

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

☐ Interim ☒ Final

Date of Interim Audit Report: 11/19/2022 ☐ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 5/16/2022

Auditor Information

Name: Ericka Sage	Email: erickasage11@yahoo.com
Company Name: PREA Audit Services, LLC	
Mailing Address: PO Box 3041	City, State, Zip: Salem, Oregon 97302
Telephone: (503) 586-8397	Date of Facility Visit: 10/5/2021-10/7/2021

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: same as above		City, State, Zip: Click or tap here to enter text.	
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: : https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

Name: Damon T. Hininger, President and Chief Executive Office	
Email: Damon.Hininger@corecivic.com	Telephone: (615) 263-6915

Agency-Wide PREA Coordinator

Name: Eric S. Pierson	
Email: Eric.Pierson@corecivic.com	Telephone: (615) 263-6915
PREA Coordinator Reports to: Vice President of Core Services	Number of Compliance Managers who report to the PREA Coordinator: 68 (indirect)

Facility Information			
Name of Facility: Crowley County Correctional Facility			
Physical Address: 6564 State Hwy. 96		City, State, Zip: Olney Springs, Colorado 81062	
Mailing Address (if different from above): PO Box 100		City, State, Zip: Olney Springs, Colorado 81062	
The Facility 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
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: http://corecivic.com/security-operations/prea			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input checked="" 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 type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: None listed			
Warden/Jail Administrator/Sheriff/Director			
Name: Barry Goodrich			
Email: Barry Goodrich@corecivic.com		Telephone: (719) 267-5300	
Facility PREA Compliance Manager			
Name: Paul Pacheco			
Email: Paul.Pacheco@corecivic.com		Telephone: (719) 469-2184	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Christianna Capellucci			
Email: Christianna.Capellucci@corecivic.com		Telephone: (719) 267-5313	
Facility Characteristics			
Designated Facility Capacity:		1824	
Current Population of Facility:		1410	

Average daily population for the past 12 months:	1530	
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:	19-84	
Average length of stay or time under supervision:	652.46 days	
Facility security levels/inmate custody levels:	Minimum, Minimum Restrictive, Medium, Closed Custody (RH only pending transfer)	
Number of inmates admitted to facility during the past 12 months:	1052	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1052	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1052	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	0 <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates 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: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	230	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	98	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	16	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates 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 inmates, 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.	12
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates 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 inmates 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.	6
Number of single cell housing units:	1 pod of restrictive housing
Number of multiple occupancy cell housing units:	6
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	2
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>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:</p>	<p>1</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>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?</p>	<p>1</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input checked="" type="checkbox"/> Other (please name or describe: CDOC OIG)</p> <p><input type="checkbox"/> N/A</p>

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: 115.86

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	October 5, 2021
2. End date of the onsite portion of the audit:	October 7, 2021
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	The Pueblo Rape Crises Center and T.E.S.S.A.
Audited Facility Information	
4. Designated Facility Capacity:	1824
5. Average daily population for the past 12 months:	1530
6. Number of inmate/resident/detainee 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 inmates 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.	6
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1337
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	1 interviewed
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	1 interviewed
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	1 interviewed
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	3 interviewed
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	3 interviewed
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	8 interviewed
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	2 interviewed
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0 (unsure, did not ask the facility)
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	3 interviewed
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The auditor did not ask and/or retain the total number of inmates in all categories identified. The onsite audit took place before the release of this requirement. Future audits will track this information</p>
<p style="text-align: center;"><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>230</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>This facility PREA audit took place during a national pandemic (COVID-19), As such, interviews were conducted in areas that allowed social distancing, special precautions were taken place to ensure safety and there were limited operations of the facility, such as no visitors or volunteers.</p>
<p style="text-align: center;">Interviews</p>	
<p style="text-align: center;">Inmate/Resident/Detainee Interviews</p>	
<p style="text-align: center;"><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text. </p>
<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>At least one inmate was interviewed from each housing unit pod utilizing the random inmate protocols. The auditor selected the tenth names in every housing unit pod to interview. In Restricted Housing (Segregated Housing), the auditor selected the 5th and 10th name on the</p>

	housing list. In Unit 1, Unit 2, and Unit 3 the auditor also selected the 20th name on the list in Pod B.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	The auditor conducted targeted inmate interviews based on lists that were provided from the facility of inmates that fit into targeted categories. The auditor was told there was no youthful inmates (verified from inmate lists), no inmates with a cognitive disability and no inmates placed in segregated housing for high risk of sexual victimization. All reasonable efforts to conduct the required targeted inmate interviews were completed by the auditor. The auditor selected other inmates in targeted categories to ensure the minimum target interviews were conducted. The auditor did talk to inmates and staff and was unable to find any additional inmates who were not previously located by the facility.

32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	When an inmate was unavailable the auditor randomly selected another to interview in their place
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Targeted Inmate/Resident/Detainee Interviews

33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: <i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i> <i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i>	1 Inmates with a Physical Disability 1 Inmate who are Blind, Deaf or Hard of Hearing 3 Inmates who was Limited English Proficient (utilizing an interpreter) 0 Inmates with a Cognitive Disability 3 Inmates who Identified as Gay or Bisexual 8 Inmates who Identified as Transgender or Intersex 2 Inmate who Reported Sexual Abuse 3 Inmate who Reported Victimization During a Risk Screening Total: 21 targeted inmate interviews
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<i>If a particular targeted population is not applicable in the audited facility, enter "0".</i>	
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor verified no youthful inmates were housed at the facility by reviewing the DOB listed in the inmate rosters. Various staff were asked if the facility housed youthful inmates, and all confirmed they are not housed at the facility.
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Click or tap here to enter text.
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed several documents, including the PAQ prior to the onsite audit. Once onsite the auditor looked for evidence to corroborate there were no inmates with cognitive disabilities. The auditor reviewed various lists of inmates, as well as spoke with staff and other inmates. The auditor was unable to locate any inmates that fit into this targeted category.

37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Click or tap here to enter text.
38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed several documents, including the PAQ prior to the onsite audit. Once onsite the auditor looked for evidence to corroborate there were no inmates who were deaf or hard of hearing. The auditor reviewed various lists of inmates, as well as spoke with staff and other inmates. The auditor was unable to locate any inmates that fit into this targeted category.
39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Click or tap here to enter text.
40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:	3

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>8</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>3</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed several documents, including the PAQ prior to the onsite audit. Once onsite the auditor looked for evidence to corroborate there were no inmates who had been placed in segregated housing for risk of victimization or who had alleged to have suffered sexual abuse. The auditor reviewed various lists of inmates, as well as spoke with staff and other inmates. The auditor was unable to locate any inmates that fit into this targeted category.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The auditor oversampled transgender and limited English proficient inmates to ensure the total number of targeted inmates were interviewed. The handbook requires 20 targeted inmates be interviewed and the auditor interviewed 21 targeted inmates.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility)</p>

	<p>or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	Click or tap here to enter text.
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>A staff roster was provided to the auditor, as well as a list of staff that fit into the specialized categories for interviews. Staff from two (12-hour) shifts (day and night) were selected to be interviewed, as well as random staff from both security and non-security. In addition to the specialized staff protocols, the auditor interviewed physical plant, disciplinary hearings, inmate disciplinary hearing staff, count room staff (who assign housing, program, education) mailroom, grievance, and training staff to discuss relevant standards. The staff was extremely helpful and forthcoming with information. Most staff had a good understanding of the protocols to follow when an inmate has alleged sexual abuse or sexual harassment. Some staff had a laminated card they showed the auditor, which reminds staff of the first responder duties following an allegation of sexual abuse.</p>
<p align="center"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p align="center"><u>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</u></p>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</p>	<p>Click or tap here to enter text.</p>
<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<p> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other (describe) Training Supervisor, Physical Plant Staff, Mailroom Staff, Grievance Coordinator, Disciplinary Hearings Staff, Count Room Staff (assigns bed, work, programs, etc.), Volunteer/Contractor Coordinator </p>
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>0</p>
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<p> <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other </p>
<p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Since there are no youthful inmates housed at the facility the auditor could not interview relevant protocols.
Site Review and Documentation Sampling	
Site Review	
PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.	
59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

Following the introductory meeting, the auditor was provided a detailed tour of the facility. The areas toured included all housing units, dining room, kitchen, libraries (satellite and main), classrooms, program areas, staff offices, visiting room, closets, and other limited visibility areas, etc. The auditor was able to see opposite-gender staff announcing themselves when entering an inmate living area/housing unit. The auditor noticed that each housing unit had a painted reminder for staff of the opposite gender to announce themselves. The auditor was able to view open and professional communication between staff and inmates. The auditor asked staff questions about doors remaining locked, propped open and other operational processes. The auditor had informal conversations with inmates. The auditor tested the inmate phone systems and left a "test" message on the PREA hotline answering service. The PREA hotline did require the use of an inmate PIN number to leave a message, however staff do not have access to review the messages. The answering service operator gathered all necessary information, letting the caller decide on how much information they would like to provide. The operator also explained that the caller could remain anonymous upon request. It was explained to the auditor that the answering service was not employed by Colorado DOC or CCCF but was a contracted service that would forward the information to investigators for them to respond. The PCM was able to immediately forward the information for the test call to the auditor for review the next business day. The Office of the Inspector General Investigator also told the auditor that he had received the information and had left a message on the auditor's phone number. The auditor observed audit postings throughout the facility, however a few postings were unavailable on the day of the audit. The staff had said they thought the inmates had torn down the posting but immediately replaced the posting once it was noticed it was missing. They agreed to continue to monitor to ensure the posting was still there through the duration of any corrective action period. Although the auditor did not receive any inmate mail, inmates said the audit postings had been posted for several weeks prior to the audit. The auditor also observed PREA information throughout the facility, including PREA posters, painted PREA information on the walls and other PREA information posted on bulletin boards.

Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes ☐ No

66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

The auditor pulled all 41 inmates who were interviewed to also review their files, plus 2 files of inmates who refused to speak with the auditor for a total of 43 files to verify PREA risk screening, inmate education and housing decisions were made in accordance with the standards. The auditor reviewed criminal history and training records for contractors. The PREA Compliance Manager explained that there were not currently any volunteers that had been approved to come into the facility, due to Covid. Once the facility allows volunteers to enter the facility again, a criminal history check, and training will be completed for each volunteer and will be provided to the auditor as documentation. Since the volunteers were previously tracked by the chaplain, who is no longer working for the facility, it is unclear where previous records had been stored. The auditor reviewed 31 staff files for criminal history check, application questions, and training records, etc. A completed listing of staff completion was also provided for criminal history checks and training records. The auditor was also able to view intake information being provided to inmates, including a PREA risk screening that was conducted. The auditor reviewed a variety of files, including training information, inmate files, staff files, and other pertinent PREA information. The facility said there were 15 allegations investigated as a possible PREA allegation in the 12 months prior to the audit. The auditor requested all 15 investigative files, medical and mental health follow-up, and pertinent monitoring for retaliation, reporting to inmate and incident reviews completed. The auditor had not received all requested information at the time of this interim report but did receive it during the corrective action period.

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	2	2	2	2
<u>Staff-on-inmate sexual abuse</u>	7	7	7	7
Total	9	9	9	9

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

The complete investigative packets were not provided to the auditor prior to the interim audit report. Information was provided to the auditor during the corrective action period and the facility entered a correction action period in which all investigations were forwarded to the auditor for review.

68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	2	0	2	0
Total	2	0	2	0

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0	0
Total	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	1	1	0
<u>Staff-on-inmate sexual abuse</u>	0	7	0	0
Total	0	8	1	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	1	0	1
Total	0	1	0	1

a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.
Sexual Abuse and Sexual Harassment Investigation Files Selected for Review	
<u>Sexual Abuse Investigation Files Selected for Review</u>	
73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	9
a. If 0, explain why you were unable to review any sexual abuse investigation files:	Click or tap here to enter text.
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	7
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<u>Sexual Harassment Investigation Files Selected for Review</u>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
a. If 0, explain why you were unable to review any sexual harassment investigation files:	Click or tap here to enter text.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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Staff-on-inmate sexual harassment investigation files

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
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87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	One allegation of staff-inmate sexual harassment was provided after the issuance of the interim report.
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Support Staff Information

DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	0
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Non-certified Support Staff

91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	0
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Auditing Arrangements and Compensation

92. Who paid you to conduct this audit?

- ☒ The audited facility or its parent agency
- ☐ My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☐ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.)

- CDOC AR 100-40 Prison Rape Elimination Procedure
- Email appointment of the Agency PREA Coordinator
- Memorandum appointment of the PREA Compliance Manager
- Position Description of the Agency PREA Coordinator

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Agency Head Designee

Standard Analysis:

115.11 (a) CDOC AR 100-40 Prison Rape Elimination Procedure is a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It states, “*The Colorado Department of Corrections has a zero-tolerance policy regarding sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment.*”. It outlines the agency’s approach to preventing, detecting, and responding to such conduct.

The policy covers: zero tolerance, general information, categories of incidents, DOC employee, contract worker and volunteer training, offender screening and placement, facility sexually aggressive behavior/sexual vulnerable risk (SAB/SVR) assessment, offender orientation and education, data collection/tracking, reporting PREA incidents (employee and offender reporting methods/procedures), reporting to other confinement facilities, immediate response procedures, treatment for victims of sexual assault, investigations procedures, victim services, supervision and monitoring, and PREA incident reviews and data review for corrective action.

The PREA Zero Tolerance Policy Acknowledgement form that employees, contractors, and volunteers must sign clearly states “*In accordance with the Prison Rape Elimination Act of 2003 (PREA), CoreCivic has mandated a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited and will not be tolerated in CoreCivic facilities.*”

Interviews with staff and inmates verified that the agency and facility reinforce the zero tolerance policies. The agency has strategically discussed the zero-tolerance policy in education, training and materials that are provided. The auditor did not interview any staff or inmates that did not understand this policy.

115.11 (b) Core Civic employs Eric Pierson, an upper-level and agency-wide PREA Coordinator (PC). CoreCivic Policy 14-2 Sexual Abuse Prevention and Response defines the PC as “*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*”.

The position description provided for PC Pierson states his position is a Senior Director of PREA Programs and Compliance. It states the PC “*...develops, implements and oversees the company*

policies and procedures in complying with the standards....” The position descriptions essential functions list several duties, including developing/overseeing the implementation of PREA related policies/procedures, liaison, and resource for management and partners, coordinators implementation plans and actions, coordinates training as required by the standards, collects, and maintains data, and prepares annual reports, analyzes data to assess and improve the effectiveness of the PREA program.

The organizational chart provided shows PC Pierson as reporting to Steve Conry, Vice President of Core Services, who is also designated as the Agency Head Designee for purposes of conducted the PREA interview. The PAQ lists Mr. Pierson’s position as a Senior Director.

A email was provided as documentation appointing PC Pierson as the Senior Director, PREA Audit and Compliance, dated December 12, 2016.

The interview with the PC and the Agency Head Designee reinforced Mr. Pierson had the time and authority to complete his duties as the agency PC. Mr. Pierson reports there is another full-time agency-level position that assists him in ensuring statewide compliance with the PREA standards. That position is titled Agency Director of PREA Compliance and Investigations, and she was onsite during the audit on behalf of the Agency PREA Coordinator. While onsite and afterwards, the auditor was able to observe the PREA Coordinators level of authority, as evident when the PC was able to reinforce the agencies efforts to comply with PREA standards. The facility understood he had the authority to direct those changes.

Mr. Conry, the Agency Head Designee and Vice President of Core Services also discussed the agency PC position and level of responsibility and oversight within the organizational structure.

115.11 (c) At the time of the onsite audit, CoreCivic/ employed Paul Pacheco as the PREA compliance manager (PCM) at CCCF. The CCCF organizational chart provides listed PCM Pacheco as the Chief of Unit Management and has duties as the PCM. It shows his position reports to the Assistant Warden of Operations. The auditor interviewed PREA Compliance Manager, Paul Pacheco on October 7, 2021.

CDOC AR 100-40 Prison Rape Elimination Procedure states the Facility PREA is “*an individual at each facility with the authority to coordinate the facility’s efforts to comply with the Prison Rape Elimination (PREA) standards and applicable policies (115.11 (c)). This is referred to as the PREA Compliance Manager in the federal PREA Standards.*”

A memorandum dated January 4, 2021, was provided from Warden Goodrich to PCM Pacheco, letting him know he had been selected to serve as the PCM and as such he would be responsible to maintain responsibility for the facility’s sexual abuse response prevention program.

PCM Pacheco explained in his interview a collaborative approach to ensure that the facility is complying with PREA standards and explained how he would correct any areas of noncompliance. He said it would depend on the issue of compliance but would get input from others and would consult with the management team at the facility, including the Warden when applicable.

The auditor was able to observe PCM Pacheco’s level of authority while at the facility during the onsite portion of the audit. There were compliance issues that he was able to immediately remedy. Staff who were interviewed spoke very highly of PCM Pacheco and almost every staff at the facility knew that he was the PCM, and they would go to him with any PREA concerns or questions. Several inmates also said PCM Pacheco had an open-door policy, and that he had immediately addressed any concerns they had.

Although the facility has several vacant positions, including key leadership positions, PCM Pacheco described how he is able to prioritize his workload and get assistance from others in the facility as needed to prioritize PREA issues. The auditor was impressed with his level of commitment and knowledge of PREA.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ 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.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.):

- Memorandum dated 1/25/2021 from PCM Pacheco

Interviews:

- PREA Coordinator

Standard Analysis:

115.12 (a-b) The PAQ provided to the auditor states that the agency does not contract for confinement. CoreCivic is a private entity, contracting for the confinement of CDOC inmates. A memorandum from PCM Pacheco, dated January 25, 2021 states: "CoreCivic is not a public agency and does not subcontract for the confinement of inmates".

Since the agency does not contract for confinement, the agency contracts administrator was not interviewed as part of the audit.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard. The agency does not contract for confinement with other entities but is the contracted agency.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

The following evidence was analyzed in making a compliance determination:

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 100-40 Prison Rape Elimination Procedure Adjustments Page
- AR Form 100-01A Administrative Regulation Implementation /Adjustments
- Camera Locations/Mapping
- Incident Report
- CoreCivic Crowley County Correctional Facility Supervisor Unannounced Rounds PREA

Interviews:

- Warden
- PREA Coordinator
- PREA Compliance Manager
- Intermediates and higher-level staff

Standard Analysis:

115.13 (a) AR Form 100-01A Administrative Regulation Implementation /Adjustments states “FSC 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 staffing.

In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration:

- a. Generally accepted detention and correctional practices;*
- b. Any judicial findings of inadequacy;*
- c. Any findings of inadequacy from federal investigative agencies;*
- d. Any findings of inadequacy from internal or external oversight bodies;*
- e. All components of the facility's physical plant (including "blind spots" or areas where staff or inmates /residents may be isolated);*
- f. The composition of the inmate/resident population;*
- g. The number and placement of supervisory staff;*
- h. Institutional programs occurring on a particular shift;*
- i. Any applicable state or local laws, regulations, or standards;*
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and*
- k. Any other relevant factors."*

The Annual PREA Staffing Plan Assessment for 2019 and 2020 was provided to the auditor as documentation. Each staffing plan considers all enumerated factors 1-11 as outlined in policy and also included a PREA incident report listing out all PREA incidents for the year being reviewed. The PC advised they were working on the 2021-2022 staffing plan. The PREA staffing Plans were reviewed and signed by the PCM, the Warden, FSC PREA Coordinator, and the Vice President.

An incident report was also provided as documentation, detailing the locations of each PREA related incident at the facility. It did not appear there was a pattern of PREA incidents occurring any one location.

The PCM and Warden explained the facility has been operating off critical staffing levels during Covid. The critical staffing plan was provided to the auditor, which considered all enumerated factors listed above.

