

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

☐ Interim ☒ Final

Date of Report May 26, 2021

## Auditor Information

Name: Jillian Shane	Email: AandScorrections@yahoo.com
Company Name: A & S Correctional Consulting	
Mailing Address: PO BOX 15376	City, State, Zip: Rio Rancho, NM 87174
Telephone: Click or tap here to enter text.	Date of Facility Visit: April 6-7, 2021

## Agency Information

Name of Agency: CoreCivic		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 5501 Virginia Way Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
Mailing Address: 5501 Virginia Way Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

## Agency Chief Executive Officer

Name: Damon Hininger	
Email: Damon.Hininger@CoreCivic.com	Telephone: 615-263-3300

## Agency-Wide PREA Coordinator

Name: Eric Pierson	
Email: Eric.Pierson@CoreCivic.com	Telephone: 615-263-6915
PREA Coordinator Reports to: Steven Conry, VP, Operations Administration	Number of Compliance Managers who report to the PREA Coordinator: 65 (indirect)

<b>Facility Information</b>			
<b>Name of Facility:</b> Cheyenne Transitional Center			
<b>Physical Address:</b> 322 W. 17th Street		<b>City, State, Zip:</b> Cheyenne, Wyoming 82001	
<b>Mailing Address (if different from above):</b> Click or tap here to enter text.		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Website with PREA Information:</b> www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			
<b>Has the facility been accredited within the past 3 years?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>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):</b> <input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A			
<b>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</b> NA			
<b>Facility Director</b>			
<b>Name:</b> Jamie Goerner			
<b>Email:</b> Jamie.Goerner@corecivic.com		<b>Telephone:</b> 307.632.9096	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Jamie Goerner			
<b>Email:</b> Jamie.goerner@corecivic.com		<b>Telephone:</b> 307.632.9096	
<b>Facility Health Service Administrator</b> <input checked="" type="checkbox"/> N/A			
<b>Name:</b> Click or tap here to enter text.			
<b>Email:</b> Click or tap here to enter text.		<b>Telephone:</b> Click or tap here to enter text.	

Facility Characteristics		
Designated Facility Capacity:	120	
Current Population of Facility:	59	
Average daily population for the past 12 months:	83	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-85	
Average length of stay or time under supervision	152.44 days	
Facility security levels/resident custody levels	minimum	
Number of residents admitted to facility during the past 12 months	248	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	248	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	37	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	32	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	20	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	14
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p><b>Number of resident housing units:</b></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 residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
Number of single resident cells, rooms, or other enclosures:	Not applicable
Number of multiple occupancy cells, rooms, or other enclosures:	Not applicable
Number of open bay/dorm housing units:	2
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

## Investigations

### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input 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 <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: <a href="#">Click or tap here to enter text.</a> ) <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?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<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: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Prison Rape Elimination Act (PREA) audit process began in January 2021 for the CoreCivic, Cheyenne Transitional Center Facility in Cheyenne, Wyoming by Jillian Shane, a United States Department of Justice Certified Auditor for adult facilities.

The pre-audit preparations included a thorough review of all documentation and materials that were sent to the auditor, to include the Pre-Audit Questionnaire (PAQ), files for each standard, policies, procedures, samples of documents, forms, posters, brochures/pamphlets, handbooks, videos, training curriculums, charts and numerous other PREA related materials used to demonstrate compliance. The Auditor and the PREA team both at the facility and at the CoreCivic corporate office were communicating for the weeks prior to and after the on-site portion of the audit.

The auditor sent an introductory email to the Facility PREA Compliance Manager (PCM) on February 16, 2021 which stated:

Good Morning:

I would like to start by saying hello and that I am looking forward to the audit visit of your facility. As I begin to review documentation that was sent to me, I will send a few emails for clarification or asking for documents that I know I will want/need to ensure compliance. As I ask for documents, I may ask for you to email to me or some I may ask you to print and have waiting for me when I arrive. Also, please label with what I asked, as I will forget, if they are sent in multiple emails or if they are waiting for me there.

I am just curious, are you and your Executive management going to want to do in-briefs and out-briefs daily? I know many facilities differ, so I just wanted to check as a have to draft a template schedule (although it never seems to be stuck to).

I would like to get the file reviews started/completed prior to arrival due to COVID and to help speed all processes up. Due to your facility size, that should be an easy task! If you can send me lists/rosters of the following, that will help me select those files. Also, please have the following information available during the on-site PREA Audit:

\* Roster of staff working during all shifts (I will interview random staff on all shifts)

- \* Inmate roster
- \* ALL PREA allegations in the past 12 months
- \* List of all inmates that are Disabled and limited English proficient
- \* List of all inmates that are Transgender/Intersex inmates; gay/bisexual
- \* List of all inmates that are Inmates in segregated housing (for risk of sexual victimization) if applicable
- \* List of all inmates who reported a sexual abuse (please have the outcome handy so auditors are aware of situation prior to interview)
- \* List of all inmates that are Inmates who disclosed sexual victimization during risk screening

I will need to interview the following individuals. You may set up interviews for any time while I am onsite, or provide me with a list of those who fit this role who will be onsite during the audit. I can, however, conduct these specialty staff interviews in advance as well. I will need access to private areas to conduct staff and inmate interviews, where other staff and inmates cannot overhear the conversations.

Staff:

- \* Superintendent/Warden/Facility Director
- \* PREA Compliance Manager
- \* Medical staff
- \* Mental health staff
- \* Human Resources
- \* Volunteers AND contractors who have contact with inmates
- \* Investigative staff
- \* Staff who perform screening for risk of victimization and abusiveness
- \* Staff who supervise inmates in segregated housing
- \* Staff on the Incident Review Team
- \* Designated staff member charged with monitoring for retaliation
- \* First responders, both security and non-security
- \* Intake staff

Once there, I will need the name of a mental health services provider who can provide crisis intervention, if necessary, during inmate interviews. We will also need a staff member (if any) who will be available to provide translation services during interviews with limited English proficient inmates.

In advance, I apologize if any terminology is off that I use (inmate for resident, officer for treatment specialist, etc.).

Again, thank you and I look forward to working with you.

Jill

On March 1, 2021 the PCM forwarded the auditor pictures of the audit announcement posting, in English and Spanish. These were posted in the following areas:

Above the staff time clock  
Second floor hallway by male dorms  
Male Dayroom  
Female Dayroom  
Lobby  
Case Manager office bulletin board  
Outside Director's Office

The Notice stated:

**\*\*\*NOTICE\*\*\*SCHEDULED PREA AUDIT**

Cheyenne Transitional Center is voluntarily seeking certification for the PRISON RAPE ELIMINATION ACT (PREA) by demonstrating its compliance with nationally established standards. A standards compliance audit of this agency will be conducted from April 6& 7, 2021. Information relevant to this agency's compliance with standards should be submitted in writing to the person and address listed below, at least 10 working days prior to the audit.

JILLIAN SHANE  
PO BOX 15376  
RIO RANCHO, NM 87174

**CONFIDENTIALITY:** All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following: if the person is in immediate danger to her/himself or others (e.g. suicide or homicide); allegations of suspected child abuse, neglect or maltreatment; in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

Audit files were sent to the auditor, electronically through a secured passcode protected online system on March 9 2021. The files were reviewed by the auditor, information added to the report, and any questions or requests for additional information were sent to the PCM and Agency PREA Coordinator who were both extremely responsive.

The auditor arrived on-site at Cheyenne Transitional Center on Monday, April 5, 2021 at 1230 hours. Upon entry, an entrance meeting was held with the follow staff in attendance:

Jamie Goerner	Facility Director
Jillian Shane	PREA Certified Auditor
Jeffrey Mitchell	Operations Supervisor

Introductions were made and the staff in attendance reviewed the process that would occur for the next two days at the facility. After the meeting, the Director, PREA Coordinator and Auditor walked all areas inside the facility and on the exterior of all areas within the fenced/gated area.



On day one, interviews and the tour was completed. On day, document reviews and interviews were conducted.

The facility is three floors and the count for the first day included:

1<sup>st</sup> Floor – 22 total beds – 5 are occupied

2<sup>nd</sup> Floor – 48 total beds – 29 are occupied

3<sup>rd</sup> Floor – 48 total beds – 25 are occupied

Total first day count = 59 residents

The auditor viewed the audit positing in all areas that the facility indicated it was, to include:

Entryway

Control Center

Visitation

Restrooms and Showers

All floors Dorm

All floors TV rooms

Employee Break Room

Administrative Office

Downstairs Quiet Room

Front Lobby- Foyer

Dining Room

In addition, in each of these areas, the auditor also noticed PREA information on posters and brochures with an ease of viewing for the population, the ability to see from offender telephones should they wish to call and in areas out of viewing in the event that an offender wished to write down an address or phone number. Information was also seen in areas where visitors would be able to view and where visitation occurs.

A locked and confidential mailbox was also viewed, with which only the Director has a key and is checked on a nearly daily basis.

All areas of the facility appeared to be clean and well kept.

The facility does have twenty-four (24) hour video surveillance with fifty-four (54) cameras located throughout the property. Monitors for these cameras are located inside the security office and can only be viewed by staff in live mode. The Director and Captain can review the cameras recorded footage which goes back approximately ninety (90) days. After the tour, all camera angles were reviewed and compared with the facility plans and knowledge of the layout from the tour. No blind spots were identified and all shower and dress areas had sufficient coverage for privacy for the population while providing for security and safety for staff.

Toilet and shower areas had no cameras inside and had curtains which allowed for enough viewing for safety and also privacy for the population. Cameras were in the bedding areas of the dorms and locker areas. The auditor inquired with staff and offenders about changing clothes in these areas. All stated and the offender handbook as well states “you may not be in any state of undress outside of the restroom”.

The Auditor was provided rosters (and advised that there were none available for particular characteristics) for the following:

- \* Roster of staff working during all shifts (will interview random staff on all three shifts)
- \* Two Inmate rosters (random inmate interviews and file reviews)
- \* ALL PREA allegations in the past 12 months
- \* List of all inmates that are disabled and limited English proficient
- \* List of all inmates that are Transgender/Intersex inmates; gay/bisexual
- \* List of all inmates that are Inmates in segregated housing (for risk of sexual victimization) if applicable
- \* List of all inmates that are Inmates who reported a sexual abuse (please have the outcome handy so auditors are aware of situation prior to interview)
- \* List of all inmates that are Inmates who disclosed sexual victimization during risk screening

These lists were used to select the resident files to be reviewed and interviewed as well as the staff files and interviews. Details of the staff and inmate interviews and files reviews are documented below as they pertain to each standard.

In this report, the words ‘inmate’, ‘resident’, ‘participant’ and ‘detainee’ may be used interchangeably. This is due to the differences in languages between this program, the PREA standards themselves, policy, and the various referenced materials.

## Facility Characteristics

*The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Cheyenne Transitional Center (CTC) is a private facility that houses clients referred from the Wyoming Department of Corrections. The facility is located at 322 West 17<sup>th</sup> Street, Cheyenne, WY and was originally built in 1895. The facility is a 38,000 square foot building that was renovated in 1995 for housing adult offenders. The facility is within walking distance from public transportation services as well as many businesses.

The facility consists of one large building with three levels and an unfinished basement.

The building contains six staff offices, one WDOC Agent Office, one administrative restroom, a urinalysis bathroom, a kitchen and dining area, a conference room, a central control office, eighteen dormitories with conjoining shower and restroom, one dayroom for our male population and one dayroom for our female population. Laundry facilities are located on each floor.

Each dormitory consists of a room with carpeted floors furnished with industrial steel beds, lockers and a set of plastic dresser drawers. All dorms are equipped with sprinklers in case of a fire emergency within the facility.

Through a government partnership with the Wyoming Department of Corrections, our Cheyenne facility helps individuals who are in transition through an eight-month program that focuses on a resident's reentry process. Our 38,000 square foot facility can host up to 126 residents, and is within walking distance to local treatment providers, recovery groups, and multiple businesses that hire former offenders.

During residents' time at Cheyenne, they can access multiple reentry program offerings, including life skills and education courses, mental health services, religious programs, substance abuse education, and more. Our facility even partners with the local Workforce Center to offer job training, resume building, and mock interviewing – all of which helps contribute to the 96 percent employment rate among residents. Also, residents learn how to manage their personal budgets, learning financial responsibility before returning to their communities.

## Wyoming Department of Corrections Contract

The Cheyenne Transitional Center has been in operation since 2007.

Cheyenne Transitional Center operates with a standard WDOC Fixed Rate Contract for Adult Community Corrections. The current contract was signed in July of 2020 and we are contracted for 65 beds.

## WDOC Offenders at the Cheyenne Transitional Center

All Residents are either received from the county of their conviction or from the minimum, medium or maximum-security prison. After testing, which includes medical and mental health evaluation, risk and needs assessment, LSI-R assessment, reading achievement testing, psychological interviews, and initial classification, the offender may apply to an Adult Community Corrections (ACC) facility in Wyoming if they are eligible. When offenders reach the policy dictated the amount of days remaining to be served for their sentence and meet all other criteria, then they are eligible to transfer to a work release (halfway house) program or better known as an ACC. The Cheyenne Transitional Center is one of three ACC facilities located in Wyoming. A panel of board members meets once a month to hold a Board Meeting and accept or deny the WDOC applicants. Transportation arrangements are then made for those offenders who are accepted into the program.

