimarron Facility

The documentation provided confirmed the detainees were provided this notification on the Cimarron Facility Detainee PREA Allegation Status Notification Form 14-2E. The detainees are required to sign the form documenting acknowledgement of this notification as required. There were twelve investigations in the past twelve months; there was one case pending, four detainees released prior to the completion of the investigation, and seven notifications made to the detainee on the 14-2E PREA Allegation Status Notification Form. It is the responsibility of the PREA Investigator to have the detainee/detainee sign the notification form. If the detainee/detainee refuses, the notification must be signed by a staff member and a witnessing staff member. This process was confirmed during file review and during the interview with the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.73 (d) Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 22), following a detainee's allegation they had been sexually abused by another detainee, Cimarron Facility subsequently informs the alleged victim whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or Cimarron Facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The

documentation provided confirmed the detainees were provided this notification on the Cimarron Facility Detainee PREA Allegation Status Notification Form 14-2E. There were twelve investigations in the past twelve months; there was one case pending, four detainees/detainees released prior to the completion of the investigation, and seven notifications made to the detainee on the 14-2E PREA Allegation Status Notification Form. The detainees are required to sign the form documenting acknowledgement of this notification as required. It is the responsibility of the PREA Investigator to have the detainee/detainee sign the notification form. If the detainee refuses, the notification must be signed by a staff member and a witnessing staff member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.73 (e) All such notifications or attempted notifications are documented on the Cimarron Facility Detainee/Detainee PREA Allegation Status Notification Form 14-2E. It is the responsibility of the PREA Investigator to have the detainee/detainee sign the notification form. If the detainee refuses, the notification must be signed by a staff member and a witnessing staff member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.73 (f) Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 22), outlines the agency’s obligation to report under this standard terminates if the detainee is released from Cimarron Facility’s custody. There were twelve investigations in the past twelve months; there was one case pending, four detainees/detainees released prior to the completion of the investigation, and seven notifications made to the detainee on the 14-2E PREA Allegation Status Notification Form. It is the responsibility of the PREA Investigator to have the detainee sign the notification form. If the detainee refuses, the notification must be signed by a staff member and a witnessing staff member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Based upon review of CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 25) Investigation file review, and investigative staff interviews; the following delineates the audit findings regarding this standard:

CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 25) requires Cimarron Facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was reiterated during an interview with the PREA Investigator and evident during twelve PREA investigation file reviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

PREA Investigation Files from the past 12 months (12)

Detainee on Detainee

Sexual Abuse	Pending	0
	Unsubstantiated	4
	Unfounded	0
	Substantiated	1
Sexual Harassment	Pending	0

Unsubstantiated	2
Unfounded	0
Substantiated	0

Staff/Employee/Volunteer/Contractor on Detainee

Sexual Abuse	Pending	0
	Unsubstantiated	1
	Unfounded	0
	Substantiated	0
Sexual Harassment	Pending	0
	Unsubstantiated	0
	Unfounded	0
	Substantiated	4

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of Based on CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 23), documentation provided, and PREA Coordinator interview; the following delineates the audit findings regarding this standard:

115.276 (a) and (b) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 23) stipulates that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. During an interview with the PREA Investigator, it was determined that no employee was disciplined or terminated during a PREA investigation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (c) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 23) states that 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. During an interview with the PREA Investigator, it was determined that no employee was disciplined during a PREA investigation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (d) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 23) mandates that 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, unless the activity was clearly not criminal, and to any relevant licensing bodies. During an interview with the PREA Investigator, it was determined that no employee was disciplined or terminated during a PREA investigation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (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 detainees? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 23), documentation provided, and PREA Investigator interview; the following delineates the audit findings regarding this standard:

115.77 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response (page 23) states any contractor or volunteer who engages in sexual abuse is prohibited from contact with detainees and are

reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. During the past twelve months, there have not been any PREA incidents at Cimarron Facility involving a contractor or volunteer. This was corroborated during an interview with the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.77 (b) Cimarron Facility takes appropriate remedial measures, and considers whether to prohibit further contact with detainees, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During the past twelve months, there have not been any PREA Incidents at Cimarron Facility involving a contractor or volunteer. This was corroborated during an interview with the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.78: Disciplinary sanctions for detainees

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review CoreCivic 14.2 Sexual Abuse, Prevention and Response, CoreCivic Policy 15-2 Detainee Rules and Discipline, Policy 15-100 Detainee Discipline, Policy 15-1 Officers and Penalty Code, documentation provided, and Mental Health Coordinator and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.78 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response policy (page 22) states that detainees/detainees are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the detainee engaged in detainee-on-detainee sexual abuse (detainee on detainee) or following a criminal finding of guilt for detainee-on-detainee sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (b) Sanctions are commensurate with the nature and circumstances of the abuse committed, the detainee's or detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (c) CoreCivic Policy 15-2 Detainee Rules and Discipline (page 10) states that the disciplinary process considers whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (d) The Mental Health staff offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, Cimarron Facility does not require the offending detainee to participate in such interventions as a condition of access to programming or other benefits. This was reaffirmed during an interview with the Mental Health Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (e) Cimarron Facility disciplines a detainee for sexual contact with staff only upon a finding that the staff member did not consent to such contact. It was corroborated during the review of the investigation files. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (f) Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. According to the PREA Investigator, there have not been any detainees/detainees charged criminally with filing a false report in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.78 (f) Cimarron Facility prohibits all sexual activity between detainees. This was reaffirmed during an interview with the PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison detainee has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the detainee is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☐ Yes ☐ No ☒ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison detainee has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the detainee is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail detainee has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the detainee is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the detainee is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on medical and mental health staff interviews and documentation provided; the following delineates the audit findings regarding this standard:

115.81 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response policy mandates if the screening indicates the detainee has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the Intake staff at the Cimarron Facility ensures the detainee is offered a follow-up meeting with the medical and/or mental health staff within 14 days of the intake screening as required by this part of the standard. The Intake Staff will documents the referral to the CoreCivic Mental Health Staff and place is a designed secure box. Referrals are screened and marked either general or emergent. Medical records review produced multiple such referrals. This was corroborated during interviews with the Health Services Administrator and the Mental Health Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.81 (b) CoreCivic 14.2 Sexual Abuse, Prevention and Response policy (page 8) mandates if the screening indicates a detainee has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the Intake Staff at the Cimarron Facility ensures the detainee is offered a follow-up meeting with mental health staff within 14 days of the intake screening as required by this part of the standard. The Intake Staff will document the referral to the CoreCivic Mental Health Staff and place it a designated secured box. Medical records review produced multiple such referrals. This was corroborated during interviews with the Health Services Administrator and the Mental Health Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.81 (d) Cimarron Facility requires that any information related to sexual victimization or abusiveness that occurred in the facility is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.81 (e) Cimarron Facility requires CoreCivic Medical and Mental Health Staff to obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in the facility, unless the detainee is under the age of 18. This was confirmed during interviews with the Health Services Administrator and the Mental Health Coordinator. During the past twelve months, there has not been a situation where consent from a detainee under the age of 18 has occurred. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (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 § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are detainee victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic medical and mental health staff interviews, CoreCivic 14.2 Sexual Abuse, Prevention and Response policy, CoreCivic 13.79 Sexual Assault Response, Interview with the PREA Manager, Mental Health Coordinator, Health Services Administrator, MOU, medical records, and documentation provided; the following delineates the audit findings regarding this standard:

115.82 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response policy (page 16), states that Cimarron Facility has a Memorandum of Understanding with the Stillwater Medical Center to treat detainee victims of sexual abuse. The facility also has medical and mental health staff at the facility ensuring detainees 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. This was confirmed during interviews with the Health Services Administrator and Mental Health Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.82 (b) Cimarron Facility has procedures to follow when no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Victims are taken to Stillwater Medical Center. This was confirmed during interviews with the Health Services Administrator and Mental Health Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.82 (c) Cimarron Facility ensures detainee 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. This is done in cooperation with Wings of Hope and the Stillwater Medical Center. This was confirmed during interviews with the Health Services Administrator and Mental Health

Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.82 (d) CoreCivic 13.79 Sexual Assault Response (page 4) states that Cimarron Facility requires that all treatment services provided to the victim are without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The CoreCivic bares all cost. This was confirmed during interviews with the PREA Manager, Health Services Administrator and Mental Health Coordinator. A detainee victim also corroborated there were no charges rendered. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.83: 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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are detainee 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 detainees who identify as transgender men who may have female genitalia. Auditor should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(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 detainees who identify as transgender men who may have female genitalia. Auditor should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic medical and mental health staff interviews, CoreCivic 14.2 Sexual Abuse, Prevention and Response policy, CoreCivic 13.79 Sexual Assault Response, and documentation provided; the following delineates the audit findings regarding this standard:

115.83 (a) CoreCivic 13.79 Sexual Assault Response (page 2) requires Cimarron Facility to offer medical and mental health evaluations and, as appropriate, treatment to all detainees who have been victimized by sexual abuse in any facility. This was confirmed during an interview with the Health Services Administrator and Mental Health Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83 (b) CoreCivic 13.79 Sexual Assault Response (page 5) requires Cimarron Facility that the evaluations 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. Follow-up care is done in cooperation between Wings of Hope, CoreCivic and the Stillwater Medical Center. This was confirmed during interviews with the Health Services Administrator and the Mental Health Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83 (c) Cimarron Facility requires that medical and mental health staff provide all victims with medical and mental health services consistent with the community level of care. Follow-up care is done in cooperation between Wings of Hope, CoreCivic, and the Stillwater Medical Center. This was confirmed during interviews with the Cimarron Health Services Administrator and the PREA Manager for Cimarron Facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83 (d and e) Based on Cimarron Facility documentation requires detainee victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests and timely information about, and access to, all pregnancy-related medical services that are lawful in the community as required by this standard. Follow-up care is done in cooperation between Wings of Hope, CoreCivic and the Stillwater Medical Facility. This was confirmed during interviews with the Health Services Administrator and the Mental Health Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83 (f) Cimarron Facility requires that medical and mental health staff provide detainee victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate. Such tests are competed at Cimarron by medical staff. Follow-up care is done in cooperation between Wings of Hope, CoreCivic and the Stillwater Medical Center. This was confirmed during interviews with the Health Services Administrator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83 (g) Cimarron Facility requires that medical and mental health staff provide treatment services 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. Follow-up care is done in cooperation between Wings of Hope, CoreCivic and the Stillwater Medical Center. This was confirmed during interviews with the Health Services Administrator and Mental Health Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.83 (h) Cimarron Facility shall attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. This was confirmed during an interview with the Mental Health Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the PREA Coordinator, the acting Warden, the PREA Manager, CoreCivic 14.2 Sexual Abuse, Prevention and Response policy, Sexual Abuse or Assault Incident Review Form 14-2F, Incident Tracking Log, and documentation provided; the following delineates the audit findings regarding this standard:

115.86 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response policy (page 19) mandates that Cimarron Facility conducts a sexual abuse incident review at the conclusion of every sexual abuse and sexual harassment investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This was confirmed during file review and during interviews with SART members. During the past twelve months, there were twelve sexual abuse and sexual harassment investigations that were either unsubstantiated or substantiated; each were followed by an incident review within 30 days. SART members include the PREA Compliance Manager, Health Services Administrator, Assistant Warden of Operations, Mental Health Mental Health Coordinator and Victim Services Coordinator. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.86 (b) Cimarron Facility ensures that these reviews occur within 30 days of the conclusion of the investigation and documents the review on the Sexual Abuse or Assault Incident Review Form 14-2F. During the past twelve months, there were twelve sexual abuse and sexual harassment investigations that were either unsubstantiated or substantiated; each were followed by an incident review within 30 days. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.86 (c) The review team consist of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. SART members include the PREA Coordinator, Health Services Administrator, Assistant Warden of Operations, Mental Health Mental Health Coordinator and PREA Investigator. This was reaffirmed during an interview with the acting Warden. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.86 (d) The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and they examine the area in Cimarron

Facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The agency has deployed an excellent PREA after action review form which addresses all elements of the standard. During the past twelve months, there were twelve sexual abuse and sexual harassment investigations that were either unsubstantiated or substantiated; each were followed by an incident review within 30 days. Therefore, this exceeds this portion of the standard.

115.86 (e) Cimarron Facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Each of the twelve 30-day reviews clearly marked recommendations as deemed appropriate by the SART team. SART members include the PREA Compliance Manager, Health Services Administrator, Assistant Warden of Operations, Mental Health Coordinator and PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the PREA Coordinator, the PREA Manager, website, CoreCivic 14.2 Sexual Abuse, Prevention and Response policy (pages 23-24), and documentation provided; the following delineates the audit findings regarding this standard:

115.87 (a), (b) and (c) Cimarron Facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

CoreCivic 14.2 Sexual Abuse, Prevention and Response policy (pages 23-24) mandates that the incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.87 (d) CoreCivic 14.2 Sexual Abuse, Prevention and Response policy (pages 23-24) stipulates th Cimarron Facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.87 (e) Cimarron Facility does not contract its detainees to other facilities. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.87 (f) Upon request, Cimarron Facility provides all such data from the previous calendar year to the Department of Justice no later than June 30 when required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Vice President of Operations, PREA Coordinator, the PREA Manager, CoreCivic website, CoreCivic 14.2 Sexual Abuse, Prevention and Response policy (page 24), CoreCivic Annual Report, and documentation provided; the following delineates the audit findings regarding this standard:

115.88 (a) CoreCivic 14.2 Sexual Abuse, Prevention and Response policy (pages 23-24) specifies that Cimarron Facility reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as Cimarron Facility as a whole. According to the Vice President of Operations, a review of PREA data is made on a daily, monthly, and annual basis. Monthly and annually, the data is reported as metrics in a format that can determine if there are trends at individual facilities or with detainee populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.88 (b) Such reports includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of Cimarron Facility's progress in addressing sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.88 (c) Cimarron Facility's report is approved by the Warden and made readily available to the public through its website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.88 (d) CoreCivic 14.2 Sexual Abuse, Prevention and Response policy states that Cimarron Facility may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the PREA Coordinator, the PREA Manager, CoreCivic Retention Records Retention Schedule, and documentation provided; the following delineates the audit findings regarding this standard:

115.89 (a) through (d): CoreCivic 14.2 Sexual Abuse, Prevention and Response policy mandates Cimarron Facility PREA Coordinator to make all aggregated sexual abuse data, readily available to the public at least annually through the agency website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or Local law requires otherwise. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

115.401 (a) and (b) The Cimarron Facility did have a PREA audit during the first audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (h) The auditor had full access to all location/areas of the Cimarron Facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (i) The auditor did obtain all necessary copies of audit items. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (m) The auditor were allowed to interview detainees in a private setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (n) The auditor did not receive any correspondence from any Cimarron Facility detainee. Audit notices were observed in every housing unit; as well as all common areas. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

115.403 Cimarron Facility has had a PREA audit in 2018; the final report is posted on the agency's website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

AUDITOR CERTIFICATION

I certify that:

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

DOJ Certified Auditor:

Brian D. Bivens

Auditor Signature

November 26, 2021

Date