115.13 (b) Form 100-01A Administrative Regulation Implementation /Adjustments states, *"the facility shall make its best effort to comply, on a regular basis, with the approved PREA Staffing Plan and shall document and justify all deviations. Deviations shall be documented, and notification made on the 5-1B Notice to Administration via the Incident Reporting Database (IRD)." It also states, "notify the FSC PREA Coordinator of the deviations within seven (7) calendar days; to include a description of any corrective actions that were taken to resolve the deviation."*

Whenever the facility deviates from its PREA approved critical staffing plan, it must provide documentation to contracted agency/CDOC. Several examples of the facility falling below the staffing levels were provided to the auditor as documentation. The form outlines the date and time of the incident and was completed by the captain on shift. It explains which post changes were made and why they were made, such as staff no call no show, or unexpected medical posts. It also explains that they were not able to hire overtime as all staff had reached the maximum hours for the day, or that all attempts were made to contact off duty staff to cover posts.

The PCM and Warden explained the facility documents all deviations from the staffing plan, as required by their contract with CDOC. The PCM said the most common reasons for deviations include staffing, call-in's, FMLA and training.

115.13 (c) CDOC AR 100-40 Prison Rape Elimination Procedure, states *"whenever necessary, but no less frequently than once each year, each facility operated by DOC, in consultation with the PREA*

Administrator and facility PREA coordinator, will assess, determine, and document whether adjustments are needed to the facility staffing plan”.

Form 100-01A Administrative Regulation Implementation /Adjustments states “*whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA staffing plan will be completed.*”

The Warden/Administrator, PREA Compliance Manager, and FSC PREA Compliance Coordinator will schedule a conference call to complete the 14-21 Annual Staffing Plan Assessment. Upon completions of the review, the Warden/Administrator and PREA Compliance Manager will sign the 14-21 Annual PREA Staffing Plan Assessment and forward it to the FSC PREA Compliance Coordinator.

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

- a. The staffing plan established as outlined above;*
- b. The facility’s deployment of video monitoring systems and other monitoring technologies; and*
- c. The resources the facility has available to commit to ensure adherence to the staffing plan.”*

The staffing plan is completed on an annual basis, and examples for 2019 and 2020 were provided to the auditor as documentation. The PC was a reviewer on the staffing plan which describe the staffing plan pursuant to paragraph (a) of this section, the facility’s deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan.

The PC, Warden and the PCM understood this requirement and described the process.

115.13 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states “*lieutenants or higher-level supervisors will conduct and document unannounced facility rounds to identify and deter sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment. Such unannounced rounds will occur during all shifts. DOC employees are prohibited from alerting others that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.*”

The PCM explained that shift supervisors conduct unannounced rounds for the purpose of deterring sexual abuse/sexual harassment every shift in the housing units and weekly in other locations in the facility. Other managers conduct rounds in all areas at least once per week and randomly.

Samples of completed CoreCivic Crowley County Correctional Facility Supervisor Unannounced Rounds PREA form was provided as documentation for several days. This log documented rounds by the following supervisors: Warden, Assistant Wardens of Operations and Programs, Chief of Security, Chief of Unit Management, Facility Duty Officer, First Shift Supervisor, Second Shift Supervisor, QA Manager, Safety Manager and Chaplain. The supervisor signs on the applicable day of the week and each log lists the location it is in and what shift the supervisor is on that is signing the log.

The PCM also explained that in the housing units, the pod control staff also documented when visitors, including supervisors toured the areas in the pods. The auditor viewed the logbooks onsite and confirmed that they were also documenting the supervisor rounds in the housing units.

The auditor interviewed 2 Supervisory Staff that conduct unannounced rounds. Both were able to describe to the auditor their strategies in ensuring rounds are frequently completed and completely unannounced. The Supervisors were able to describe how the intent of the rounds was to identify and

deter sexual abuse and sexual harassment, and how they assured the rounds were at varied times of the day, without a detectable pattern for route or timing. One supervisor explained he would use different entrances into the area and would at times, use an alternative entrance such as a back door.

Staff interviews verified that they understood they were unable to alert other employees that supervisory rounds are occurring. Inmates mentioned seeing supervisors tour through living units and other areas frequently.

The auditor requested and reviewed unannounced rounds logs for the 2nd week of each month, for the 6 months prior to the audit, in addition to random logbooks that were provided in documentation. The auditor also reviewed logbooks onsite, when walking through the areas. Most areas have logbooks for supervisors to sign, including programs and work areas. Logbooks indicated frequent rounds were being conducted in accordance with this standard.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- 1/25/2021 Memorandum Youthful Offenders

Interviews:

- PREA Compliance Manager

Standard Analysis:

The PAQ states the facility does not house youthful inmates under the age of 18. A memorandum provided from PCM Pacheco dated January 25, 2021 states "*Crowley County Correctional Facility is an adult male facility and does not house Youthful Offenders*".

The age range for the inmate population states inmates 19-84 years old are housed there. During the onsite audit, the auditor reviewed the date of birth of the inmates who were currently at the facility and there was no indication that youthful inmates were housed there.

CDOC AR 100-40 Prison Rape Elimination Procedure states "*youthful inmates will not be placed in housing units in which they will have sight, sound or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters.*

- 1) *In areas outside of housing units, DOC will either: maintain sight and sound separation between youthful inmates and adult offenders or provide direct staff supervision when youthful inmates and adult offenders have sight, sound, or physical contact.*
- 2) *Facilities will make its best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, facilities will not deny youthful inmates daily large muscle exercise or any legally required special education services to comply with this provision. Youthful inmates will also have access to other programs and work opportunities to the extent possible."*

Conclusion:

The auditor has determined the facility is in full compliance of every provision with this standard. The facility does not house youthful inmates under the age of 18.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

- Does the facility have policies that enables inmates 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 inmates 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 inmate housing unit? ☒ Yes ☐ No

115.15 (e)

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

115.15 (f)

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

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 300-06 Searches and Contraband Control
- CDOC AR 700-14 Management of Offenders with Gender Dysphoria
- 5-1-B Notification to Administration Packet – Cross Gender Strip Search
- Strip Search Log Sample
- Implementation of AR 700-14 Directive
- Unit Logbook, Opposite Gender Announcement

- Lesson Plan – Searches
- 4-2A Training Rosters
- Female Staff Trained on Strip Search of Transgender Offenders

Interviews:

- Random Staff
- Random Inmates

Standard Analysis:

115.15 (a) CDOC AR 300-06 Searches and Contraband Control states *“A strip search, including a non-invasive visual inspection of offender body cavities, will be conducted based on a reasonable belief that the offender is carrying contraband or other prohibited material. Reasonable belief is not required when offenders return from contact with the general public or from outside the facility. Such searches will be conducted by a DOC employee of the same sex as the offender being searched, except in exigent circumstances or when performed by medical practitioners.”*

The PAQ states that in the past 12 months, there have been no instances where this has occurred.

Interviews with staff reinforced that they would not conduct cross-gender strip or visual body cavity searches except in exigent circumstances. There was no indication this had occurred in the past.

The auditor was told that the facility had recently began approving transgender inmates at the facility to be searched by female staff when a trained staff agrees and is able to conduct the search. The PCM reported there are currently two trained female staff who are willing to do these searches and that he is actively soliciting other female staff that might be willing to do the searches. Since the inmate is biologically a male, but identifies as a female, the facility indicated they would document these searches if/when they occur. There had been no examples of this occurring to provide to the auditor.

115.15 (b) requires that if a facility had a capacity to not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, etc.

CCCF does not house female inmates, therefore this provision is not applicable, however CDOC AR 300-06 Searches and Contraband Control states *“Universal pat searches of male offenders may be conducted by DOC employees or contract workers of either sex; female offenders will only be pat searched by female DOC employees or contract workers, absent exigent circumstances”*.

115.15 (c) CDOC AR 300-06 Searches and Contraband Control states *“Whenever a cross-gender pat search of a female inmate/inmate, cross gender body cavity inspection of any inmate/inmate, cross-gender strip search of any inmate/inmate, or body cavity search of any inmate/inmate does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 1-1B Notice to Administration (NTA) in accordance with CoreCivic Policy 5-1 Incident Reporting. Details of the exigent circumstances must be included in all log entries and 1-1B Notices.”*

CDOC AR 300-06 Searches and Contraband Control also states, *“Opposite gender pat searches of female offenders will be documented in an incident report.”*

The PAQ also states these types of searches would be documented, and that none had occurred.

Staff interviews confirmed the requirement that these searches be documented, and all staff said they were not aware of an instance where cross-gender strip searches /visual cavity searches had been

completed in the past. No inmate interviews indicated this had occurred, and all said same gender staff conducted the search.

115.15 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states *“In order to enable offenders to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, staff of the opposite gender will announce their presence when entering an offender housing unit at the beginning of each shift. If opposite gender status quo changes during that shift another announcement is required. For example, If female a staff member is assigned to a male housing unit for the duration of a shift, only one announcement at the beginning of the shift is required in regard to that gender’s presence. If the opposite gender leaves the area and later reenters the area, an announcement of their presence in the housing unit or area where the offenders may be showering, performing bodily functions, or changing clothing will be made. The announcement will be made in such a manner that is most likely to be heard, such as the intercom system, and will make it clear that a staff member of the opposite gender has entered the unit (i.e. “a male/female staff member is on the floor/unit”). However, on graveyard shift, the announcement can be made verbally. It should be loud enough for those offenders who are awake to hear, but not loud enough to disturb those sleeping. Non-routine visits to the unit, to include tours or vendors, will be announced.”*

New employee training reinforces that staff must announce their presence when entering an opposing gender housing unit by saying “male” or “female on the run.” The training also warns that PREA violations can occur when staff fail to announce opposite gender presence when entering an inmate’s housing unit. There is also a test question at the end of the training that discusses this requirement.

A memorandum from the PCM, dated July 15, 2021 was provided that said *“This memo is being generated in order to maintain compliance for PREA Standard 115.15 Limits to cross gender viewing and searches. Effective today, 7-15-21, the control room officer will no longer need to verbally announce the PREA announcement at the beginning of each shift as we currently do. On the logbook stamp where it indicates ‘PREA announcement made in the pods at the beginning of shift staff will put N/A on that line. Staff of the opposite gender will continue to announce their presence in each pod EACH TIME they enter. This information needs to be logged into the logbook each time they announce and enter the pod. Example: C/O Smith enters A-pod to conduct a security check. (Opposite gender announcement made).”*

The Offender Handbook states that *“PREA Announcements in the cell blocks: At the beginning of each shift, 0600hrs. 1400 hrs., 2200 hrs., the announcement ‘Female staff may be in the unit or area at any time throughout the day. Offenders will be held accountable for conducting themselves accordingly’ will be made via the intercom by the control center. Anytime staff of the opposite gender enters the pods, they will announce ‘female on the floor.’ It will be said loud enough for inmates to know there is a female entering the pod. This is so that if an inmate is in the shower or in the cell changing or using the latrine area, they can conduct themselves accordingly.”*

It was recommended that the handbook be updated to remove the information that announcements will be conducted at the beginning of shifts. This was completed and provided to the auditor during the onsite visit.