Residents received at the Cheyenne Transitional Center and go through orientation with their Case Manager within three days of their arrival. The Residents then begin job searching to locate employment in the community. The first twenty-one days in the program are paid in full by the Wyoming Department of Corrections. On the twenty-second day, all Residents are charged a daily rate of \$17.00 for rent and \$1.00 for laundry. The Residents are required to turn in all earnings and their facility obligations are deducted. The remaining funds are left in Resident's saving's account. Each Resident conducts a budget with their Case Manager monthly to include rent, mandatory savings, restitution, child support, past due bills, family support, and personal necessities.

CoreCivic's Purpose, Mission and Values states:

*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: pride*

*R: respect*

*I: integrity*

*D: duty*

*E: excellence*

The previous PREA Audit was conducted with a facility visit of September 18-19, 2017 and a final report date of July 10, 2018. This audit report was reviewed by this current auditor prior to the on-site visit.

Prior to the visit, the auditor also reviewed the Agency Mission Statement, the completed Resident Handbook for Cheyenne Transitional Center, daily population reports, a schematic layout of the facility, and the auditor researched for any and all articles that could be found online.

Staff interviews included:

### 13 Randomly Selected Staff

1	Contract Administrator, Specialized Staff
1	HR staff member, Specialized Staff
1	SAFE/SANE Staff
1	Investigator
1	Retaliation Monitor
2	Risk Screening Staff
1	SART member
2	Intake Staff Member
2	First Responders
1	Director
1	PREA Compliance Manager
1	PREA Coordinator

The facility has no medical or mental health staff, no volunteers or contract staff, no non-medical staff involved in cross gender strip or visual searches.

Resident Interviews included:

7	Random
6	Targeted

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 1  
**List of Standards Exceeded:** 115.233

### Standards Met

**Number of Standards Met:** 38

### Standards Not Met

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

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (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

#### 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

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

In the initial file and documentation set that was provided to the auditor for review, the following documents were included: Community Corrections PREA Standards Compliance Checklist, Policy 14-02 CC, Organizational Chart for CoreCivic Correctional Programs Division, Job Description of the Senior Director, PREA Programs and Compliance, HR Email Announcing PREA Audit & Compliance Senior Director, Email introducing the Director of PREA Compliance and Investigations, and CoreCivic Summary of Current Job Performance Characteristics for Senior Director of PREA Programs and Compliance.

(a): Policy 14-02-CC, *Sexual Abuse Prevention and Response* states in section 14-2 CC.1 that CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Policy further states that such conduct is prohibited by the policy and will not be tolerated, to include inmate/resident-on-inmate/resident sexual abuse or sexual harassment and employee-on-inmate/resident sexual abuse or sexual harassment.

Policy 14-02-CC, *Sexual Abuse Prevention and Response* further details and outlines the CoreCivic's approach to preventing, detecting and responding to sexual abuse and sexual harassment. These sections of policy include, but are not limited to Reporting for staff, inmate/resident reporting, training, background checks, staffing, supervision and monitoring, Sexual Abuse Response Team (SART), inmate/resident screening and education, response procedures, and investigations.

(b): CoreCivic employs the position of Senior Director, PREA Programs and Compliance. A Director of PREA Compliance and Investigations reports to the Senior Director. The Senior Director reports to the Executive Vice President and President of Operations at the FSC.

Policy 14-02-CC states that the Facility Support Center (FSC) is an upper-level management FSC employee designated to develop, implement, and oversee CoreCivic's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program. He/she must provide supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy.

An interview was conducted with both the PREA Coordinator (PC) for the Agency and the PREA Compliance Manager (PCM) for the facility. Each were extremely knowledgeable about their roles and responsibilities, the standards, the policy and the things that occur in operations for Cheyenne Transitional Center. Each indicated that they feel that they have proper authority and time to complete their duties which could also be seen by the response from staff, the documents reviewed and the processes in place.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Organizational Chart for CoreCivic Correctional Programs Division  
Job Description of the Senior Director, PREA Programs and Compliance



HR Email Announcing PREA Audit & Compliance Senior Director  
Email introducing the Director of PREA Compliance and Investigations  
CoreCivic Summary of Current Job Performance Characteristics for Senior Director of PREA Programs and Compliance  
Interview of PREA Coordinator for CoreCivic (Senior Director)  
Interview of PREA Compliance Manager for Cheyenne Transitional Center

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

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

### **115.212 (a)**

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

### **115.212 (b)**

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

### **115.212 (c)**

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ 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

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

CoreCivic is a private provider and does not contract with other agencies for the confinement of participants; therefore, this standard does not apply.

The contract with the Wyoming Department of Corrections, dated September 2020 was provided and reviewed. Section 40 of this contract states that the contractor shall comply with the Prison Rape Elimination Act of 2003 and Federal Regulations promulgates to enforce the Act. Contractor shall establish a zero-tolerance policy for sexual misconduct director toward Agency Offenders and shall establish guidelines for preventing, detecting, reporting, investigating, responding to, and sanctioning incidents of sexual misconduct against offenders. Contractor shall adhere to all Agency policies for the protection of offenders from sexual misconduct, all State and Federal law protecting offenders from sexual misconduct and the PREA National Standards. Contractor shall arrange and pay any costs associated for a PREA Audit within this contract. Contractor will be responsible for contracting with or otherwise securing the services of Department of Justice certified PREA auditors at Contractors own expense.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC Sexual Abuse Prevention and Response  
Interview with Vice President of Operations Administration, CoreCivic  
WDOC Contract, September 2020

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

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

#### 115.213 (b)

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

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in section D, Staffing, that: FSC (Facility Support Center) will develop, in coordination with the facility, a staffing plan that provides for adequate levels of staffing to protect inmates/residents against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staff.

The policy continues on to state that in calculating staff levels and determining the need for video monitoring, the following factors shall be taken into consideration:

1. The physical layout of each facility;
2. The composition of the inmates/resident population;
3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
4. Any other relevant factors.

The 2019 and 2020 14-02 CC-I documented staffing plan was provided to the auditor and reviewed. It considered and discussed that the facility provides for adequate levels of staffing and, where applicable, video monitoring is used, to protect residents against sexual abuse. This plan took into consideration the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and allows the facility to discuss any other relevant factors.

On the PAQ, the facility indicated that the average daily number of residents is 96.75.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in section D, Staffing, that: the facility shall make its best effort to comply, on a regular basis, with the approved PREA staffing plan and shall document all deviations. Deviations shall be documented and

notifications made on the 5-1B Notice to Administration via the Incident Reporting Database (IRD).

The Shift Supervisor is responsible for reviewing the PREA Staffing Plan in conjunction with the daily shift roster. If a position identified on the Staff Plan is vacated for a shift, the Shift Supervisor shall notify the PREA Compliance Manager of the deviation. The PREA Compliance Manager (PCM) shall:

1. Document and describe the deviation on the 5-1B Notice to Administration via the IRD, along with a thorough justification for the deviations; and
2. Notify the FSC PREA Coordinator of the deviation within seven (7) calendar days; to include a description of any corrective actions that were taken to resolve the deviation.

During the audit review period, there were no incidents where the facility deviated from the staffing plan. There is, however, a form and a practice of documenting this, should it occur. While on site, supervisors and the PCM indicated that they were aware of the requirements and process to document and report this.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in section D, Staffing, in the section titled Annual PREA Staffing Plan Assessment states that whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA staffing plan assessment will be completed. In conjunction with the PREA Coordinator, the Administrator/Director and the PCM will complete the 14-2CC-I Annual PREA Staffing Plan Assessment. Upon completions, the 14-2 CC-I Annual Staffing Plan Assessment will be forwarded to the FSC PREA Compliance Coordinator.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states that it is the policy and practice that each ACC shall develop and document a staffing plan that provides for adequate levels of staffing and where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the programs shall take into consideration: the physical layout of each facility, the compositions of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

It is the policy and practice that each ACC shall whenever necessary, but no less frequently than once each year assess, determine and document whether adjustments are needed to: the staff plan established pursuant to paragraph (a) of 115.213; prevailing staffing patterns, the programs deployment of video monitoring technologies; and the resources the facility has available to commit to ensure adequate staffing levels.

In consultation with the respective Vice President, Operations, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to:

1. Prevailing staffing patterns;
2. The staffing plan established pursuant to this section;
3. The facility deployment of video monitoring systems and other monitoring technologies; and
4. The resources the facility has available to commit to ensure adherence to the staffing plan.

The facility provided and the auditor reviewed the 2018 and 2019 14-02 CC-I Staffing Plan review and saw that the facility assessed, determined, and documented whether adjustments are needed to the staffing plan, whether adjustments are needed to prevailing staffing patterns, whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies, and whether adjustments are needed to the resources the facility has available to commit in order to ensure adequate staffing levels.

During the twelve (12) months preceding this audit, there have been no deviations from the staffing plan.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Statement of Work  
14-2 CC-I, Annual PREA Staff Plan Assessment for 2019  
Supervisory interviews  
PCM interview  
Tour of physical plant  
Review of camera placement and viewing

## **Standard 115.215: Limits to cross-gender viewing and searches**

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

### **115.215 (a)**

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

### **115.215 (b)**

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

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

#### 115.215 (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 residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

#### 115.215 (e)

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

#### 115.215 (f)

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

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ 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

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

(a) Policy 14-02 CC, Sexual Abuse Prevention and Response states that cross gender inmate/resident strip searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when performed by medical practitioners.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states that the facility shall not conduct cross gender searches or cross gender visual body cavity searches (meaning a search of the anal or genital opening).

(b) Policy 14-02 CC, Sexual Abuse Prevention and Response states that cross-gender inmate/resident frisk/pat searches of female inmates/residents by male employees is prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order).

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states that the facility shall not permit cross gender pat down searches of female residents, absent exigent circumstances. Facilities shall not restrict female resident's access to regularly available programming or other outside opportunities in order to comply with this provision.

(c) Policy 14-02 CC, Sexual Abuse Prevention and Response states that whenever a cross-gender pat search of a female inmate/resident or a cross gender strip search of any inmate/resident does occur, the search shall be documented on the 5-1B Notice to Administration (NTA).



The Wyoming Department of Corrections Adult Corrections Manual, which has an effective date of July 1, 2020, states that if exigent circumstances exist, the facility shall document all cross-gender pat down searches of female residents.

(d) Policy 14-02 CC, Sexual Abuse Prevention and Response states that inmates/resident may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine living quarter checks.

Policy continues on to state that employees of the opposite gender must announce their presence when entering an area where inmates/resident are likely to be showering, performing bodily functions, or changing clothing.

While doing the tour of the housing areas and while being on-site for the two days, staff were constantly heard completing these announcements and each resident that was interviewed stated that this occurs regularly. The residents also stated that they appreciate these as they are given the opportunity to cover themselves, if they are changing.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states that the facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

(e) Policy 14-02 CC, Sexual Abuse Prevention and Response states that searches or physical examination of a transgender or intersex inmate/resident for the sole purpose of determining the inmate/resident's genital status is prohibited. If the inmate/resident's genital status is unknown, it may be determined during conversations with the inmate/resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Policy also stated that pat and strip searches of transgender/intersex inmates/residents will be completed by a staff member of the same sex for which the inmate/resident has been classified by the customer/partner agency. Making accommodations, if necessary, to search individuals according to gender identity would not violate the prohibitions on cross-gender searches. Searches of breasts will be completed using the back and/or side of the hand.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states that the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital



status. If the resident's genital status is unknown, it may be determined during conversation with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

(f). Policy 14-02 CC, Sexual Abuse Prevention and Response states that in addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat down searches, and searches of transgender and intersex residents, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states that the agency shall train security staff in how to conduct cross gender pat down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Correctional Alternatives, a division of CoreCivic, Policy 9-116, *Searches and Search Procedures* states all participants shall be pat searched upon their arrival/return to the facility. The searches will be immediately logged onto the Daily Participant Log (DPL). Other times, a participant may be searched, are on a random basis or when the participant is suspected of having contraband (either entering or leaving the facility). A 'pat down search' of a participant may be conducted any time on a no notice basis.

Further, this policy states that a strip search may only be performed at the direction of the Director/Program Manager/Unit Manager or his/her designee and must be done with two members of the same sex present. Full written documentation as to why a strip search was done, any contraband found, and the other information pertaining to the search must be completed.

Procedure in this policy states that upon notifying a participant of a pat down, staff will ask the subject to empty his/her pockets. Participants shall be required to take off any additional layer of clothing, i.e.: jackets, sweaters, shoes, etc. Staff should ask the participant to extend their arms out at their side with their palms open. Staff performing the pat down should keep a consistent pattern. When staff members search breast and/or crotch areas, it is imperative that they are consistent in their searches to avoid allegations. The staff members hand conducting the breast and crotch area should be kept open and in a sliding form. No groping or cupping of the breast or crotch should occur. Instead, the staff members hand should continue facing down, straight, and away from the breast or crotch itself.