It was noted in Town Hall Meeting Records that the opposite gender announcement was discussed on January 6, 2021 in at least one of the units (Unit 1).

During the onsite visit, the auditor was able to observe female staff announcing themselves on the housing unit. A reminder to announce was painted on every door to the housing units. The door at each housing unit has a stenciled sign that says, “Opposite Gender Must Announce Upon Entry.”

All staff were aware of the requirements for opposite gender staff to announce themselves when on the housing unit and that inmates were able 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 incidental to a routine cell check. Some male staff said that they make sure female staff are announced and will do so when they walk in to make sure inmates hear it.

Most inmates said that female staff announced themselves when entering a housing unit. Some indicated that once in a while a female staff would forget to announce but indicated that inmates were very aware when female staff were in the unit.

Inmates all said that they had the opportunity to shower, use the restroom, etc. without female staff viewing them. They explained there are curtains on the showers and female staff stayed away from the shower areas when they were using them.

Photos were provided of bathroom and shower areas to show that barrier and/or curtains were available for privacy concerns. The auditor also viewed these areas when onsite. The auditor required two areas be adjusted to be compliant with this standard.

In the outside yard there are urinals with a low wall for inmates to use. The auditor believes it is low enough that some opposite gender viewing may occur if the female staff was close to the urinal. The auditor requested something be done to remedy this area, including either adding a brick to build it up several inches, or remove the urinal if the facility should chose. The facility entered a corrective action period and later provided the auditor with photo documentation showing the height was raised to provide additional privacy.

The Restricted Housing has showers that have windows viewing directly into them. The auditor was told that female staff may work in the area and see into the shower area. The facility had already purchased a curtain to place over the outside of the window, but it was not up when the auditor conducted the tour. The auditor requested the facility ensure the covering is placed on the window and that staff be educated on its use.

There are coverings in all the other housing units to ensure opposite gender staff cannot view an inmate in the shower. Some showers have full curtains, and others have a wall that only showed the upper portion of the inmate. All other toilet areas in the facility had doors or curtains for privacy. The auditor viewed several positions to ensure that staff in various areas of the facility could not view into the shower areas. For example, the auditor viewed down from top tiers, and from housing unit pods to ensure there was privacy.

The auditor was able to view the camera system to ensure there were no opposite gender viewing issues. There are a few cells located in the facilities medical area that have cameras located in the cells. The auditor was able to view the cells and there was a block placed where the toilet is to ensure opposite gender staff working cannot view an inmate's genitals when using the toilet. The auditor asked the physical plant staff if they were able to remove that block, and they were told the facilities corporate office would be the only ones who could remove the block.

115.15 (e) CDOC AR 100-40 Prison Rape Elimination Procedure states "*The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the inmate/inmate's genital status. If the offender's genital status is unknown, it may be determined during conversations with the inmate/inmate by reviewing medical records, or, if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner.*"

Training provided to staff states *“when operationally feasible, personnel will rely on the gender identification provided by the customer agency. If not available, staff will rely on the gender identify as indicated in writing during the intake process. Staff may not conduct strip searches for the sole purpose of identifying the inmate/detainee’s gender.*

Cross gender pat searches and searches of transgender and intersex inmates, will be conducted in a professional manner , and least intrusive manner possible, consistent with security needs.”

Transgender inmates were interviewed, and none had indicated they had been searched or physically examined for the sole purpose of determining their genital status.

All staff were aware of this requirement and would not take part in a search to determine an inmate’s genitals.

115.15 (f) CDOC AR 100-40 Prison Rape Elimination Procedure states, *“DOC employees will be trained in how to conduct a universal pat search which includes searches of transgender and intersex offenders.”.*

CDOC AR 300-06 Searches and Contraband Control states, *“DOC employees are trained in how to conduct universal pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.*

- a. *Universal pat searches of male offender’s male offender may be conducted by DOC employees or contract workers of either sex; female offenders will only be universal pat searched by female DOC employees or contract workers, absent exigent circumstances.*
- b. *Offenders that identify as female transgender may request to be searched by a female employee. The request will be honored if an employee of the designated gender is available and willing to conduct the search unless exigent circumstances dictate the need for an immediate search by available personnel.”*

Search Procedure training was provided as documentation.

Staff who were interviewed at the facility were able to articulate how they would search a transgender/ intersex inmate if one were housed at the facility.

Corrective Action and Conclusion:

In the outside yard there are urinals with a low wall for inmates to use. The auditor believed it was low enough that some opposite gender viewing may occur if the female staff was close to the urinal. The auditor requested something is done to remedy this area, including either adding a brick to build it up several inches, or remove the urinal if the facility should chose. The facility chose to modify the area by adding a brick and would provide documentation once complete. The facility entered a corrective action period until this could be completed.

The facility provided photo evidence that the urinal was modified on 2/25/2022. The facility is now in full compliance with this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate'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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 100-19 Communication with Offenders
- CDOC AR 850-07 Offender Reception and Orientation
- CDOC Crowley Contract
- CDOC AR Clinical Standards and Procedures, Behavioral Health Treatment Needs Levels
- Photo and Location of TTY (Phone for Deaf)
- Magnifier Photo
- Note to file indicating PREA Videos are Available with Sub-Titles for the Deaf
- Language Line Services
- Spanish Version of Orientation Verification
- Crowley County Correctional Facility List of Staff Translators

- Facility Name – Offender Orientation Verification Form
- PREA Q & A with CoreCivic Vice President, Operations Administration

Interviews:

- Inmates who are Limited English Proficient
- Inmates with Disabilities
- Random Staff
- Intake Staff
- Director Designee

Standard Analysis:

115.16 (a) requires the agency to take appropriate steps to ensure that inmates with disabilities (including, for example, inmates 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 the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, to ensure effective communication with inmates 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. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

CDOC AR 100-40 Prison Rape Elimination Procedure states *"DOC may not rely on offenders for assistance if an offender suspect for victim is hard of hearing, blind, deaf or low vision or for those who have intellectual, psychiatric or speech disabilities, or are limited English proficient. For information on acquiring appropriate interpretation and translation services see ARR 100-19 Communication with Offender."*

CDOC AR 100-19 Communication with Offenders states *"When employees or contract worker are not able to adequately translate or interpret, the services of qualified language translators /interpreters for non-English speaking offenders will be obtained. Arrangements for such services and their cost will be borne by the requesting facility."*

CDOC AR 100-19 Communication with Offenders also states, *"Sign language interpretation is required for PREA related communication including but not limited to: investigations, victim rights/advocacy and resources."*

The Facility Name – Offender Orientation Verification Form has checkboxes for inmates to request and document whether they wanted and received orientation materials in large print, audio/visual, American sign language, other language and other. The auditor reviewed several forms, and all had been completed appropriately.

The facility explained that most inmates who have serious disabilities are not housed at this facility. There were some inmates with some physical disabilities that required the use of an inmate "helper"

that were interviewed by the auditor. None would have needed any PREA information in addition to what any other inmate would have needed. All understood PREA and how to report.

The Agency PREA Coordinator explained that CoreCivic has a contract with the Language Line that covers every facility. Deaf inmates utilize a feature of the language line that enables video access for sign language translators but there were no deaf inmates at the facility for the auditor to interview. The facility was aware that inmates with disabilities need equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment and would make sure each inmate was provided with services available to them.

The Vice President of Operations provided a Q & A, in which he explained 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 even have an MOU with organizations in the locate communities to provide translation services when needed. TTY Phones are provided, and arrangements are also made to assist those inmates/residents who are blind."*

The Intake staff that provide initial PREA information understood all inmates should have access to the information and that they may need to make special accommodations if the inmate needed it.

Many of the inmates interviewed had a great deal of understanding about PREA. They said they received and understood PREA training and provided appropriate accommodations when needed.

115.16 (b) CDOC AR 100-19 Communication with Offenders states *"Translation and/or interpretation for Prison Rape Elimination Act (PREA) related communication including but not limited to offender education, orientation, investigations, grievances, COPD procedures, medical/mental health services and victim rights/advocacy will be offered so that offenders with limited English proficiency can participate in or benefit from all aspects of the department's efforts to prevent, detect, respond to sexual abuse and sexual harassment For PREA related translation and interpretation needs, contact the facility PREA coordinator."*

The inmate handbook and video was also provided in Spanish. Additionally, all PREA information painted throughout the facility was also painted in Spanish.

The contract with the language line explained that it would cover different languages and how to access the services. The auditor was provided with instructions on how to utilize this service and has used it on other occasions and is familiar with how it works.

A memorandum from Barry Goodrich, dated July 9, 2021 provided a list of 8 staff interpreters who were able to interpret in Spanish.

Staff verified an understanding of what meaningful steps would be. Facility interpreters must be able to interpret effectively, accurately, and impartially, both receptively and expressively, or they would not be used.

The auditor was able to interview 3 Spanish speaking inmates while utilizing a staff interpreter. Two of the three inmates were not clear on what PREA was, and how to report it if something occurred. The auditor explained PREA and how to report, which the staff translated. It would be recommended that the facility pay particular close attention to make sure inmates who are limited English proficient understand PREA. Since comprehensive education was not provided at the facility, it is understandable that the inmates didn't pay particular attention to the flyer they received at intake.

Inmates who are limited English proficient should receive comprehensive education as part of the corrective action for 115.33.

115.16 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states “DOC will not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety or impede in the performance of first-responder duties. If an offender interpreter, offender reader, or other type of offender assistant was used, the OIG investigator will document it in their report and will notify the OIG victim rights coordinator, who will document it in their database.”