The CoreCivic Training Facilitators Guide for Search Procedures was reviewed by the auditor. In this guide, and referenced on slide six, the guide states that searches of transgender or intersex inmates/resident should be conducted in accordance with the inmate's gender identity and by asking the individual to identify the staff with whom they would feel most comfortable conducting the search. Inmates/residents who are suspected of changing their identity and/or search preferences to evade security screening procedures should be reported to supervisory personnel. Staff should never conduct a 'dual gender' pat search, i.e.: where the staff of one

gender searches the top half of the inmate and the staff of the opposite gender searches the bottom half of the inmate.

The guide also states that cross gender searches and searches of transgender and intersex inmate should be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Finally, pat searches of transgender visitors should be conducted in accordance with the gender identity of the visitor.

Policy states that pat downs shall be conducted by a staff member of the same sex only. A female staff to a female participant and male staff to a male participant.

The facility provided the auditor with a memo stating that during this reporting period, there were no instances where there was an exigent circumstance that required cross gender viewing or searches.

According to the CTC Standard Operating Guidelines, dated September 9, 2020, states that facility welfare checks will be conducted on each floor every hour. As these occur, opposite gender staff announce themselves and the wellness checks are logged on a shift activity log and shift reports. In addition, all residents interviewed stated during their interviews that when entering the restrooms, staff knock, announce themselves and wait for a verbal okay before entering. The female residents all stated that they appreciate this having come from prison and knowing that the privacy is not this allowable.

All staff that were interviewed indicated that they have been trained on all things relating to searches, but they only do pat downs occasionally and would never complete a strip search, unless there was cause.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Policy 11-6 Searches and Search Procedures  
Lesson Plan for Searches  
Wyoming Department of Corrections Adult Corrections Manual  
Cross Gender Pat Search Log  
Training Acknowledgement Sheets for 9 staff assigned  
CTC Standard Operating Guidelines  
Shift Activity Log  
Resident Interviews  
Shift Reports

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

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

### 115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ 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

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ 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

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that Inmates/residents will be provided education in formats accessible to all inmates/residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates/residents who have limited reading skills.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states that Each ACC facility shall take appropriate steps to ensure that residents with disabilities (including for example, residents 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 WDOC's and ACC facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary unless doing so would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations, promulgated under the American With Disabilities Act. In addition, the agency shall ensure that written materials are provided in formats and through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills or who are blind or have low vision.

All documents translated for inmate use and education had an average of a grade level of grade 10.8 for reading comprehension.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in the event an inmate/resident has difficulty understanding provided information and/or procedures outlined in this policy, employees must ensure that such information is effectively communicated to such inmates/residents on an individual basis. Auxiliary aids that are reasonable, effective and appropriate to the needs of the inmate/residents shall be provided when simple written or oral communication is not effective.

For those inmates/residents who are limited English proficient with Spanish as a primary language, a flier entitled "Sexual Assault Awareness and Prevention" is available in both English and Spanish. This flier is educational and outlines the PREA education requirements to the inmate population.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states that each ACC facility shall take reasonable steps to ensure meaningful access to all aspects of WDOC's and ACC facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both respectively and expressively, using any necessary specialized vocabulary.

The video, called *PREA: What you need to know*, is available in English, Spanish and Hmong.

A contract between Language Lines Services, Inc. and CoreCivic of Tennessee, LLC. was provided to and reviewed by the auditor. The contract provides for over-the-phone services for translation and was last executed on February 17, 2019. It provides for interpretation services in over 200 languages.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that inmates/residents will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate'/residents safety, the performance of first-responder duties, or the investigation of the inmate/residen'ts allegations.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states that ACC shall not rely on resident interpreters, resident readers, or other types of resident assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties, or the investigation of the resident's allegation.

In the past twelve (12) months, the facility indicated that there were no instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety.

An interview with CoreCivic Vice President, Operations Administration was conducted and he indicated that the CoreCivic corporate office provides assistance to facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates/residents with disabilities. The agency maintains a comprehensive contract with the Language Line and some when have an MOU with organizations in the local communicates to provide translation services when needed. TTY phones are provided and arrangements are also made to assist those inmates/residents who are blind.

At the time of the audit, there were no residents who were blind, with low vision, deaf or with cognitive deficits.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Statement of Work  
Sexual Assault Awareness and Prevention Brochure (English and Spanish)  
Handbook  
Language Line contract and flier  
Video *PREA: What you need to know*  
Interview with Resident with use of the Language Line



Email to staff on Language Line usage  
Interview with CoreCivic Vice President, Operations Administration  
Handbook for those with limited vision  
Use of Language Line with Resident  
Random Staff Interviews  
Wyoming Department of Corrections Adult Corrections Manual

## Standard 115.217: Hiring and promotion decisions

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

### 115.217 (a)

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

### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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



### 115.217 (g)

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

### 115.217 (h)

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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that to the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with inmates/residents and decline to enlist the services of any contractor who may have contact with inmates/residents who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse; and
3. Has been civilly or administratively adjudicated to have engaged in the activity as outlined above.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with inmates/residents.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that before hiring new employees who may have contact with inmates/residents, CoreCivic shall:

1. Perform a criminal background records check; and
2. Consistent with federal, state and local law make its best effort 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 as defined by this policy. The 3-20-2A Verification of Employment form shall be used to solicit such prior employment information.

Form 3-20-2B *PREA Questionnaire for Prior Institutional Employers* was reviewed. It is signed by all prospective hires and is a release of information to be sent to all prior institutions that the person may have worked at. HR staff interviewed walked the auditor through their process of this form and the use of the information in consideration during the hiring process.

The authorization for security clearance form states 'I understand omission of any item may result in not receiving full consideration for employment'. This form is signed by every applicant.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that CoreCivic in partnership with their oversight agencies shall also perform a criminal backgrounds records check before enlisting the services of any unescorted contractor who may have contacts with inmates/residents.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that CoreCivic in partnership with their oversight agencies, shall conduct criminal background records checks at least every five (5) years of current employees and unescorted contractors who may have contact with inmates/residents or have in place a system for otherwise capturing such information.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all applicants and employees who may have direct contact with inmates/residents shall be asked about previous misconduct, as outlined above, in written applications and in any interviews or written self-evaluations conducted as part of reviews of current employees.

Form 14-2H-CC is a self-declaration of Sexual Abuse/Sexual Harassment signed by each new applicant, employee promotion or transfer or for an unescorted contractor.

The form entitled 'self-declaration of sexual abuse/sexual harassment' states that "you certify your understanding that if you provide false or fraudulent information you could be disqualified from further consideration for employment or, if falsity is discovered after you have become

employees, terminated from employment". This form is signed by each applicant, employee and unescorted contractor.

(g) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that to the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. The 14-2 CC-H form shall also service as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy, and as outlined above.

Form 14-2CC-H is a self-declaration of Sexual Abuse/Sexual Harassment signed by each new applicant, employee promotion or transfer or for an unescorted contractor.

The authorization for security clearance form states 'I understand omission of any item may result in not receiving full consideration for employment'. This form is signed by every applicant.

(h) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless prohibited by law, CoreCivic shall 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.

Prior to arrival to the facility, management provided the auditor with a list of all current staff members, which listed their name, title and date of hire, as well as calendars for the various positions/shifts that covered the time the auditor would be onsite. In total, there was twenty-nine (29) employees for the facility.

The auditor randomly selected eight (8) staff from this list with five being hired within the past twelve (12) months. The auditor reviewed the clearance date for each staff member for the completion of the background check, the self-declaration forms, the prior institutional background check form, and the date of hire for each of the staff members selected. For each of the files reviewed, all elements and provisions were in compliance in that:

1. Background checks were completed prior to hiring;
2. Background checks will be completed every five years (longer staff selected did have multiple checks in their files);
3. Self-declaration forms are completed prior to hiring and completed for each staff member annually and when promoted;
4. Prior institutional forms are being completed, when applicable (those reviewed did not have prior institutional experience outside of CoreCivic;
5. Employees have and sign that they acknowledge their affirmative duty to disclose.

The facility and the HR staff interviewed indicated that in the past twelve months there was 20 persons hired who may have had contact with residents who have had criminal background checks conducted.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
New Hire Paperwork Samples  
14-02 H Form  
Employee Background Request  
Self-Disclosure / Declarations form  
Final Approval  
Background investigation Disclosure and Authorization form  
Authorization for Security Clearance  
Provisional Clearance Letters  
Interviews with two HR Staff Members  
Interview with PCM and PC

## Standard 115.218: Upgrades to facilities and technologies

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

### 115.218 (a)

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

### 115.218 (b)

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

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

(a) The facility indicated to the auditor that during the past twelve months, there have been no substantial expansions or modifications to the facility.

Policy 14-02 CC *Sexual Abuse Prevention and Response* states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect inmates from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.

A blank copy of form 7-1B PREA Physical Plant Considerations was reviewed by the auditor. The form prompts the reviewer to consider the elements of the standard and document concerns or considerations.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states that 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 resident from sexual abuse.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how much technology may enhance the ability to protect inmates/resident from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.

A blank copy of form 7-1B PREA Physical Plant Considerations was reviewed by the auditor. The form prompts the reviewer to consider the elements of the standard and document concerns or considerations.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency will consider how much technology may enhance the ability to protect inmates/resident from sexual abuse.

The facility indicated to the auditor that during the past twelve (12) months, there have been no substantial expansions or modifications to the technology.

The CoreCivic Vice President of Operations Administration states that 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 with the PREA coordinator for recommendation and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms, and any areas where inmates/residents may be in a state of undress. Blind spots are identified that can be corrected through video surveillance coverage. During acquisitions, the staff making the site visits develop a preliminary assessment and the PREA coordinator is involved in the review of physical plant issues. At existing facilities, a form 7-1B (PREA Physical Plant Considerations) will be completed to ensure PREA is considered when initiating a renovation/new construction.

In addition, the VP states that 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 facility staff and the FSC PREA coordinator.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Policy 7-01B Form for plant physical assessment and improvement  
Interview with PC  
Interview with PCM  
Facility Walk through  
Interview with Agency Head

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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



#### 115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ 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

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ 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

#### 115.221 (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 agency *a/ways* 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

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ 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

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



(a) CoreCivic Policy 14-02 CC *Sexual Abuse Prevention and Response* states that investigations conducted by a facility employee for allegations of sexual abuse will be handled in accordance with the Code of Federal Regulations, Title 28, Part 115.221, Evidence Protocol and Forensic Medical Examinations, as outlined below. If the facility is not responsible for investigating such allegation, the facility shall request that the responsible outside agency or entity comply with these requirements. In addition, it states that the investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Investigations at this facility will be conducted by the Cheyenne Police Department and the MOU between the two entities was reviewed and included the provisions of this standard.

(b) The protocol outlined by the facility and in documentation has been adapted from and is based on the most recent edition of the US Department of Justice's Office on Violence Against Woman publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

(c) CoreCivic Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the victims of sexual abuse will be offered access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a SFAE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document efforts to provide SAFEs or SANEs.

During the twelve (12) month period prior to this audit, there were no incidents reported of sexual abuse at the facility.

(d) CoreCivic Policy 14-02 CC *Sexual Abuse Prevention and Response* states that if a rape crisis center is not available to provide victim advocate services, the PCM will make available a qualified staff member from a community-based organization.

Memorandums of Understanding on Sexual Abuse Investigations between CoreCivic and Cheyenne Regional Medical Center and Wyoming Safehouse Services and were reviewed and states that CCS will provide emotional support that is confidential related to sexual abuse.

During the twelve (12) month period prior to this audit, there were no incidents reported of sexual abuse at the facility

(e) CoreCivic Policy 14-02 CC *Sexual Abuse Prevention and Response* states that as requested by the victim, either the victim advocate, or a qualified facility staff person shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Cheyenne Police Department which was executed in 2015. This MOU stated that the facility

agrees to assist and cooperate with investigating Agency in completing the investigation, at the request of the agency's investigating officers.

Memorandums of Understanding on Sexual Abuse Investigations between CoreCivic and Cheyenne Regional Medical Center and Wyoming Safehouse Services was reviewed and states that CCS will, if requested by the victim, allow a victim advocate to accompany and support the victim through the forensic medical examination process and investigator interviews, and provide emotional support, crisis intervention, information and referrals.

During the twelve (12) month period prior to this audit, there were no incidents reported of sexual abuse at the facility.

(f) CoreCivic Policy 14-02 CC *Sexual Abuse Prevention and Response* states that investigations conducted by a facility employee for allegations of sexual abuse will be handled in accordance with the Code of Federal Regulations, Title 28, Part 115.221, Evidence Protocol and Forensic Medical Examinations, as outlined below. If the facility is not responsible for investigating such allegation, the facility shall request that the responsible outside agency or entity comply with these requirements.

(g) The facility noted to the auditor that this provision is not applicable at this facility, as the Cheyenne Police Department are designated to conduct sexual abuse investigations.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Cheyenne Police Department which was executed in 2015. The MOU states that upon receipt of a referral from Facility in accordance with other provisions, investigating agency will coordinate and conduct a criminal investigation in accordance with the requirements of 28 CFR 115.21 paragraphs (a)- (e), which are incorporated in the MOU.

(h) A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Cheyenne Police Department which was executed in 2015. The MOU states that upon receipt of a referral from Facility in accordance with other provisions, investigating agency will coordinate and conduct a criminal investigation in accordance with the requirements of 28 CFR 115.21 paragraphs (a) - (e), which are incorporated in the MOU. In addition, it states that the facility agrees to assist Investigating Agency in obtaining the required training as outlines in 28 CFR 115.34, at no cost to Investigating Agency.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Investigation Outline and Protocol

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Cheyenne Police Department

Memorandums of Understanding on Sexual Abuse Investigations between CoreCivic and Cheyenne Regional Medical Center and Wyoming Safehouse Services

Pamphlet Advocacy Information for Survivor of Sexual Assault  
SART Pamphlet  
Uniform Evidence Protocol  
A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents  
Interview with hospital SANE staff  
Interview with PCM  
Interview with Captain  
Interview with PC

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

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

### **115.222 (a)**

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

### **115.222 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ 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

### **115.222 (c)**

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

### **115.222 (d)**

- Auditor is not required to audit this provision.

## 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the Administrator/Director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states it is policy and practice that each ACC shall 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, and to document such referrals. A copy of this policy and procedure shall be published on WDOC's website and available to ACC residents. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations. In addition, it states that the agency shall ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

During the past twelve (12) months, the facility has indicated, on the PAQ, that there have been no allegations of sexual abuse or sexual harassment received; thus zero administrative investigations and zero referrals for criminal investigation.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the PCM, Administrator/Director, or Administrative Duty Officer will ensure that the following is completed:

1. The PCM, Administrator/Director or designee shall immediately report all allegations of rape, sexual assault, or employee on inmate/resident sexual misconduct to state or local law enforcement agencies for criminal investigation if the allegation would be considered a criminal act under federal, state or local law. Policy also states that at the facility, the Director or Administrative Duty designee will notify the oversight agency representative. Any additional reporting will be at the discretion of the oversight agency representative. CoreCivic notifies local law enforcement.
2. Ensure that an investigation is initiated and documented; however, investigations into allegations of sexual abuse must be investigated by an employee who has received training in the investigation of sexual abuse cases.

This information is readily available on the CoreCivic Prison Rape Elimination website with links to policy and the standards.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states it is policy and practice that each ACC shall 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, and to document such referrals. A copy of this policy and procedure shall be published on WDOC's website and available to ACC residents. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that whenever feasible, the facility shall enter into an MOU with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. Before developing or attempting to enter into an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contracts. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states it is policy and practice that each ACC shall 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, and to document such referrals. A copy of this policy and procedure shall be published on WDOC's website and available to ACC residents. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations. In addition, it states that the Adult Community Corrections Director or designee shall contact local law enforcement immediately when appropriate. All verified incidents of sexual abuse of a resident/offender by a staff member, contractor or volunteer and sexual abuse between residents shall be referred to the local law enforcement agency of jurisdiction for investigation and consideration of criminal prosecution.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Cheyenne Police Department which was executed in 2015. The MOU states that upon receipt of a referral from Facility in accordance with other provisions, investigating agency will coordinate and conduct a criminal investigation in accordance with the requirements of 28 CFR 115.21 paragraphs (a) - (e), which are incorporated in the MOU. In addition, it states that the facility agrees to assist Investigating Agency in obtaining the required training as outlines in 28 CFR 115.34, at no cost to Investigating Agency.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that potentially criminal allegations of sexual assault or sexual abuse will be investigated by an external law enforcement agency or the investigative component of the partner agency, in these instances, unless directed otherwise by the partner agency or a law enforcement agency with the jurisdiction, the facility investigator will conduct an investigation of all PREA allegations. When directed not to investigate the event or potentially criminal component of the incident, the facility has a duty to administratively investigate the complaint and arrive at a finding in accordance with the preponderance of the evidence standard.

The Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020, states it is policy and practice that each ACC shall 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, and to document such referrals. A copy of this policy and procedure shall be published on WDOC's website and available to ACC residents. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that it is 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. In addition, the VP stated that 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 (or by contracted partner investigative entity). Our staff work with the outside law enforcement, upon request.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Department of Corrections Operations Manual (DOM) Chapter 5, Article 44  
CoreCivic PREA Statement  
MOU Cheyenne Police Department



Interview with Specialized Staff  
Interview with PREA Compliance Manager  
Interview with PREA Coordinator  
Interview with CoreCivic Vice President, Operations Administration  
Wyoming Department of Corrections Policy and Procedure 1.013, Incident Reporting

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

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



- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.231 (b)

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

#### 115.231 (c)

- Have all current employees who may have contact with residents 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

#### 115.231 (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

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. In addition, it states that all CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates/residents at the facility and at a minimum; all employees shall receive pre-services and annual in-services training on the PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody.

Further, policy states that employees will be trained on:

1. PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody;
2. An employee's duty to report any occurrence of sexual harassment or sexual abuse;
3. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;
4. The right of inmates/resident to be free from sexual abuse and sexual harassment;
5. The right of inmates/residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
6. The dynamics of sexual abuse and sexual harassment in confinement;
7. Locations, situations, and circumstances in which sexual abuse may occur;
8. The common reaction of sexual abuse and sexual harassment victims;
9. Signs of victimization;
10. How to detect and respond to signs of threatened or actual sexual abuse;
11. How to avoid inappropriate relationships with inmates/residents;
12. How to communicate effectively and professionally with inmates/resident, including LGBTI and Gender Non-Conforming inmates/residents; and
13. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities.

These are each outlined, as well in the Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020.

The CoreCivic PREA Overview class and participant Guide was reviewed. The guide included all elements listed above, in the standard and in policy.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates/residents at the facility and at a minimum, all employees shall receive pre-services and annual in-services training on the PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody.

Policy also states that employees transferring to a facility that houses a population whose gender is different from their previously assigned facility shall receive additional training specific to the population of the newly assigned gender.

This is also outlined in the Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates/residents at the facility and at a minimum, all employees shall receive pre-services and annual in-services training on the PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody.

The facility provided the auditor with an employee roster dated October 9, 2019 and each of the twenty-nine employee's most recent (within the past year) training and policy acknowledgment for PREA. The training acknowledgement section, which is signed and dated by employee, stated: I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor, to my supervisor, the Learning and Development Manager, or the PCM.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employees training file.

Upon arrival to the facility, management provided the auditor with a list of all current staff members, which listed their name, title and date of hire, as well as calendars for the various positions/shifts that covered the time the auditor would be onsite. In total, there was twenty-nine (29) employees for the facility.

The auditor randomly selected nine (9) staff from this list with five being hired within the past twelve months. The auditor asked the facility for documentation and reviewed the complete training file and list of classes taken by date and all training acknowledgments that were signed. Of these files, all were in compliance in that:

1. Staff were trained on the aforementioned elements include in provisions of this standard;
2. Staff signed an acknowledgment that they understood the training that they received;
3. Staff were trained prior to their start date and contact with the population;
4. Those employees that have been at the facility for over one year, receive this training and sign the acknowledgment annually.

Lastly, Policy 4-1 CC, *Staff Development and Training* states that Orientation and/or Custody training shall be scheduled so that all training is completed before the staff member may work with residents.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Policy 4-1 CC, *Staff Development and Training*  
Training Policy  
PREA Overview, Participant Guide for Training  
The Wyoming Department of Corrections Adult Corrections Manual  
CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgment  
Staff Roster  
Staff Training Printout  
Random Staff interviews  
HR Files  
Training Files  
Discussion with training and HR staff  
Interview with PCM  
Interviews with all specialized staff

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

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

### **115.232 (a)**

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

### **115.232 (b)**

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

### **115.232 (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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all volunteers/contractors who have contact with inmates/residents shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in this policy. Each volunteer receives a manual that of which page fourteen (14) covers sexual abuse and sexual harassment, policy 14-2CC. The PowerPoint was provided to the auditor to review and includes: the various definitions of acts from PREA and Policy 14-2 cc, sexual abuse awareness, zero-tolerance policy, safety, PREA requirements, reporting by inmates, and reporting to staff. They also receive the handout entitled *break the silence of abuse, speak up, speak out*. Lastly, they watch the video called *PREA: What you need to know*.

The facility advised the auditor that there are currently no contract staff or contractors at the facility. There are fourteen volunteers who have contact with residents, as per the PAQ.

Each volunteer signs the 14-2 A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated by employee, states: I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures I am aware that it is my responsibly to seek clarification from the class instructor, to my supervisor, the Learning and Development Manager, or the PCM. Twelve signed samples of this form were provided to/reviewed by the auditor.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the level and type of training provided to volunteers/contractors shall be based on the services they provide and level of contact they have with inmates/residents. All volunteers/contractors who have contact

with inmates/residents shall be notified of CoreCivic's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The facility advised the auditor that there are currently no contract staff or contractors at the facility.

Each volunteer signs the 14-2 A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated by employee, states: I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures I am aware that it is my responsibility to seek clarification from the class instructor, to my supervisor, the Learning and Development Manager, or the PCM. Twelve signed samples of this form were provided to/reviewed by the auditor.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that volunteers/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the volunteer or contractor's file.

The facility provided the auditor with a memo stating that the Cheyenne Transitional Center provides formal training for contractors who enter the facility more than once or on a regular basis to include instructor lead training, watching the PREA training video and reviewing the CoreCivic 14-2CC policy. An acknowledgment of receipt and understanding is signed indicating they have reviewed the policy and attended training.

Each volunteer signs the 14-2 A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated by employee, states: I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures I am aware that it is my responsibility to seek clarification from the class instructor, to my supervisor, the Learning and Development Manager, or the PCM. Twelve signed samples of this form were provided to/reviewed by the auditor.

Currently, the facility has two contracted staff members working at the facility as a counselor. The auditor reviewed this person's start date, their education/training and receipt of PREA information dates and the date that their background check was completed as well as their signed acknowledgement of the training received. All training and background checks were completed prior to having any contact with the offender population.

These provisions are each outlined, as well in the Wyoming Department of Corrections Adult Corrections Manual, which has an effective date of July 1, 2020.



While mentioned above, there is no contract staff at the facility, there are two contractors who are limited service and visit the facility for the vending machine. Each has had their background checks completed, self-declarations completed, and signed policy and training acknowledgments for being aware of PREA, zero-tolerance, reporting requirements and their responsibilities. All of this documentation was provided to the auditor to review and verify. In addition, they are always escorted in the building.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Volunteer Manual  
Volunteer Application Form  
Self-declaration of Sexual Abuse/Sexual Harassment  
Volunteer Acknowledgement of PREA training  
Volunteer List with Organization and start date  
Live Scan Background Clearance Documentation for selected volunteers and contractors  
Volunteer Right to Know form, signed by volunteers  
Interview with Director  
Interview with Volunteer Coordinator (Program Supervisor)  
Interview with Volunteer  
Inquiry with Front Desk Staff  
Volunteer Binder at front desk  
Contract staff file  
Wyoming Department of Corrections Adult Corrections Manual

## **Standard 115.233: Resident education**

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

### **115.233 (a)**

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



- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

#### 115.233 (b)

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

#### 115.233 (c)

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

#### 115.233 (d)

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

#### 115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states upon arrival at the facility, all inmates/residents shall be provided written information regarding sexual abuse prevention and reporting. Refresher information will be provided to inmates/residents whenever they are transferred to another facility. Inmates/residents shall receive comprehensive educational information about the following topics related to this policy:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to safely report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. An inmates/residents right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents; and
4. Policy and procedures regarding sexual abuse prevention/intervention.

Further, policy 14-02 CC states that inmates/residents will be provided education in formats accessible to all inmates/residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates/residents who have limited reading skills.

During the past twelve (12) months, there has been 123 inmates/residents admitted to the facility who have reviewed and received the education materials.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states upon arrival at the facility, all inmates/residents shall be provided written information regarding sexual abuse prevention and reporting. Refresher information will be provided to inmates/residents whenever they are transferred to another facility. Inmates/residents shall receive comprehensive educational information about the following topics related to this policy:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to safely report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. An inmate/residents right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents; and

Policy and procedures regarding sexual abuse prevention/intervention

No residents in the past twelve (12) months transferred from a different community confinement facility.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states upon arrival at the facility, all inmates/residents shall be provided written information regarding sexual abuse prevention and reporting. Refresher information will be provided to inmates/residents whenever they are transferred to another facility. Inmates/residents shall receive comprehensive educational information about the following topics related to this policy:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to safely report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. An inmate/resident's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents; and
4. Policy and procedures regarding sexual abuse prevention/intervention

Further, policy 14-02 CC states that inmates/residents will be provided education in formats accessible to all inmates/residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates/residents who have limited reading skills.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall maintain documentation of inmate/resident participation in educational sessions pertaining to sexual abuse and sexual harassment.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to inmates/residents through posters, inmate/resident handbooks, or other written formats.