Most staff was aware of this requirement. Only one explained they might utilize an inmate interpreter but after discussing with the auditor, understood this would not be allowed under PREA. Staff would utilize the language line or another staff who can interpret.

The facility reported in the PAQ that there were no instances where inmate interpreters, reader, or other types of inmate assistants have been used for this purpose. There was no indication from inmates that this had occurred.

Conclusion

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 100-01A Prison Rape Elimination Implementation/Adjustments Page
- CDOC AR 1150-14 Background Investigations
- CoreCivic Form 14-2H Self Declaration of Sexual Abuse/Sexual
- Signed 14-2H Forms for Applicant, Employee, and Contractor Applicants
- Memo indicating Yearly CDOC Background Checks
- Prison Rape Elimination Act (PREA) Questionnaire for Prior Institutional Employees Form
- Contract CDOC and Crowley County Effective July 1, 2019

Interviews:

- Human Resources Manager

Standard Analysis:

115.17 (a) CDOC AR 1150-14 Background Investigations states “DOC will not hire or promote any individuals, and will not enlist the services of any contractor, who

- a. 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);
- b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. Been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.a., b.”

CDOC AR 1150-14 Background Investigations also states, “all promotional candidates will be made aware by the appointing authority that promotions are contingent upon successful completion of a background investigation as outlined by Federal mandate.”

CDOC AR 100-01A Prison Rape Elimination Implementation/Adjustments Page states “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:

- . 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);
- b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. Been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.a., b.”

The Human Resources Manager interviewed confirmed CCCF had not hired or promoted individuals that met this criteria. During employee file reviews, there were no employees or contractors that indicated they had these issues.

The Human Resources Manager said a background investigation is completed on every staff and contractor to ensure the applicant doesn’t have any of these things listed in their background.

A list of staff and contractors were provided to the auditor. The auditor randomly selected staff and contractors from the list provided and asked to see the application and new hire information. There were no staff or contractors with any indication (either self-reported, or through a criminal history check) they had had any incidents of prior sexual misconduct as described in this provision.

The auditor was provided with a contract between CDOC and CCCF, which states “CDOC will perform preliminary background investigations. Criminal background checks, for all Contractors’ nominated employees. Contractor will ensure preliminary background investigations are completed before offering employment to work, or allowing employees, volunteers, consultants, independent contractors, Subcontractors, and the employees and agents of each access to the Facility.”

The contract between CDOC and CCCF also states “Individuals who are being considered for employment, or who are assigned to the Facility, must meet eligibility criteria:

- a. Be at least 21 years of age with a valid driver’s license;
- b. No record of a felony conviction, adult or juvenile. Felony convictions, adult or juvenile, are ascertained through NCIC/CCIC and fingerprint checks as referenced in §9.J.ii. No under active probation, supervised or unsupervised, or deferred sentence for a misdemeanor offense. Applicants are ineligible for one (1) year from the date of disposition by the court except as noted in §9.K.i.c; c. Domestic violence convictions, and domestic violence related convictions make an applicant permanently ineligible for employment for any position,

transfer, or promotion in which the applicant has direct contact and control of Colorado offenders. Any crimes against at-risk-adults, crimes against children, crimes related to PREA, sexual misconduct, or hate crimes make an applicant permanently ineligible for employment;

- Domestic violence related crimes include but are not limited to third degree assault, harassment, menacing, unlawful sexual contact, disorderly conduct, vehicular assault, reckless endangerment, and prohibited use of weapons.*
- A deferred sentence for domestic violence and domestic violence related misdemeanor offenses or other crimes of violence or moral turpitude will be ineligible and remain ineligible until three (3) years have passed from the date of the successful completion of the deferred/dismissed sentence. If the crime involved the use or threatened use of a deadly weapon the applicant will be deemed permanently ineligible. The applicant/record must produce clear evidence of successful completion and dismissal by the court."*

115.17 (b) CDOC AR 1150-14 Background Investigations states *"DOC will consider any incident of sexual harassment in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with offenders."*

CDOC AR 100-01A Prison Rape Elimination Implementation/Adjustments Page 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."*

CoreCivic Form 14-2H Self Declaration of Sexual Abuse/Sexual was provided as documentation and asks applicants, employees, and contractors about previous substantiated sexual harassment allegations.

The Human Resources Manager confirmed sexual harassment would be considered when hiring and promoting individuals, as specified in the policy. A 14-2H Self-Declaration of Sexual Abuse and Harassment Form and the reference check process includes the PREA questions.

The auditor was able to confirm in the review of the new hires and contractors, that no one who had been hired had prior sexual harassment allegations.

115.17 (c) CDOC AR 1150-14 Background Investigations states *"Those applying for classified, non-classified, or management positions will complete the required background questionnaires as part of the required online application process."*

- 1. Before hiring new employees who may have contact with offenders, DOC will:*
 - (a) Perform a criminal background records check and*
 - (b) Consistent with Federal, State, and local law, BIU will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual assault or any resignation during a pending investigations of an allegation of sexual abuse or sexual assault."*

CDOC AR 100-01A Prison Rape Elimination Implementation/Adjustments Page states *"in accordance with the management contract and AR 1150-14 Background Investigations, all applicants, intra-agency transfers, and reinstatements shall be made aware by the appointing authority that appointments/continue employment are contingent upon successful completion of the background investigation."*

CDOC AR 100-01A Prison Rape Elimination Implementation/Adjustments Page also states *"the 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall also serve as verification of an*

employee's and/or contractors' fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as outline in 1a.-c above."

The facility utilized a Prison Rape Elimination Act (PREA) Questionnaire for Prior Institutional Employees Form to document contacting previous institutional employers. Samples of completed forms were provided to the auditor for review.

The auditor was able to review new hire records for employees hired in the past 12 months with prior institutional experience and the applicable form was completed and in their file. The Human Resources Manager explained this is completed every time there is a new hire.

115.17 (d) CDOC AR 1150-14 Background Investigations states *"a preliminary background check will be conducted on an applicant if the applicant has not been previously selected for employment with the DOC but has previously passed a background investigation in less than a year time period. The preliminary check includes, but is not limited to, an NIC/CCIC check and court records review. A Phase II integrity interview may be required by BIU.*

The auditor was able to verify by reviewing employee and contractor records that they did have a criminal history check before starting at the facility. The Human Resource Manager verified this is the practice and it is completed by the CDOC. The CDOC notifies CCCF the applicant is clear to work in the facility.

115.17 (e) CDOC AR 1150-14 Background Investigations states *"DOC will conduct criminal background checks at least every five years for current employees and contractors who may have contact with offenders."*

A memorandum was provided as documentation from the Learning and Development Manager which said *"Colorado Department of Corrections Private Prison Monitoring Unit runs our employee background checks on an annual basis. These are ran quarterly according to the employee's birthday. PPMU monitor calls to verify employee are still employed at the beginning of the quarter. The results are emailed to the Crowley County Correctional Facility HR department by the end of each quarter."*

The Human Resources Manager explained at least once every five years, bur ordinarily once a year a criminal history check for every current employee and contractor that works at CCCF will be ran by CDOC by the inmate's birthday month, and CDOC will notify CCCF of the outcome.

115.17 (f) CDOC AR 1150-14 Background Investigations states *"DOC will ask all applicants and employees who may have contact with offenders directly about previous misconduct described in IV E. in this policy, in written applications, or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees. DOC will also impose upon employees a continuing affirmative duty to disclose any such misconduct."*

CDOC AR 100-01A Prison Rape Elimination Implementation/Adjustments Page states *"The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form will be completed as part of the hiring process and part of the promotional process."*

The 14-2H Self Declaration of Sexual Abuse/Sexual Harassment for was provided as documentation. It asks if the employee/applicant/contractor about previous allegations as defined in 115.17 (a), and states they have a continuing affirmative duty to disclose any facts that would change any of the answers and explains that material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination or refusal to hire.

The Human Resources Manager provided several of these forms that had been completed by applicants, employees, and contractors as documentation.

The Human Resources Manager said CCCF does conduct an annual evaluation, but the employee does not conduct a self-evaluation as part of that process. The auditor reviewed the form and verified a self-evaluation is not part of that process.

115.17 (g) CDOC AR 1150-14 Background Investigations states “*Material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination.*”

CDOC AR 100-01A Prison Rape Elimination Implementation/Adjustments Page states “*Refusal to participate in any portion of the background process with disqualify a person from employment. Any false, incomplete, inaccurate, or omission of information requested during the background investigation may be grounds for disqualification for employment or following an employment, termination from employment.*”

CDOC AR 100-01A Prison Rape Elimination Implementation/Adjustments Page also states “*NOTE: In compliance with PREA Standard 115.17 (g) and to the extent permitted by law, CoreCivic may decline to hire or promoted and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information.*”

There were no examples of this occurring, however, the Human Resources Manager was aware of the requirement.

115.17 (h) CDOC AR 1150-14 Background Investigations states “*unless prohibited by law, DOC will provide information on substantiated allegations of sexual abuse, sexual assault or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.*”

Examples of the facility providing this information to an institutional employer was provided as documentation.

The Human Resources Manager was also aware of the requirement.

Corrective Action and Conclusion

The auditor had not received all the information requested to assess compliance with this standard at the time of the interim report. The facility provided information on the five-missing staff records during corrective action and the documents were assessed as being compliant. The auditor has determined the facility is in full compliance of this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A)

if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

☒ Yes ☐ No ☐ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates 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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CoreCivic Form 07-01B1 PREA Physical Plant Considerations (Cameras)
- Record Drawings and Alterations/Additions Policy
- List and Map showing the Facilities Cameras
- Maintenance Work Order Forms

Interviews:

- Agency Head
- Warden
- PREA Coordinator
- PREA Compliance Manager
- Physical Plant Staff

Standard Analysis:

115.18 (a) requires 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 inmates from sexual abuse.

The *71-B PREA Physical Plant* form was submitted as documentation. The form discusses the considerations for the project and asks to consider how technology may enhance the agency's ability to protect an inmate from sexual abuse.

The facility said there was only one modification that would qualify under this standard. A modification was made in G-Building to repurpose an area to build a carpentry program. The completed *71-B PREA Physical Plant* form was submitted to the auditor as documentation. The facility requested that several walls be removed for greater visibility of the area.