Each of these provisions is also included in the Wyoming Department of Corrections Adult Corrections Manual which has an effective date of July 1, 2020.

The intake packet for the Wyoming Department of Corrections was provided to the auditor and includes:

- ACC Form #801 which details the intake screening information and has an acknowledgment to be signed by both the inmate and reviewing staff which states *Handbook and Code of Conduct: I have read or have had read to me, the current Resident Handbook and Code of Conduct. I understand its contents, and agree to abide by its rules and regulations;*
- Resident Handbook;
- PREA Information Form which states: PREA supports the limitation, reduction, and prevention of sexual assault and rape within the Wyoming Department of Corrections. PREA applies to offenders within the custody of the WDOC who reside with the Adult Community Corrections programs. There is zero tolerance for sexual abuse and sexual harassment. Each inmate signs this acknowledgment, which also includes reporting mechanisms.

Posters were seen in both English and Spanish throughout the facility. In addition, a CoreCivic memo entitled *Reporting Allegations of Sexual Abuse/Sexual Harassment* is posted in all housing areas.

The inmate handbook was reviewed and the following is the excerpt as it relates to PREA and the various subsections of this standard:

*Resident Rights and Responsibilities: 1. To be free from discrimination based on race, religion, national origin, tribal affiliation, sex, disability, political beliefs, or favoritism and nepotism; 2. To be protected from personal abuse, corporal punishment, personal injury, disease, property damage and harassment, including sexual harassment, by either staff or client; and 3. To be free from reprisals or penalties as a result of questioning or appealing decisions.*

*PREA: CoreCivic Community is community to your safety and the safety of staff. CoreCivic has ZERO tolerance of sexual assault. We are committed to investigating every allegation, obtaining services for every victim, and punishing every perpetrator. That includes involving law enforcement and prosecutors.*

*We hope you decide to report your attack to the police or by calling one of the hotlines provided below. While there is no way to change what happened to you, you seek justice and help stop it from happening to someone else.*

*Reporting is the key to preventing sexual assault: Every time we report and [sic] assault, we're preventing him or her from committing another attack. Its [sic] most effective tool that exists to prevent future assaults. In the end, though, whether or not you report is your decision to make. Here are some reporting options to help you make the right decision. At you [sic] discretion, you may submit a report verbally, in writing, anonymously, or from a third party. Here are some reporting options to help you make the right decision:*

- PREA Hotline: 1-877-966-4276
- Sexual Assault Hotline: 800-656-4673

*If you are need of support services, please contact the following agency.*

- Safehouse Sexual Assault Services: 1813 Carey Avenue; 307-634-8655
- Cheyenne Regional Medical Center: 214 East 23<sup>rd</sup> Street; 307-634-2273

Inmates, upon intake, sign the CoreCivic Communities and Subsidiaries, PREA, Zero Tolerance Acknowledgement for Offenders Form which states:

*You have the right to be free from sexual abuse, sexual harassment and retaliation for reporting such.*

*All allegations of sexual abuse or harassment from offenders or staff of yourself or another offender can be reported utilizing one of the following options:*

- You may report verbally to any staff member.

- You may submit a written report to either the Administrator/PREA Coordinator at the facility or to the contracting agency (DOC, BOP, USPO, TDCJ).
- You may have a family member/friend, clergy, or any other person outside the facility report the abuse to the PREA Administrator or PREA Coordinator or contracting agency (DOC, TDCJ, BOP, USPO).
- You can make a phone call to a contracting Agency PREA Hotline, or to the National Sexual Assault Hotline. If you are in danger or need immediate assistance do not rely on this method, report to a staff member. These calls are anonymous unless you identify yourself. These calls are not recorded by the facility.

*You have the right to treatment and counseling at no charge to you if you are the victim of sexual abuse or sexual harassment.*

*All allegations are investigated. There are sanctions for making false allegations.*

*I understand that staff of the opposite gender will be in the housing area of the facility and that I am responsible for being dressed at all times when not showering, changing clothes or using the restroom.*

*The willful and/or intentional display of the genital area, groin, buttocks or female breasts is strictly prohibited. Offenders engaging in such behavior will be held accountable and may receive a disciplinary action through misconduct process.*

*I have viewed the PREA video and [sic] provided the opportunity to ask questions. In signing this document, I acknowledge that I understand the information stated above.*

Prior to arriving at the facility, the auditor was provided with the roster of residents for the facility. From this list, the auditor randomly selected twenty-five (25) names.

In each of the files reviewed, residents were provided written and verbal education materials on the same day of their intake into the facility. In addition, and above the standard requirements, the residents go through a comprehensive 'training' or education session, usually within one week of entry, and are provided more information and training on this topic. Through the facility, there is also literature, posters and signs educating the population on their rights and responsibilities.

In each of the files reviewed, the resident signs a Participant Right to Know form which acknowledged that they received PREA training and a pamphlet. Lastly, each resident signed an acknowledgment from for receipt of the inmate handbook, which has all of the above-mentioned information contained within.

Each random and specialized resident who was interviewed recalled the training, how to report and all elements of the provisions of the standard. In addition, each resident stated that they feel they could report and staff would be responsive and keep in confidential.

The training and documentation for inmates could be seen throughout the facility and was thorough and above and beyond the requirements of the standard. Further, each inmate was well versed in the requirements, and much more.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Participant Handbook  
Sexual Assault Awareness Brochure (English and Spanish)  
PREA DVD  
PREA Poster  
PREA Acknowledgment  
Resident Interviews (random and specialized)  
Resident Files  
Facility Walkthrough  
Interview with Intake Staff  
Interview with Counselors  
Interview with PCM

## **Standard 115.234: Specialized training: Investigations**

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

### **115.234 (a)**

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
☒ Yes   ☐ No   ☐ NA

### **(a)115.234 (b)**

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



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

#### 115.234 (c)

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

#### 115.234 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one (1) person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences (e.g.) leave, paid time off, sickness, offsite training, etc.) from work.



This language is also in the WDOC Adult Community Corrections Manual.

The facility provided a Certificate of Completion for the two (2) assigned facility investigators. The certificate is from a training entitled *PREA: Investigating Sexual Abuse in a Confinement Setting* which was delivered online through the National Institute of Corrections. In addition, CoreCivic held a webinar training entitled “*PREA Update, Investigation Standards and Required Specialty Training*”. Each of the staff members were also seem to have taken this class as well, as evidenced by the sign in attendance roster.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that specialized investigators training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collections in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

This language is also in the WDOC Adult Community Corrections Manual.

Policy also states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

The curriculum for each of the two trainings was provided and reviewed by the auditor (through CoreCivic and the National Institute of Corrections and each training included the requirements of the standard and Policy 14-02 CC: Techniques for interviewing sexual abuse victims, the 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.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

This language is also in the WDOC Adult Community Corrections Manual.

The facility provided a Certificate of Completion for the one (1) assigned facility investigator. The certificates are from trainings entitled *WDOC Advanced Interview and Interrogation course* and *Introduction to Investigations* for one of the investigators. The other two investigators provided certificates from the National Institute of Corrections training dated 2014.

(d) WDOC Adult Community Corrections Manual states that any state entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
PREA Investigator Training Attendance Rosters  
Email on Training Requirements  
PowerPoint titled PREA Update Investigation Standards and Required Specialty Training  
Training Certificates for each investigator assigned at this facility  
Training History Records  
Policy 4-1 CC

## **Standard 115.235: Specialized training: Medical and mental health care**

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

### **115.235 (a)**

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

### 115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)  
☐ Yes ☐ No ☒ NA

### 115.235 (c)

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

### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
☐ Yes ☐ No ☒ NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees, all full and part-time Qualified Health Care

Professionals and Qualified Mental Health Professions, who work regularly in the facility, shall receive specialized medical training as outlined below:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassments; and
- How and to whom to report allegations of sexual abuse and sexual harassment.

This language is also in the WDOC Adult Community Corrections Manual.

The facility, however, advised the auditor that there is no medical or mental health staff assigned to this facility.

(b) The facility advised the auditor that there is no medical or mental health staff assigned to this facility.

(c) The facility advised the auditor that there is no medical or mental health staff assigned to this facility.

(d) The facility advised the auditor that there is no medical or mental health staff assigned to this facility.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
WDOC Adult Community Corrections Manual  
Memo

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.241 (a)

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

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.241 (h)

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

#### 115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that upon admission to the facility, and upon transfer to another facility inmates/residents shall be screened by staff to perform the initial intake screening process in order to obtain information relevant to housing, cell, work, education and program assignments with the goal of keeping separate those inmates/residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that during each intake process the operations supervisor/designee will print a copy of the PREA alert roster for active inmates/residents. The PREA alert roster will be placed in a special housing binder in the supervisor's office in the monitor department. This roster will be reviewed prior to initial or subsequent housing/bed assignments.



Policy also states that staff shall complete the interview portion of the screening within twenty-four (24) hours of arrival at the facility.

In the past twelve (12) months, a total of 120 residents have went through the intake process at the facility and have been screened for risk of victimization or abusiveness within the 72 hours upon intake.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that victims will be housed in the lower dorm and the predators will be housed in the upper dorm. In case of a physical disability victims/predators will be housed in accordance with their disability to the best of our ability.

Policy continues on to state that a list of those inmates/residents who are identified through a screening as a victim, potential victim, predator or potential predator shall be maintained and updated as necessary by the operations manager/designee. The list shall be made available to any staff involved in the housing of inmates /residents. Those inmates at high risk of being sexually victimized shall be separated from those at high risk of being sexual predators, to the best of our ability.

Screenings will be completed, according to policy, and documented using the 14-2 CC-B., Sexual Abuse Screening Tool, with referrals to Case Management staff for further evaluation and screening as necessary, unless the facility management contract requires otherwise.

(d) Form 14-2B, Assessment Questionnaire Information includes prompts as to:

- Whether the resident has a mental, physical, or developmental disability;
- The age of the resident;
- The physical build of the resident;
- Whether the resident has previously been incarcerated;
- Whether the resident's criminal history is exclusively nonviolent;
- Whether the resident has prior convictions for sex offenses against an adult or child;
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI);
- Whether the resident has previously experienced sexual victimization; and
- The resident's own perception of vulnerability.

(e) Form 14-2B, Assessment Questionnaire Information includes prompts as to:

- Any prior acts of sexual abuse;
- When known to the agency: prior convictions for violent offenses; and
- History of prior institutional violence or sexual abuse.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that a reassessment of the inmate/residents risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Administrator/Director. The reassessment shall occur within thirty (30) days of the inmates/residents arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening.

(g) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that a reassessment of the inmate/residents risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Administrator/Director. The reassessment shall occur when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/resident's risk of victimization or abusiveness.

(h) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that inmates/residents may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked pursuant to the following:

- Whether the inmate/resident has a mental, physical, or developmental disability;
- Whether the inmate/resident is, or is perceived to be, LGBTI or General Non-Conforming;
- Whether the inmate/resident has previously experienced sexual victimization; or
- The inmates/residents own perception of vulnerability.

The facility advised the auditor that disciplinary action will not be taken for any participant who refused to answer these questions.

(i) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other inmates/residents to the inmate/resident's detriment.

The language of each of these provisions mentioned above, is also in the WDOC Adult Community Corrections Manual.

Upon arriving at the facility, the auditor was provided with the roster for that day, which included 59 residents. In addition, the auditor randomly selected ten (10) names/files and one file from the specialized inmate roster, to be reviewed prior to the onsite portion of the audit, to review remotely. This was a representation of sixteen (16) percent of the population. The auditor reviewed and was provided the residents intake date into Cheyenne Transitional

Center, the initial screening documentation and the follow up (30 day) screening. Of those all were completed timely.

The facility provided the auditor with a memo that states *The Cheyenne Transitional Center screens all residents for their risk of being sexually abused by other residents or sexually abusive towards other residents. The screening takes place during intake and a reassessment is completed within 30 days after arrival to screen for risk of victimization or abusiveness. A reassessment is also completed based upon any additional information received by the facility since the intake facility. Records if initial screenings and reassessments can be located in the resident's electronic file or the COATS system.*

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC Sexual Abuse Prevention and Response  
Policy 14-02 CC B Screening Tool (electronic and password protected)  
ORAS  
30 day re-assess example  
Direction for Completion of the Sexual Abuse Screening Tool  
Training/Activity Attendance Roster  
Assessment Questionnaire/Information Screening Tool from resident files  
Intake Tracker  
WDOC Adult Community Corrections Manual

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

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

from those at high risk of being sexually abusive, to inform: Work Assignments?

☒ Yes ☐ No

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

#### **115.242 (b)**

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

#### **115.242 (c)**

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

#### **115.242 (d)**

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

#### **115.242 (e)**

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

## 115.242 (f)

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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that upon admission to the facility, and upon transfer to another facility inmates/residents shall be screened by staff to

perform the initial intake screening process in order to obtain information relevant to housing, cell, work, education and program assignments with the goal of keeping separate those inmates/residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization.

Policy also states that upon admission to the facility and prior to assigning housing, monitoring staff will perform the initial intake screening screenings will be completed and documented using the 14-2 CC-B, sexual Abuse Screening Tool in OMSE.

(b) Each resident is screened privately and his or her housing programming and work assignments are determined on an individual basis.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in deciding whether to house a transgender or intersex inmate/resident in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such inmates/residents, the facility shall consider the transgender or intersex inmate/resident's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the inmate/resident's health and safety. Consideration should also be given as to whether the placement would present management or security problems.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in deciding whether to house a transgender or intersex inmate/resident in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such inmates/residents, the facility shall consider the transgender or intersex inmate/resident's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the inmate/resident's health and safety. Consideration should also be given as to whether the placement would present management or security problems.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that Transgender and intersex inmates/residents shall be given the opportunity to shower separately from other inmates/residents.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the establishment of a unit or pod solely dedicated to the housing of LGBTI and/or Gender Non-Conforming inmates/residents is strictly prohibited unless required by consent decree, legal settlement, or legal judgment for the purpose of protecting that inmate/resident.

Staff interviewed (intake staff and counselors) who complete these screenings all indicated that once an offender has a score, they will determine housing and programming accordingly. The staff printed and provided the auditor an Alert Type Screen from the tracking system which tracks those who scored as potential victims and those who scored as potential perpetrators. The potential victims are potential perpetrators at this facility (there was only potential victims and victims currently) are housed on separate floors and tracked before placement. Each staff member interviewed was well aware of this process and demonstrated it to the auditor. In addition, due to the program and criteria to enter this facility, their numbers of aggressors are usually non-existent. The program areas and nature of the facility allows for viewing and interaction at all times with staff and the population but staff are aware of these individuals at all times.



The facility provided the auditor with a memo that states that *currently the Cheyenne Transitional Center is not required by a legal judgement to establish a separate housing unit for lesbian, gay, bi-sexual, transgender or intersex residents. Separate showers are available on the 2<sup>nd</sup> and 3<sup>rd</sup> floor to accommodate transgender and intersex. We will also provide separate housing on a case-by-case basis.*

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC Sexual Abuse Prevention and Response  
14-02 CCB Sexual Abuse Screening Tool  
Transgender Inmate input on Housing Sample

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

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



### 115.251 (c)

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

### 115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ 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

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

- (a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that inmate/residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/residents or employees for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmate/residents who are victims of sexual abuse have the option to report and incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods:
  1. Calling the facility's twenty-four (24) hour toll-free notification telephone number;
  2. Verbally telling any employee;
  3. Forwarding a letter, sealed and marked 'confidential', to the Administrator/Director or any other employee;
  4. Calling or writing someone outside the facility who can notify facility staff;
  5. Forwarding a letter to the FSC PREA Coordinator at the following address:

10 Burton Hills Boulevard  
Nashville, TN 37215

6. Electronically report allegations of sexual abuse and harassment to any department listed in the C-ORES system as a contact; and
7. Fill out the WDOC Form #131 and call the WDOC on-call duty officer 307.214.0649.

On March 19, 2021, a letter was sent by the auditor to the PREA Coordinator for CoreCivic at the address listed in number five above, which stated:

March 19, 2021

Jillian Shane  
A & S Correctional Consulting

PREA Coordinator  
Facility Support Center  
CoreCivic

PREA Coordinator:

I am an auditor for the Department of Justice, PREA, and I am in the process of preparing for audit of the Cheyenne Transitional Center Facility. I am testing the reporting system as provided in CoreCivic Policy 14-2CC for the Prison Rape Elimination Act with the above address. Can you please route this letter as a test, through the process so I can see how it works.

Thanks,

Jillian Shane  
Certified DOJ PREA Auditor  
A & S Correctional Consulting

The PREA Coordinator responded via email to the auditor, within ten (10), that this letter was received and detailed the process that would be followed.

The CoreCivic website states:

*Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including but not limited to:*

- *Contact the National Sexual Abuse Hotline at 1-800-656-4673*
- *Send a letter to the warden of the facility at the address provided on our facility profiles*
- *Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.*
- *Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.*

- Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-866-757-4448 or e-mail <http://www.corecivic.ethicspoint.com/>

On March 19, a letter was sent to the Facility Director for Cheyenne following the address and process detailed above on the public web. The letter stated:

March 19, 2021

Jillian Shane  
A & S Correctional Consulting

**Director**  
**Cheyenne Transitional Center**  
322 W. 17<sup>th</sup> Street  
Cheyenne, WY 82001

Director:

I am an auditor for the Department of Justice, PREA, and I am in the process of preparing for audit of the Cheyenne Transitional Center Facility. I am testing the reporting system as provided in CoreCivic Policy 14-2CC and the public website for the Prison Rape Elimination Act with the above address and as per standard 115.215. Can you please route this letter as a test, through the process so I can see how it works.

Thanks,  
Jillian Shane  
Certified DOJ PREA Auditor  
A & S Correctional Consulting

The facility Director and PCM emailed the auditor that the letter was received on March 29, 2021.

The auditor also filed a test report through the CoreCivic Ethics Line System online at <https://www.corecivic.com/about/corporate-ethics>. This was filed on March 19, 2021. Within twenty minutes of being filed online, the Director of Ethics and compliance wrote the following email response while forwarding it to the facility:

*Director,*

*Please see the attached. This report came in as a PREA allegation for Cheyenne Transitional Center. Jillian Shane is performing an audit for the facility and wanted to see the process that Ethics would undertake with a PREA allegation.*

*Jillian – for your reference, Ethics would forward a PREA allegation, with as much detail as possible to the Director of PREA (Heather Baltz), Facility Director with a copy to the Operations Managing Director (Bessy Glaske). This is typical protocol, provided none of the individuals are named as participants in the allegation.*

*Thank you.*

*Bryan*

The Participant Handbook, revised in March 2020, states:

*The Prison Rape Elimination Act (PREA) of 2003 is a federal law that prohibits and seeks to eliminate sexual assaults and sexual misconduct in correctional institutions and community corrections settings.*

- *MCRP has a zero tolerance policy regarding sexual abuse and sexual harassment. While you are a participant in the MCRP, no one has the right to pressure you to engage in sexual acts.*
- *If you are afraid or feel threatened or pressured to engage in sexual behaviors, discuss your concern with staff, your Counselor, the Treatment Manager, or the Facility Director and Program Manager CCIII who are the PREA Compliance Managers. Any participant who is the victim of a sexual abuse and/or assault is advised to notify any staff member immediately.*
- *If you become a victim of a sexual assault or sexually abusive behavior, you should report it immediately to staff that will offer you protection from the assailant and refer you for a medical examination and clinical assessment.*
- *You may also directly report allegations to:*
  - *Facility Director 619-232-1066 extensions 202*
  - *Hotline: 800-646-4673*

*For additional agency phone numbers please refer to the PREA posters in the MCRP.*

(b) Policy 14-02 CC Sexual Abuse Prevention and Response states inmate/residents who are victims of sexual abuse have the option to report and incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods:

1. Calling the facility's twenty-four (24) hour toll-free notification telephone number;
2. Verbally telling any employee;
3. Forwarding a letter, sealed and marked 'confidential', to the Administrator/Director or any other employee;
4. Calling or writing someone outside the facility who can notify facility staff;
5. Forwarding a letter to the FSC REA Coordinator at the following address:  
10 Burton Hills Boulevard  
Nashville, TN 37215
6. WDOC Onsite Staff
7. National Sexual Abuse Hotline: 800-656-4673

(c) Policy 14-02 CC Sexual Abuse Prevention and Response states that employees must take all allegations of sexual abuse and harassment seriously, including verbal, anonymous, and

third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. All reports of sexual abuse and sexual harassment will be reported to the PREA Compliance Manager/Investigator.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees may privately report sexual abuse and sexual harassment of inmates/residents by forwarding a letter, sealed, and marked 'confidential, to the facility Administrator/Director, or contact the CoreCivic ethics and compliance hotline.

The CoreCivic public website states:  
**Reporting Allegations of Sexual Abuse/Sexual Harassment**

Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including, but not limited to:

- Send a letter to the warden of the facility at the address provided on our [facility locator](#).
- Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.
- Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.
- Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline).

It is not required that any personal information be provided. However, the more information that can be provided regarding dates, times, locations, witnesses, and as much detail about the alleged incident as is known serves to assist staff and law enforcement in their efforts to successfully conduct the investigations.

In addition, the WDOC Manual states the following in regards to the various provisions of this standard:

*Resident Reporting: The agency shall provide multiple internal ways for residents to report sexual abuse and sexual harassment, retaliation by their residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incident.*

*Initial reporting by residents, or their families of alleged instances of sexual misconduct may be made by any of the following means:*

- *Verbal reports to any staff member, including but not limited to medical, mental health, treatment or religious staff;*
- *Report is in writing to any staff member, including but not limited to medical, mental health, treatment or religious staff;*

- Residents may correspond directly with the WDOC Investigation Unit; or
- Residents may call the designate toll free number and leave a voice message.

*The WDOC Duty Officer or designee shall be responsible for checking all messages on the toll free number no less than twice each day and shall initiate actions as noted below:*

- *The WDOC Duty Officer or designee shall also contact the appropriate Chief Executive Officer and provide him/her with notice of the alleged sexual misconduct;*
- *The CEO or designee will initiate an investigation by contacting the WDOC Investigations Unit (IU) with information following placement of the residents in a secure, safe housing location;*
- *The agency shall also provide at least one way for residents to report abuse or harassment to the public or private entity or office that is not part of the Agency and that is able to receive and immediately forward resident reports of sexual abuse or sexual harassment to agency officials allowing the resident to remain anonymous on request;*
- *Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.*

*The agency shall provide a method for staff to privately report sexual abuse or sexual harassment of residents.*

Should a residence wish to file a PREA Report Third Party, there is a PREA stamped and filled out envelope and form that they can retrieve from the front mailboxes and mail in, confidentially. This mail goes directly to WDOC Victim Services Staff and is marked confidential.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
 Policy 14-02 CC Sexual Abuse Prevention and Response  
 CoreCivic Website  
 Participant (Inmate) Handbook  
 First Responder card/staff reminders  
 Sexual Assault Awareness and Prevention pamphlet (English and Spanish)  
 PREA poster  
 Resident Interviews (Random and Specialized)  
 Staff Interviews (Random and Specialized)  
 WDOC Adult Community Corrections Manual

## **Standard 115.252: Exhaustion of administrative remedies**

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

### 115.252 (a)

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

### 115.252 (b)

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

### 115.252 (c)

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

### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA



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

#### 115.252 (e)

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

#### 115.252 (f)

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

#### 115.252 (g)

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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process. Should a report be submitted and received as an inmate/resident grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process. Should a report be submitted and received as an

inmate/resident grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process. Should a report be submitted and received as an inmate/resident grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process. Should a report be submitted and received as an inmate/resident grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

On the PAQ, staff indicated that there were no grievances filed alleging sexual abuse in the past twelve months.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process. Should a report be submitted and received as an inmate/resident grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process. Should a report be submitted and received as an inmate/resident grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

On the PAQ, staff indicated that there were no emergency grievances filed alleging sexual abuse in the past twelve months.

(g) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate/resident grievance process. Should a report be submitted and received as an inmate/resident grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

In the front lobby, where all residents, male and female have access, there are hanging folders where residents can access the inmate communication form (WDOC Form 320), Inmate Grievance Form (WDOC Form 321) and Inmate Grievance Appeal Form (WDOC Form 322). Each resident interviewed stated that all forms are responded to immediately and no one expressed any concerns or delays about this process.

There was a grievance mailbox located in the front lobby which is locked where residents can file communications or grievances. Only the facility Director has a key.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Resident Handbook  
Grievance Log  
Resident confidential Mailboxes

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

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

### **115.253 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

### **115.253 (b)**

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

### **115.253 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that inmates/residents shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates/residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. Such information shall be included in the facilities inmate/resident's handbook. The facility shall enable reasonable communication between inmate/residents and these organizations and agencies, in as confidential a manner as possible.

The flyer entitled Sexual Assault Awareness and Prevention: Break the Silence of Abuse Speak up Speak out provides residents with addresses and phone numbers for the Sexual Assault Response Team (SART) and many other organizations.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that inmates/residents shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The proposed MOU with Center for Community Solutions and CoreCivic states that CCS will provide residents calling the hotline with information on the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that CoreCivic shall maintain or attempt to enter Memorandums of Understanding (MOU) or other agreements with community services providers that are able to provide inmates/residents with confidential emotional support services related to sexual abuse.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*

MOU with Center for Community Solutions and CoreCivic  
Sexual Assault Advocacy pamphlet  
Director's memo, Re: Victim Counseling Resources  
Email attempts for MOU  
PREA posters  
Resident Handbook

## Standard 115.254: Third-party reporting

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

### 115.254 (a)

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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that each facility shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall post this information on the facility PREA link.