The warden said during his interview that he was aware of this requirement and that PREA would always be considered during qualifying modifications.

The Agency Head Designee said during his interview that his team works closely with those in his agency that design, modify, and expand facilities. He said a form must be filled out, and the PC reviews all forms to do a PREA review. He also said there are times the PC will go onsite and do an in-person review to ensure PREA is covered.

In a Q & A provided from the Vice President of Operations Administration, he said *"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 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 is used to ensure PREA is considered when initiating a renovation/new construction."*

CoreCivic owns the building that CCCF is operated out of, therefore CoreCivic is responsible to ensure PREA considerations are made when any modifications or expansions are made.

115.18 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates/detainees from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations."

The facility has several cameras throughout the facility. The facility self-reported they have 90 days of video storage. A detailed list of all cameras was provided to the auditor along with a map of camera locations. The auditor was able to observe the camera footage while onsite during the audit. The quality of the cameras was good and had adequate coverage throughout the facility. There were only a few areas the auditor recommended adding a camera if funding /extra cameras became available.

The warden discussed camera upgrades and the process for requesting additional cameras. He understood that when modifying/adding technology that they would need to consider how such technology may enhance the ability to protect inmates from sexual abuse.

The Agency Head Designee explained during his interview in detail how the agency replaces and expands camera systems. He can view the cameras from his office, and states they have an agency commitment to have high-quality camera coverage.

In a Q & A provided from the Vice President of Operations Administration, he said “*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.*”

Conclusion

The auditor has determined the facility is in full compliance with every provision of this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where 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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CoreCivic Policy 13-79 Sexual Assault Response and 13-79A Sexual Assault Protocol
- CDOC AR 1150-07 Crime Scene Management and Criminal Evidence Handling
- CDOC AR 1150-18 Offender Crime Victim Rights
- Email Regarding MOU Clarification
- Letter from Parkview Medical Center
- MOU between Parkview Medical Center and Colorado Department of Corrections
- MOU between T.E.S.S.A. and Colorado Department of Corrections
- 14-C Sexual Abuse Incident Checklist

Interviews:

- PREA Compliance Manager
- PREA Coordinator
- SANE Representative from Medical Center
- Victim Advocates
- Administrative and Criminal Investigators
- Inmates who Reported Sexual Abuse

Standard Analysis:

115.21 (a) CDOC AR 100-40 Prison Rape Elimination Procedure outlines CCCF's response to allegations of sexual abuse. It explains first responder duties, medical and mental health response, SANE exams, victim advocacy response, investigative procedures, and evidence collection. It states, "*It is the policy of the DOC to provide a coordinated victim-centered response to reports of sexual assault.*"

CDOC AR 1150-07 Crime Scene Management and Criminal Evidence Handling states "*OIG investigators will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.*"

A Sexual Abuse Incident Check Sheet, form 14-2C was provided which discusses evidence collection procedures and guides the author how to ensure evidence is protected. Completed forms were provided as documentation.

At CCCF OIG investigators conduct administrative and criminal investigations. The OIG investigator was interviewed as part of the audit and was able to clearly articulate the evidence protocol that maximizes the potential for obtaining usable physical evidence.

Staff that were interviewed understood the evidence protocol that maximizes the potential for obtaining usable physical evidence.

115.21 (b) CDOC AR 1150-07 Crime Scene Management and Criminal Evidence Handling states *“The sexual assault protocol is the most recent edition of the U.S. Department of Justice Office on Violence Against Women publication A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*

The protocol was reviewed and was appropriately developed.

115.21 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.”*

A MOU between Parkview Medical Center and The Colorado Department of Corrections was provided as documentation. The MOU explains how it provides sexual assault medical-forensic examinations to offenders of the Colorado Department of Corrections at its hospital. The MOU explains that a SANE will provide a timely medical-forensic examination and suspect evidence collection, and treatment on patients from the CDOC in accordance with Evidence Collection Protocol. The MOU was signed in June 2017 and is effective for five years after the date signed with an option to extend the MOU for an additional five years based on CDOC’s sole discretion.

A letter from the Senior Vice President of Parkview Medical Center to CCCF dated April 7, 2021 was provided as secondary documentation. It states *“This letter serves as verification that Parkview Medical Center agrees to continue to provide Inpatient, Outpatient Emergency, and SANE nursing services for offenders from the Crowley County Correctional Facility for the upcoming year, 2021. Parkview will continue to abide by its policies, procedures, notification and updates for prison inmates as patients as provided to your facility in previous years.”*

The auditor spoke by phone with the SANE Coordinator from Parkview Medical Center. She was able to confirm that inmates from CCCF were offered a SANE at Parkview Medical Center. She said the examination would always be done by a SANE, however during COVID-19 there are times a SANE is not immediately available. She said if that was the case, the inmate would be asked to wait until a SANE is available or would ask the facility to send the inmate to another facility. She was not able to identify when the last time a SANE took place with a CCCF inmate. She said Parkview also provides SANE’s for other facilities.

115.21 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states *“The OIG investigator will determine if there is a victim. If the allegation involves sexual assault or sexual abuse (excluding sexual harassment or sexual misconduct), the OIG investigator will initiate victim advocacy services. The OIG offender victim rights coordinator or designee will be contacted who will attempt to make available to the victim of a suspected sexual assault or sexual abuse (excluding sexual harassment or sexual*

misconduct) a victim advocate from a rape crises center. If a victim advocate from a rape crises center is not available to provide advocate services, the OIG offender victim rights coordinator, qualified staff member or a victim advocate from a community-based organization will respond."

CDOC AR 1150-18 Offender Crime Victim Rights states "*OIG offender victim rights coordinator or designee will attempt to make available to the victim advocate services then a qualified staff member from a community-based organization, a DOC qualified staff member or OIG victim rights coordinator will provide these services as soon as possible, which may be the next business day.*"

The Pueblo Rape Crises Center has an MOU with the Parkview Medical Center and are called for SANE examinations. Additionally the CDOC also contracts with T.E.S.S.A to provide SANE examinations if needed, although it was explained that this agency is primarily used to provide confidential support services and not SANE response, as that is primarily done by the Pueblo Rape Crises Center.

The auditor left multiple phone message for the Pueblo Rape Crises Center to discuss the services they provide to inmates from CCCF at the Parkview Medical Center. As of the date of this report, they had not returned a call to the auditor, however the SANE verified services would be provided, as required.

115.21 (e-f) CDOC AR 1150-18 Offender Crime Victim Rights states "*As requested by the victim, the rape crisis service advocate, qualified DOC or OIG offender victims' rights coordinator will accompany and support the victim through the forensic medical examination process, investigatory interviews and provide emotional support, crises intervention, information and referrals.*"

CDOC AR 100-40 Prison Rape Elimination Procedure states "*Clinical Services will consider any treatment of the victim of sexual assault as a medical emergency. The victim of sexual assault will be provided outside medical treatment pursuant to DOC clinical protocols, when necessary, and transported to a medical facility for a forensic medical exam with a sexual assault nurse examiner (SANE), upon request by the OIG investigator. When an OIG investigator is not responsible for investigating allegations of sexual assault, the DOC will request that the investigating law enforcement agency follow the requirements outlined in this policy as well as the PREA standards.*"

The PAQ that was provided to the auditor said there were no SANE exams during the 12-month documentation period. In reviewing the investigative files, it did not appear any investigations required a SANE examination.

An email from the CoreCivic Director of PREA Compliance and Investigations explained that that Parkview Medical Center has an MOU with Pueblo Rape Crises Center to provide advocacy services during a SANE. CDOC or CoreCivic does not have an MOU directly with Pueblo Rape Crises Center, although they depend on them for services at the hospital.

The facility did provide an MOU between CDOC and T.E.S.S.A, which is another rape crises center that is able to accompany a victim through the SANE exam, investigatory process and is able to provide emotional support, crises intervention, information, and referrals. Since Parkview has an MOUS with the Pueblo Rape Crises center, T.E.S.S.A would be the primary responding advocacy organization when not at the hospital.

The auditor left multiple phone messages for the Pueblo Rape Crises Center to discuss the services they provide to inmates from CCCF at the Parkview Medical Center, however they did not respond.

The auditor spoke with a representative from T.E.S.S.A. to discuss the services they provide to inmates from CCCF. They verified services would be provided to inmates when requested for investigatory interviews.

115.21 (g) The Change Notice for CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “CoreCivic facilities are not state entities or components of the Department of Justice (DOJ) responsible for investigating allegations of sexual abuse in prisons or jails.”.

115.21 (h) CDOC AR 1150-18 Offender Crime Victim Rights states “All rape crises center advocates or qualified community-based organization staff members must clear a background check and attend basic volunteer training prior to entering any facility. In addition, rape crises center advocates and qualified community-based organization staff members will be screened for appropriateness to serve in this role and will receive education concerning sexual abuse, sexual assault and forensic medical examination issues in general.”

Conclusion

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 1150-15 Responsibility and Authority of the Office of Inspector General
- Crowley County Correctional Facility PREA Log
- 5-1A Incident Report Form
- 14-2C Sexual Abuse Incident Check Sheet
- 5-1C Incident Statement
- 5-1H Incident Packet Checklist and Administrative Review
- 5-1E Prison Rape Elimination Act (PREA) Reporting
- 5-1G Incident Investigation Report
- CDOC AR Form 600-01A Removal from Population
- CoreCivic PREA Website

Interviews:

- Agency Head Designee
- Administrative and Criminal Investigators

Standard Analysis:

115.22 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states *"The OIG will ensure that an investigation is completed for all allegations of sexual abuse, sexual assault, and sexual harassment*

and will ensure that for all cases alleging criminal behavior, they are referred for investigation to an agency with the legal authority to conduct criminal investigations.”

In an interview with the Office of the Inspector General (OIG) investigator, he said he conducts all administrative and criminal investigation of sexual abuse and sexual harassment. The OIG investigator explained that he had a collaborative relationship with the facility, and all allegations were promptly referred to him for investigations.

Per the PAQ, during the past 12 months, there were 4 allegations PREA allegations investigated. The auditor was able to review each investigative file, and they were all immediately referred for investigation.