The CoreCivic public website states:

### Reporting Allegations of Sexual Abuse/Sexual Harassment

Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at

another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including, but not limited to:

- Send a letter to the warden of the facility at the address provided on our [facility locator](#).
- Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.
- Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.
- Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline).

It is not required that any personal information be provided. However, the more information that can be provided regarding dates, times, locations, witnesses, and as much detail about the alleged incident as is known serves to assist staff and law enforcement in their efforts to successfully conduct the investigations.

In addition, the WDOC Manual states:

*The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.*

The Cheyenne Transitional Center Resident Handbook states:

*At your discretion, you may submit a report verbally, in writing, anonymously, or from a third party. Here are some reporting options to help you make the right decision,*

- *PREA Hotline 877-966-4276*
- *Sexual Assault Hotline: 800-656-4673*

The WDOC public website states that third party reporting may be completed through 1-877-9NOHARM. 'You may report on behalf of an inmate for PREA related incidents on this number'. Or PREA related questions can be written to the WDOC PREA Coordinator mailing address.

The auditor mailed a letter to the WDOC PREA Coordinator at an email address provided which stated:

Jillian Shane  
A & S Correctional Consulting

**PREA Coordinator**  
**Wyoming Department Corrections**



PREA Coordinator:

I am an auditor for the Department of Justice, PREA, and I am in the process of preparing for audit of the Cheyenne Transitional Center. I am testing the reporting system as provided in CoreCivic Policy 14-2CC, their public website and the WDOC public website for the Prison Rape Elimination Act with the above address and as per standard 115.251/115.253. Can you please route this letter as a test, through the process so I can see how it works.

Thanks,

Jillian Shane  
Certified DOJ PREA Auditor  
A & S Correctional Consulting

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
CoreCivic PREA Website  
Guest Sign in log sample  
Note: There have been no outside third party PREA reports to date.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

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

#### 115.261 (b)

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

#### 115.261 (c)

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

#### 115.261 (d)

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

#### 115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation is required to be reported immediately by all employees.

All staff have signed an acknowledgment of this provision, on the 14-2A form, CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgement. Thirty (30) Staff are currently assigned to facility and twenty-seven (27) samples were provided. While onsite, it was determined that one was a duplicate and the remaining two were provided, therefore all staff acknowledgments were reviewed.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. When it is learned that an inmate/resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/resident.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that unless otherwise precluded by federal, state or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined in policy. At the initiation of providing medical care, both medical and mental health professionals will inform inmate/resident of their professional duty to report and the limitations of confidentiality.

The facility does not employ any medical or mental health staff.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees may privately report sexual abuse and sexual harassment of inmates/residents by forwarding a letter, sealed and marked 'confidential' to the facility Administrator/Director or contact the CoreCivic ethics and compliance hotline.

Further, policy states that if the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws.

This facility does not house any participant under the age of eighteen years old or anyone considered to be a 'vulnerable adult'.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all reports of sexual abuse and sexual harassment will be reported to the PREA Compliance Manager/Investigator. Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive and non-judgmental.

The facility has had no reports of allegations of sexual abuse or sexual harassment, including third party and anonymous reports in the past twelve (12) months.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Staff Rosters  
Staff Acknowledgement Sheets  
Notes/Memos  
Investigative Report with detailed first responder duties  
Interviews with Random Staff  
Interviews with Specialized Staff

## Standard 115.262: Agency protection duties

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

### 115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ 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

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

Policy 14-02 CC *Sexual Abuse Prevention and Response* states that when it is learned that an inmate/resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/resident.

In the past twelve (12) months, there were no instances the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse.

During an interview with CoreCivic Vice President, Operations Administration, he stated that staff take immediate action to protect the inmate by removing the inmate from the area and/or individuals where risks may be stemming from and an investigation is immediately initiated.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Interview with CoreCivic Vice President, Operations Administration  
Sample Report  
Interview with PC  
Interview with Random Staff  
Interviews with Random Staff

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

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

### **115.263 (a)**

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

### **115.263 (b)**

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

### **115.263 (c)**

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

### **115.263 (d)**

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that if the allegation involves events that took place while the alleged victim was not in CoreCivic custody (e.g. while housed at another provider's facility), the following actions shall be taken:

1. The Administrator/Director that received the allegation shall contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.

The facility Director stated that there have been no allegations received that a resident was sexually abused while confined at another facility.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that if the allegation involves events that took place while the alleged victim was not in CoreCivic custody (e.g. while housed at another provider's facility), the following actions shall be taken:

1. Determine whether the allegation was reported and investigated.
  - a. If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, the name and title of the person contacted and that the allegation has already been address. Under this circumstance, further investigation and notification need not occur.
  - b. If the allegation was not reported or not investigated, a copy of the statement of the inmate/resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.

Policy further states that all such contacts and notification shall be documented on the 5-1B Notice to Administration; including any details learned from contact with the site where the alleged abuse took place, and the facilities response to the allegation.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that if an allegation is received from another facility, the Administrator/Director will ensure the allegation is investigated.

The facility Director stated that no allegations have been received from other facilities in the past twelve (12) months.

During an interview with the CoreCivic Vice President, Operations Administration, he stated referrals to and from other facilities occurs most often at the facility level rather than at the corporate office level. The information is received by the Warden at the facility. However, any staff who received the information know to report it to the Warden, for appropriate action. It then gets added into our incident system and the PREA protocols are initiated. If the allegation was alleged to have occurred at another facility, the facility Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was that an incident of sexual abuse allegedly occurred within the CoreCivic facility both the partner agency and the investigative entity responsible for criminal investigations would be notified. He also stated that the most common examples are allegations inmates make during their intake process. The CoreCivic staff obtain as much information as possible from the inmate and provide this to Warden at the other facility as part of the notification.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Interview with CoreCivic Vice President, Operations Administration

## Standard 115.264: Staff first responder duties

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

### 115.264 (a)

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



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

#### 115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ 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

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

- (a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Response Procedures Sections that any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished:
- a. The alleged victim is kept safe, has no contact with the alleged perpetrator and is immediately escorted to a private area.
  - b. While in the private area, and if the abuse occurred within a time frame that allows for the collection of physical evidence, employees shall, to the best of their

ability, request that that the victim does not wash, shower, remove clothing use the restroom facilities, eat drink, smoke or brush his/her teeth. The highest ranking authority on-site is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation.

All staff have signed an acknowledgment of this provision, on the 14-2A form, CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgement. The acknowledgment for all twenty-nine (29) staff were reviewed by the auditor and in compliance.

In the past twelve (12) months, there have been one (1) allegation that a resident was sexually abused.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that if the first staff responder is not a security staff member, the responder shall be required to request that they alleged victim not take any actions that could destroy physical evidence, and notify security staff.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist

Policy 14-02 CC *Sexual Abuse Prevention and Response*

First Responder Cards

PREA Training Acknowledgments

Note/Memo stating that the facility had no incidents reported in the past twelve (12 months)

Policy Change Notice, 14-2CC

Interviews with Random Staff

Interview with PCM

Sample Report

## Standard 115.265: Coordinated response

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

### 115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☐ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that each facility will establish a SART which includes the following positions:

- PREA Compliance Manager
- Security Representative

The SART responsibilities shall include the following:

- Responding to reported incidents of sexual abuse;
- Responding to victim assessment and support needs;
- Ensuring policy and procedures are enforced to enhance inmate/resident safety; and
- Participating in the development of practices and/or procedures that encourage prevention of sexual abuse and enhance compliance with PREA National Standards.

The facility provided the auditor with the Cheyenne Center Sexual Abuse Coordinated Response Plan which detailed and coordinated actions among staff first responders, medical/mental health practitioners (off site), investigators, and facility leadership.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Directors Memo: SART Team members and back up personnel  
Cheyenne Center Sexual Abuse Coordinated Response Plan

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

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

### **115.266 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to

remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

#### 115.266 (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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any inmates/residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this requirement shall restrict entering into or renewal of agreements that govern:

- The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions outlined above in Q.2.a-c. and a preponderance of the evidence in determining whether sexual abuse or sexual harassment are substantiated.
- Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the employees personnel file following a determination that the allegation of sexual abuse is not substantiated.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 20, 2012. The agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation of disciplinary action.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Interview with CoreCivic Vice President, Operations Administration

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

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

### **115.267 (a)**

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

### **115.267 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

### **115.267 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ 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 resident 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 resident 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 resident 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

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states under the section titled SART Member Responsibilities that the PREA Compliance Manager will review the facility's response to sexual abuse allegations, with the Administrator/Director or designee, to ensure the policy is implemented effectively and victim needs are addressed; serve as a primary liaison with local law enforcement or delegate this responsibility; ensure the completion of the Sexual Abuse Incident Check Sheet; and ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following a report of sexual abuse or sexual harassment, to protect against potential retaliation against inmates/residents or employees. This shall include periodic status checks of inmates/residents and review of relevant documentation. If an allegation is determined to be unfounded, retaliation monitoring will no longer be required.

(b) Due to the size and design of this facility, the Director and PCM stated that if there was a known perpetrator in a current incident, the facility would immediately contact the customer WDOC and have that individual removed from the program and facility. For matters where there is an allegation and it is being investigated, they may simply separate by floor, advise staff to observe and avoid programming together. Again, due to the nature of the program and its requirements, this could cause challenges that would result in the removal of the parties from the program.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that to ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following a report of sexual abuse or sexual harassment, to protect against potential retaliation against inmates/residents or employees. Policy further states that monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need. The PCM shall ensure prompt action are taken to remedy any identified retaliation.

In the past twelve (12) months, there has been zero incidents of retaliation occurring at this facility, according to the PAQ.



(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that if a rape crisis center is not available to provide victim advocate services, the PCM will make available a qualified staff member from a community-based organization.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states the PCM will ensure any other individual who cooperate with an investigation and expresses fear of retaliation is protected from retaliation.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that for both inmate inmates/residents and staff who have reported allegation of sexual abuse, we provide monitoring on a 30/60/90 day period, longer if needed, to ensure no retaliation has occurred. These reviews are documented on an attachment to our 14-2 policy. The review takes into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates/residents and shift changes, evaluations etc. for staff. These reviews also prohibit retaliation for any reason and we include this expectation in training with staff. Any violations are acted upon accordingly. For those who cooperate and express a fear of retaliation, our policies and practices prohibit retaliation for any reason and we include the expectation in training with staff. Any violations are acted upon accordingly.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Blank form, PREA Retaliation report monitoring  
Memo, PCM will conduct all monitoring  
Interview with CoreCivic Vice President, Operations Administration  
Interview with Random Staff  
Interview with PCM

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  
☒ Yes ☐ No ☐ NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  
☒ Yes ☐ No

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  
☒ 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

#### 115.271 (d)

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

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

#### 115.271 (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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ 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

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

(a) Reports were reviewed since the past audit that demonstrated that the facility is thorough, objective and prompt.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one (1) person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences (e.g.) leave, paid time off, sickness, offsite training, etc.) from work.

The facility provided a Certificate of Completion for the two (2) assigned facility investigators. The certificate is from a training entitled *PREA: Investigating Sexual Abuse in a Confinement Setting* which was delivered online through the National Institute of Corrections. In addition, CoreCivic held a webinar training entitled *PREA Update, Investigation Standards and Required Specialty Training*. Each of the staff members also seem to have taken this class as well, as evidenced by the sign in attendance roster.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that specialized shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collections in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy also states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

The curriculum for each of the two trainings was provided and reviewed by the auditor (through CoreCivic and the National Institute of Corrections) and each training included the requirements of the standard and Policy 14-02 CC: Techniques for interviewing sexual abuse victims, the 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.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collections in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy also states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

The curriculum for each of the two trainings was provided and reviewed by the auditor (through CoreCivic and the National Institute of Corrections) and each training included the requirements of the standard and Policy 14-02 CC: Techniques for interviewing sexual abuse victims, the 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.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that investigators will detail in the report any testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident, including an explanation as to what determined the outcome.

(g) Cheyenne Transitional Center does not conduct criminal investigations. Any criminal reports would be written by outside law enforcement.

(h) Cheyenne Transitional Center does not conduct criminal investigations. Any criminal reports would be written by outside law enforcement and subsequently referred for prosecution by the law enforcement agency. CoreCivic and Cheyenne Transitional Center will, however, cooperate in any way possible through this process.

(l) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that whenever feasible, the facility shall enter into a written Memorandum of Understanding with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. Before developing or attempting to enter into an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contract. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Investigations Training  
Investigations Records

## Standard 115.272: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize the preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place.