The Agency Head Designee described the agency’s commitment to ensure all investigations of sexual abuse and sexual harassment are investigated. He said CoreCivic may conduct administrative investigations, but only criminal investigators conduct criminal investigations. He said there are agreements with outside law enforcement agencies to do criminal investigations and CoreCivic was good cooperation with law enforcement agencies.

In a Q & A provided from the Vice President of Operations Administration, he said *“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 outside law enforcement, upon request.”*

115.22 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states *“All DOC employees, contract workers, volunteers and the public may access all DOC PREA related information on the Department website at <https://www.colorado.gov.pacific/cdoc/prison-rape-elimination-act-prea>”*. The link to the website did not work, but the auditor was able to access PREA information on the CDOC website at <https://cdoc.colorado.gov/about/prea>. It is recommended that the agency update the policy with the current website address.

The Office of the Inspector General (OIG) is the legal entity to conduct criminal investigations at CCCF. Their policy for investigating criminal allegations of sexual abuse and sexual harassment were provided to the auditor as documentation. The website states *“The OIG is responsible to conduct criminal investigations on allegations of sexual assault, sexual abuse, sexual harassment and retaliation resulting from reporting one of these incidents pursuant to C.R.S. 17-1-103.8.”*

CoreCivic website states *“Allegations of Sexual Abuse will be referred to the appropriate law enforcement agency for investigation and potential prosecution.”*

When speaking with the Warden, the facility always refers all allegations of sexual abuse to the OIG.

115.22 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states *“Except where otherwise provided in statutes and/or local law enforcement agreements, the OIG will conduct all investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct, or sexual harassment that occur in DOC facilities, private prisons and correctional facilities operation by or pursuant to a contract with the DOC (including return custody offenders in community confinement facilities).”*

CoreCivic website also explains that allegations of sexual abuse will be referred to the appropriate law enforcement agency for investigation and potential prosecution.

115.22 (d) This standard requires that any state/ entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons have a policy in place governing the conduct of such investigations. CDOC AR 1150-15 Responsibility and Authority and CDOC AR 100-40 Prison Rape Elimination Procedure govern the conduct of PREA investigations at CCCF.

115.22 (e) Department of Justice entities are not responsible for conducting administrative or criminal investigation of sexual abuse or sexual harassment at CCCF; therefore this provision of the standard is not applicable.

Conclusion

The auditor has determined the facility is in full compliance with every provision of this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- PREA: Sexual Abuse, Prevention and Response Lesson Plans
- Current Roster of Employees
- Copies of Completed 14-2A CoreCivic Training Acknowledgement Form for New Hires and Pre-Service attendees

Interviews:

- PREA Compliance Manager
- Training Supervisor
- Random Staff

Standard Analysis:

115.31 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states “*PREA training will be provided to all DOC employees during the basic training academy...All staff will take a refresher course on an annual basis thereafter. Training will include, but is not limited to:*

- Review of this AR, the Prison Rape Elimination Act of 2003, and any applicable state or federal laws.*
- Information on DOC’s policy of zero-tolerance policy for sexual assault/rape, sexual misconduct, sexual abuse, and sexual harassment.*
- How to fulfill employee their requirements under DOC’s sexual assault, sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.*
- Information on reporting and responding to such incidents.*
- Recognition of warning signs that someone has been a victim of sexual assault/rape, sexual abuse, and sexual harassment and regarding available medical and mental health treatment.*
- Information related to the investigation of incidents of sexual assault/rape, sexual abuse and sexual harassment and the prosecution of perpetrators.*
- In addition to the above, training will cover the following topics:*
 - Common reactions of victims;*
 - Sensitivity to offender allegations of sexual assault/rape, sexual misconduct, sexual abuse, and sexual harassment*
 - Offenders right to be free from sexual assault/rape, sexual abuse and sexual harassment and to be free from retaliation for reporting such behavior;*
 - How to communicate effectively with offenders, including lesbian, gay, bisexual, transgender or gender non-conforming offenders;*
 - Confidentiality;*
 - Dynamics of sexual assault/rape, sexual misconduct, sexual abuse, and sexual harassment in confinement*
 - Recognition of signs of predatory offenders and potential victims;*
 - DOC employee, contract worker, or volunteer involvement with offenders and how to avoid inappropriate relationships with offenders;*
 - Compliance with relevant laws related to mandatory reporting of sexual assault/rape, sexual misconduct, sexual abuse, and sexual harassment; and*
 - Consequences for failure to report.*
- Each DOC employee, contract worker and volunteer will document through signature or electronic verification that they understand the training they have received.”*

The auditors review showed that CDOC AR 100-40 Prison Rape Elimination Procedure covers 115.31 (a) 1-10, with exception an employee's right to be free from retaliation for reporting sexual abuse. This standard does not require this language be in policy, but it would be recommended that the policy add this requirement the next time it is added for easier understanding of CDOC's commitment to comply with this standard.

CCCF staff must complete CoreCivic's PREA training and CDOC's PREA training. The auditor was provided copies both trainings, which are provided in-person. The auditor was told staff must take these trainings prior to contact with inmates, and then annual thereafter. Samples of training rosters were provided as documentation, which showed the PCM was one of the instructors that deliver the training to staff. The auditor determined both trainings cover all provisions required in 115.31 (a).

Interviews with staff confirmed they had received PREA training and understood most of the components of this standard. All staff were very familiar with responding to an incident and explained to the auditor how this process works. Some staff also carried laminated cards in their pockets, which covered responding to a PREA incident, in case they did not remember from their training.

115.31 (b) This standard requires that the training be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.

The facility reported that there had been no staff who had transferred to a women's prison but if they had, they would receive new training on working with male offenders.

115.31 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states that employees shall receive annual PREA training.

The Training Supervisor confirmed all staff were tracked to ensure they had received appropriate training. The auditor reviewed training rosters that confirmed training had been received as required.

Interviews with staff revealed that they received annual PREA training. All staff remembered receiving the training and were able to discuss parts of the training they remembered.

The auditor received a list showing all staff had taken the training for 2019 and 2020. 2021 training is still ongoing through the end of the year. Individual training rosters were also provided for applicable years.

115.31 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states *"Each DOC employee, contract worker and volunteer will document through signature or electronic verification that they understand the training they have received."*

The auditor randomly selected several staff files and was able to review that they had signed the 14-2A PREA Training Acknowledgement- Pre-Service and In-Service form. All employees' records reviewed had these forms in their files, documenting that the employees understood the training they received. 14-2A PREA Training Acknowledgement- Pre-Service and In-Service form specifically states *"I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training I received. I understand that as an employee/volunteer/contractor, it is my responsibility to abide by policy and procedures as directed in this 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, my supervisor, and Learning and Development Manager, or the PREA Compliance Manager."* The form also lists out the training topics received, which are what is required in 115.31 (a) 1-10).

Conclusion:

The auditor determined the facility is in full compliance with every provision of this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure

- CDOC AR 900-01 Volunteer Programs
- CDOC AR 900-01B Volunteer Agreement and Volunteer Application
- Volunteer Lesson Plan
- CDOC Volunteer Participants Test
- Volunteer Report

Interviews:

- Contractors
- Volunteer and Contractor Coordinator
- Training Supervisor

Standard Analysis:

115.32 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states “*Contract workers, temporary staff, and interns will receive training through the on-line training systems. Volunteers and chaplains will receive the training in the Basic Volunteer Training.*”

CDOC AR 900-01 Volunteer Programs states “*All volunteers and contractors who have contact with offenders will receive basic volunteer training as well as facility specific training regarding their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.*”

Contractors who routinely enter the facility receive PREA training that employees receive and sign the same training acknowledgment forms. The auditor reviewed the *Basic Volunteer Training-Professionalism*, which included the agency’s prevention, detection, and response protocols, as well as an overview on what is sexual abuse and sexual harassment, CDOC’s zero tolerance policy, how to report such incidents.

The facility said they had 16 contractors and 0 volunteers on the PAQ. The auditor later verified the facility actually has 24 contractors. Volunteers were not entering the facility due to Covid-19. The facility understands volunteers needed to be trained prior to entering the facility.

The auditor interviewed 2 contractors during the onsite audit. Both contractors were well versed in PREA and remembered their PREA training. They were able to describe what was taught to them in the training and were able to explain how they had or would respond to a PREA incident.

There were no volunteers interviewed as part of the audit process. No volunteers had entered the facility since Covid-19 started. The PCM told me that the previous Chaplain used to track all volunteers at the facility. Since he is no longer working for the facility, the PCM has taken over this duty until a new Chaplain is hired. He said he was unable to find the training records for volunteers but had developed a plan for doing so prior to entry into the facility.

The auditor reviewed all contractor training records, including the CoreCivic Training Acknowledgement for current contractors and had received the training.

115.32 (b) CDOC AR 900-01 Volunteer Programs states “*The level and type of training provided to volunteers and contractors will be based on the services they provide and level of contact they have with offender, but all volunteers and contractors who have contact with offenders will be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents.*”

All volunteers and contractors are notified of the agencies zero-tolerance policy regarding sexual abuse and sexual harassment when filling out the 14-2J PREA Zero Tolerance Policy Acknowledgment forms and/or the 14-2A PREA Training Acknowledgment forms.

115.32 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states “*Each DOC employee, contract worker and volunteer will document through signature or electronic verification that they understand the training they have received.*”

CCCF provided form CDOC AR 900-01B Volunteer Agreement and Volunteer Application, in which the volunteer must sign “*I understand the PREA and Zero Tolerance training I received and the process to report such incidents.*”

Contractors and volunteers sign a PREA Training Acknowledgment, which states that they have attended PREA training and “*I listened, read the handout, reviewed the policy, and understand the training. I also understand that as an employee/volunteer/contractor, it is my responsibility to abide by policy and procedures, in accordance with training. If I have questions about the training, materials presented, or policy and procedures, I am aware it is my responsibility to seek clarification from the Learning and Development Manager, PREA Compliance Manager, or the class instructor.*”

Contractors are also required to sign CoreCivic PREA Training Acknowledgement Pre-Service and In-Service Form 14-2A, which also verifies they understand the training received.

The forms were provided to the auditor upon request. This satisfies the requirement that the agency maintain documentation confirming that volunteers understand the training they receive.