A PowerPoint Training excerpt was shown to the auditor from the PREA Resource Center which stated "the criteria for administrative action are determined by individual agencies. However, the Standards required that agencies set the bar no higher than requiring the preponderance of the evidence to substantiate an allegation for administrative action, which would mean that more than 50% of the evidence supports the allegation.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Investigations Training curriculum from NCICS

## Standard 115.273: Reporting to residents

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

#### 115.273 (a)

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

#### 115.273 (b)

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

#### 115.273 (c)

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



inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that following an investigation into an inmate/resident's allegation that he/she suffered sexual abuse at the facility, the inmate/resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the

investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/resident.

In the past twelve (12) months, there were zero investigations of alleged resident sexual abuse completed.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that following an investigation into an inmate/resident's allegation that he/she suffered sexual abuse at the facility, the inmate/resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/resident.

In the past twelve (12) months, there were zero investigations of alleged resident sexual abuse completed (one was pending).

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that following an inmate/resident's allegation that an employee has committed sexual abuse against the inmate/resident the facility shall subsequently inform the inmate/resident (unless the facility has determined that the allegation is unfounded) whenever:

- (1) The employee is no longer posted within the inmate/residents unit as a result of the finding of the investigation;
- (2) The employee is no longer employed at the facility;
- (3) The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or
- (4) The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.

In the past twelve (12) months, according to the PAQ, there have been one notification to a resident, which was provided to the auditor.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that following an inmate/resident's allegation that he/she has been sexually abused by another inmate/resident, the facility shall subsequently inform the alleged victim whenever:

1. The facility learns that the alleged abuser has been indicted in a charge related to sexual abuse within the facility; or
2. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

In the past twelve (12) months, according to the PAQ, there have been zero notifications to residents provided.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states all inmates/resident notifications or attempted notifications shall be documented on the 14-2 CC-E Inmate/Resident Allegation Status Notification. The inmate/resident shall sign the 4-2 CC-E, verifying that such notification has been received. The signed 14-2 CC-e shall be filed in the inmate/resident's institutional file.

In the past twelve months, according to the PAQ, there has been one notification to a resident.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states the facilities obligation to notify the inmate/resident as outlined in the section shall terminate if the inmate/resident is released from CoreCivic's custody.

In the past twelve months, according to the PAQ, there has been one notification to a resident

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach a finding:

Community Corrections PREA Standards Compliance Checklist

Policy 14-02 CC *Sexual Abuse Prevention and Response*

Interview with PC

Interview with PCM

Interview with Director

Sample/Blank copy of Inmate/Resident PREA Allegation Status Notification, 14-2E-CC

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

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

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

#### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

In the past twelve (12) months, according to the PAQ, there have been zero staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.

In the past twelve (12) months, according to the PAQ, there have been zero staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past twelve (12) months, according to the PAQ, there have been zero staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Code of Ethics  
Investigation with Staff discipline  
Reports to law enforcement

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

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

### **115.277 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ 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

### 115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with inmates/residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions.

In the past twelve (12) months, according to the PAQ, there have been zero contracted staff members who have been terminated or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with inmates/residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist

Policy 14-02 CC *Sexual Abuse Prevention and Response*

Note from facility: there have been no substantiated allegations of contractor or volunteer sexual abuse/harassment.

## **Standard 115.278: Interventions and disciplinary sanctions for residents**

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

### **115.278 (a)**

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

### **115.278 (b)**

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

### **115.278 (c)**

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

### **115.278 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

### **115.278 (e)**

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



### 115.278 (f)

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

### 115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that inmates/residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate/resident engages in inmate/resident-on-inmate/resident abuse or following a criminal finding of guilt for inmate/resident-on-inmate/resident sexual abuse.

In the past twelve (12) months, there have been no administrative findings or criminal findings of guilt on resident-on-resident abuse that have occurred at this facility, according to the PAQ.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/resident's disciplinary history and the sanctions imposed for comparable offenses by other inmates/residents with similar histories.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that the disciplinary process shall consider whether an inmate/resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that an inmate/resident may be disciplined for sexual conduct with an employee only upon finding that the employee did not consent to such contact.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that inmates/residents who deliberately allege false claims of sexual abuse can be disciplined. For the purposes of disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(g) The facility advised the auditor that there are no explicit statements to this effect at this facility.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Memo/Note  
Staff interviews

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

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

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### 115.282 (c)

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

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ 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

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

(a) A memo dated November 4, 2019 was provided to the auditor, which stated from the Director: To all staff. Please be advised that any resident that presents an allegation of having been the victim of sexual abuse, is to be offered the opportunity to receive full medical and/or mental health treatment immediately. Please ensure that you communicate that this treatment will be offered at no cost to the resident, and that they also will have the opportunity to receive immediate access to advocacy services, also at no cost to them for initial assessment and related follow-up appointment.

In the event the resident accepts the offered medical treatment, they are to be sent out as a 911, to the hospital determined appropriate by responding medical personnel.

CoreCivic and Cheyenne Transitional Center Policy 14-2 *Sexual Abuse Prevention and Response* states that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis interventions services, the nature and scope of which shall be determined by community medical and mental health practitioners according to their professional judgment.

(b) CoreCivic and Cheyenne Transitional Center Policy 14-2 *Sexual Abuse Prevention and Response* states if the facility does not have qualified medical or mental health practitioners on staff, security first responders shall take preliminary steps to protect the victim.

(c) CoreCivic and Cheyenne Transitional Center Policy 14-2 *Sexual Abuse Prevention and Response* states that resident victims of sexual abuse shall be offered timely information about and referral for timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

(d) A memo, dated November 4, 2019 was provided to the auditor, which stated from the Director: To all staff. Please be advised that any resident that presents an allegation of having been the victim of sexual abuse, is to be offered the opportunity to receive full medical and/or mental health treatment immediately. Please ensure that you communicate that this treatment will be offered at no cost to the resident, and that they also will have the opportunity to receive immediate access to advocacy services, also at no cost to them for initial assessment and related follow-up appointment.

In the event the resident accepts the offered medical treatment, they are to be sent out as a 911, to the hospital determined appropriate by responding medical personnel.

CoreCivic and Cheyenne Transitional Center Policy 14-2 *Sexual Abuse Prevention and Response* states that treatment services shall be 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.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist

Policy 14-02 CC *Sexual Abuse Prevention and Response*

Attempts for MOU for community services

Directors Memo stating that emergency medical and/or mental health services related to PREA will be referred and/or 911 called Investigation sample.

### **Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

#### **115.283 (a)**

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

#### **115.283 (b)**

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

#### **115.283 (c)**

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

#### **115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  
☐ Yes ☐ No ☒ NA

### 115.283 (f)

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

### 115.283 (g)

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

### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ 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

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(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall refer all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility for medical and mental health evaluation and treatment as appropriate.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following transfer to, or placement in, other facilities,. Or their release from custody.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall provide such victims with medical and mental health services consistent with the community level of care.

(d) Cheyenne Transitional Center is all a male facility, this provision is not applicable. CoreCivic and Cheyenne Transitional Center Policy 14-2 *Sexual Abuse Prevention and Response* states that resident victims of sexually abusive vaginal penetration while incarcerated shall be referred for pregnancy tests. If pregnancy results, shall victims shall receive timely and comprehensive information and access, to all lawful pregnancy-related medical services.

(e) Cheyenne Transitional Center is all a male facility. This provision is not applicable.

CoreCivic and Cheyenne Transitional Center Policy 14-2 *Sexual Abuse Prevention and Response* states that resident victims of sexually abusive vaginal penetration while incarcerated shall be referred for pregnancy tests. If pregnancy results, shall victims shall receive timely and comprehensive information and access, to all lawful pregnancy-related medical services.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that resident victims of sexual abuse while incarcerated shall be referred for tests for sexually transmitted infections as medically appropriate.

(g) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that treatment services shall be provided to the victim without financial cost and regardless of whether the victims' names the abuser or cooperates with any investigation arising out of the incident.

(h) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall attempt to refer all known resident-on-resident abusers for a mental health evaluation within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

After meeting with the facility, the facility provided a MOU with Wyoming Safehouse Services, however, they do not offer treatment services, only advocacy. The Auditor and the Facility Director confirmed this with the Executive Director. There is also an MOU with Cheyenne Regional Medical Center. These services included providing CTC residents who are victims of sexual abuse with medical and mental health treatment. However, these services are not free



of charge. We did speak with someone from SANE at this hospital, however, she stated that they can use victim compensation funds from the state and sliding fees. This is all through Peak Wellness and the residents are charged. Further, when interviewing residents, a many spoke of all the excess fees and the stated that they would not seek help due to the costs; one of these residents was one who identified as a victim during their screening. Safehouse was contacted again and verified that they would use victims funds and that all services would be at not house.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
MOU with Wyoming Safehouse Services  
MOU with Cheyenne Regional Medical Center  
Advocacy Pamphlet, English and Spanish  
Policy Change Notice

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ 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 §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

#### 115.286 (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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the Administrator/Director will ensure that a post investigation review of a sexual abuse incident is

conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that an incident review team will review the incident within thirty (30) days of the conclusion of the investigation.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that in addition to the administrator/director, the incident review team shall include upper-level facility management, with input from line supervisors, investigators and medical or mental health practitioners.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the incident review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts; and
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Further, policy states that all findings and recommendations for improvement will be documented on the 14-2 CC-F Sexual Abuse Incident Review Report. Completed forms will be forwarded to the Administrator/Director, the PCM, and the FSC PREA Compliance Coordinator.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the facility shall implement the recommendations for improvement or shall document reasons for not doing so.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
Sexual Abuse or Assault Incident Review Form  
Interview with PREA Coordinator  
Interview with Incident Review Team Member  
Interview with PREA Compliance Manager  
Investigation Sample

## Standard 115.287: Data collection

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

#### 115.287 (a)

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

#### 115.287 (b)

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

#### 115.287 (c)

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

#### 115.287 (d)

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

#### 115.287 (e)

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

#### 115.287 (f)

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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 1-2 CC-BB PREA 5-1 IRD Incident Reporting Definitions.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that at least annually, CoreCivic shall aggregate the incident-based sexual abuse data.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the aggregated data will, at a minimum, include all categories of data necessary to respond to the Survey of Sexual Violence as directed by the Department of Justice.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that all case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate/resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the facility's record retention policies.

(f) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that upon request, CoreCivic shall provide all data as outlined above in T.1.a.ii.-iii. from the previous calendar year to the Department of Justice no later than June 30.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
CoreCivic 2018 Annual PREA Report  
2013-2018 Annual Reports

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### 115.288 (b)

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

#### 115.288 (c)

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

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states the FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detections and response policies, practices and training, to include:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of findings and corrective actions for each facility, as well as CoreCivic as a whole.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of CoreCivic's progress in addressing sexual abuse.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states CoreCivic's report shall be approved by the company's Chief Corrections Officer and made readily available to the public through CoreCivic website.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated.

During an interview with CoreCivic Vice President, Operations Administration, he stated he reviews and approves annual reports written as per this standard. Further, he stated that PREA data is reviewed on a daily, monthly, and annual basis. Incident data is provided daily to select FSC staff in a daily PREA report. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate 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.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

### Community Corrections PREA Standards Compliance Checklist



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

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

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained? ☒ Yes ☐ No

#### 115.289 (b)

Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?

☒ Yes ☐ No

#### 115.289 (c)

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

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ 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

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

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that data collected shall be stored and retained in accordance with the facility's record retention policies.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the FSC PREA Coordinator shall make all aggregated sexual abuse data available to the public at least annually through the CoreCivic website.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers.

(d) The records retention schedule, 1-15B-CC states that aggregated PREA Sexual Abuse data will be retained for 10 years.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist  
Policy 14-02 CC *Sexual Abuse Prevention and Response*  
CoreCivic 2018 Annual PREA Report  
CoreCivic 2017 Annual PREA Report  
CoreCivic Public Website  
Records Retention Schedule

## 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 residents? ☒ Yes ☐ No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ 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

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

A discussion was held with the PREA Coordinator in regards to the audit cycle and the audits of all CoreCivic facilities. The PC stated For 115.401, I have attached provided the audit tracker for our company. It is extremely difficult to reach 1/3 since most of our community facilities are not under our "operational control" as defined by PREA Standards. Those are primarily facilities with state or county contracts. Some states have moved audit dates around to ensure that the facilities are counted as their 1/3. CoreCivic just added two community facilities in Virginia that have BOP contracts and will be under our control. Basically, the BOP community facilities are the only ones under our "operational control". The reviewed spreadsheet had tables to reflect every DOJ audit cycle. Lastly, the auditor was provided with a have a table for ALL facilities which shows actual and projected audit dates for every CCA and CoreCivic facility under operation since the inception of PREA. Lastly, the PC provided the auditor with tables which show ICE facilities that cannot be counted as part of the 1/3 in Prisons/Jails since ICE has its own Cycle Years.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  
☒ 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

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

All information for CoreCivic PREA related topics is located at:

<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

This includes all prior audits, CoreCivic Policies, reporting information for inmates/residents and their families and friends, the final standards, inmate and detainee rights, zero tolerance, investigations, and all previous agency reports from 2013-2018.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jillian Shane

May 20, 2021

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.