Conclusion:

The auditor determined the facility is in full compliance with every provision of this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate 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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 850-01 Offender Reception and Orientation
- CDOC AR Form 850-07A Crowley County Correctional Facility Offender Orientation Verification
- CDOC AR Form 100-40A PREA Information in English and Spanish
- CDOC AR 100-40 Attachment A, Facts You Should Know
- PREA Poster/Wall Stenciling in English and Spanish
- PREA Video -CDOC 2016 PREA Refresher Orientation for Male Offenders
- Sexual Vulnerability Risk/Sexually Aggressive Behavior Assessment Quick Tips
- CCCF Offender Handbook in English and Spanish
- Town Hall Meeting Records
- ICCS020 B Inmate Case Note
- Page Magnifier Photo
- Mini-Com for Hearing Impaired Photo
- Contract CDOC and Crowley County Effective July 1, 2019

Interviews:

- Intake Staff
- Random Inmates
- Disabled and Limited English Proficient Inmates

Standard Analysis:

115.33 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states “*During the intake process all offenders entering DOC at DRDC, Denver Women’s Correctional Facility (DWCF), and YOS and upon subsequent transfer between facilities and community confinement facilities will receive orientation material regarding their right to be free from sexual assault/rape, sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents or behavior, and regarding agency policies and procedures for responding to sexual abuse, sexual assault/rape, sexual harassment or sexual misconduct.*”)”

CDOC AR 850-01 Offender Reception and Orientation states “*During the intake process, offenders will receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.*”

CDOC AR 850-01 Offender Reception and Orientation also states, *“Reception and orientation of offenders transferred from another facility within the Department will be completed within seven calendar days after admission, except for unusual circumstances.”*

Inmates are provided a copy of the Inmate Handbook, A fact sheet (AR Form 100-40A) and signs that they have received and understand the information. Additionally, a staff signs the same form, and a case note is entered that explains they were provided PREA education. The information was reviewed for all inmate files that were selected by the auditor.

The information provided describes the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment.

The facility said on the PAQ that all 1052 inmates who were admitted during the previous 12 months received the information at intake.

115.33 (b) CDOC AR 850-01 Offender Reception and Orientation states *“CDOC AR 850-01 Offender Reception and Orientation also states, “Reception and orientation of offenders transferred from another facility within the Department will be completed within seven calendar days after admission, except for unusual circumstances.”*

The Sexual Vulnerability Risk/Sexually Aggressive Behavior Assessment Quick Tips says *“Ask the offender the following questions (as long as they consent)*

- *When you first arrived at this facility did you go through the PREA orientation? (Ask about receiving watching PREA video orientation.*
- *Did you understand everything in this orientation or have any questions?*
- *Do you know where to obtain PREA related resources if needed? (Mention Fact You Should Know Brochure and PREA Resource Guide)”*

The facility said on the PAQ that all 1052 inmates who were admitted during the previous 12 months and who’s length of stay at the facility was 30 days or more) was provided comprehensive education as described.

Most inmates did not remember seeing a PREA video upon arrival at the facility but did say they received one at the intake facility prior to coming to CCCF.

It was discovered that the facility was not showing the PREA video but had planned to start showing it to all inmates who intake the facility. The video would be available in Spanish and English, and they would document they have shown the video by having inmates sign an acknowledgement form. The auditor required that the facility provide her copies of the documentation they have watched the video for the duration of the corrective action period.

The video will be “PREA: What you Need to Know” from the PREA Resource Center website. They will be using the subtitled versions of the English and Spanish. The auditor is familiar with the video, and it covers the right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and policies and procedures for reporting such incidents.

During corrective action the facility reported during the inmate process inmates receive a PREA brochure, see a video, provided a PREA pencil and then at their 30-day SAB/SVR assessment they receive a 30 Day continued educational booklet. The booklet would be considered the 30-day comprehensive education. In reviewing the booklet the auditor determined the definition of sexual

harassment should be aligned with the PREA standards. The facility updated the booklet and submitted a final version to the auditor on 3/15/2022.

The booklet covers the history of PREA, lists related procedures and contact information to report, describes definitions, explains PREA standards, the zero-tolerance policy, inmates rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, common reactions of sexual abuse and sexual harassment victims, how to be safe, a variety of reporting procedures, facts inmates should know and types of prohibited sexual behaviors.

115.33 (c) All inmates that arrive at CCCF receive inmate education on CCCF policies relating to PREA. The facility reports that all inmates who had not received education, were educated within one year of the effective date of the PREA standards. Education was reviewed for several random inmate files and all inmates had documented education.

115.33 (d)) CDOC AR 100-40 Prison Rape Elimination Procedure states *“The orientation information will be communicated orally, either in person or by video, and in written form in a manner that is clearly understood by the offender. In accordance with AR 100-19 Communication with Offenders and AR 750-04, Americans with Disabilities Act- Offender Request for Accommodation, appropriate provisions will be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. DOC will provide offender education in format accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disable, as well as offender who have limited reading skills. DOC will maintain documentation of offender participation in these educational sessions.”*

CDOC AR 850-01 Offender Reception and Orientation also states, *“Orientation information will be provided to offenders in a language that they understand so that offenders with limited English proficiency can participate in or benefit from all aspects of the department’s policies and procedures as well as its efforts to prevent, detect, and respond to sexual assault, sexual abuse and sexual harassment.”*

The staff member who provides intake education was able to describe the various requirements about inmates who needed additional help receiving the education and were aware of the requirements in the policy.

CCCF provides all PREA educational materials in Spanish. The pamphlet, poster and poster/wall painting are all available in Spanish, in addition to English. If an inmate speaks another language, the language line would be contacted to ensure the inmate receives the information.

Deaf inmates would be able to access sign language interpreters through a video service on the language line and would be able to read the information provided on the pamphlet other written materials such as the handbook and posters/wall paintings. Inmates who are blind and have limited reading skills can hear the information on the PREA video that is provided to them.

The Crowley County Correctional Facility Offender Orientation Verification Form notes whether the inmate did or did not receive the required materials in accessible formats. If the inmate did receive it in an assessable format, a box would be checked to indicate large print, audio/visual, American Sign Language, or other – PREA DVD.

Several inmates who fell within these categories were interviewed by the auditor. Most remembered receiving PREA education in a format they understood, although it is recommended that the facility provide additional education to Spanish speaking inmates to ensure they understand the information provided. Spanish speaking inmates who were interviewed had limited knowledge about PREA.

115.33 (e) The agency maintains documentation of inmate's participation in educational sessions by maintaining the acknowledgement form. Staff also sign this form, and a case note is entered.

The auditor was able to verify this documentation for inmates selected for file review.

115.33 (f) CDOC AR 100-40 Prison Rape Elimination Procedure states "*Key information is continuously and readily available or visible to offenders, through brochures, poster, policies, offender handbook and the offender PREA resource guide*".

Key information is continuously available throughout the facility. The auditor was able to see key information in every inmate housing unit, education, program, and work areas she visited. The facility has taken great care to ensure comprehensive PREA related information is painting on the wall in several areas. This is a best practice because it cannot be removed and it continuously available.

It was noted that posters/wall paintings regarding PREA were not located in Restricted Housing. Although Restricted Housing is for 14 days or less, the auditor asked that PREA information be posted in the housing unit so inmates who are housed there have PREA information available to them. While the auditor was still onsite the facility added posters to the area. The facility plans to have the PREA information painted on the wall, as it is in other housing units and areas throughout the facility.

PREA information is also available in the Offender Handbook, which is distributed to every inmate at the facility. The PREA policy is in every legal library available for inmates to view per the Handbook. The auditor verified it was available in the library when touring the area. The library also has a comprehensive PREA Resource Guide, which was also verified on the tour. Posters/wall paintings explained to the inmates that the PREA Resource Guide was available in the library. The PREA Resource Guide explained PREA, the definitions, health, and medical concerns (to include forensic medical examination explanation), protections against retaliation, reporting to inmate requirements, the many ways inmates can report sexual abuse and sexual harassment, the Victim Rights Act, contact information for District Attorney offices, local and national advocacy organizations, rape crises hotline information, etc.

Additionally, a memorandum from the PCM was provided that said "Crowley County Correctional Facility posted a PREA DVD to the inmate television for continued education." Several inmates said they could view PREA information on the inmate television channel.

Corrective Action and Conclusion

The facility was found not to be compliant with the 30-day comprehensive education requirements and entered a corrective action period. The auditor required the facility to ensure all inmates had watched the PREA video, and that moving forward each inmate who enters the facility watches the video and signs an acknowledgement. The facility was required to provide documentation that inmates have seen the video to monitor compliance.

The auditor also required the facility to provide PREA educational materials in Restrictive Housing. The facility added posters to the area while the auditor was still onsite, which the auditor verified.

The facility had provided sign-off documentation sheets that inmates had received the documentation, beginning in December. Since it was not clear what inmates had entered the facility versus which inmates had received the comprehensive documentation, a plan was created in March 2022 to ensure a list of inmates who arrived at the facility and the date they arrived, along with the documentation that they received the education would be provided to the auditor weekly. From March 21st to May 9th the

facility provided documentation to the auditor. Every inmate records received during that timeframe showed the facility provided comprehensive education within 30 days after arrival at the facility. Upon conclusion of the corrective action period the auditor was satisfied the educational requirement had been institutionalized.

The auditor has determined the facility is in full compliance with this standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

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

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 1150-04 Professional Standards Investigations
- PREA: Investigation Protocols Course Outline
- Investigator Training Records
- Memorandum from Inspector General appointing Investigator to CCCF
- Investigator Position Description
- CCCF Organizational Chart

Interviews:

- Investigator

Standard Analysis:

115.34 (a) CDOC AR 100-40 Prison Rape Elimination Procedure “*Investigators will be trained in: Conducting investigations of sexual assault/rape, sexual abuse and sexual harassment in confinement settings.*”).

CCCF has one investigator that conducts all administrative and criminal investigations relating to sexual abuse, sexual harassment, and retaliation for reporting.

The auditor was able to review his training records, and they had specialized investigations training in addition to general PREA training provided to all staff. The training was specific to confinement setting and a lesson plan was provided and reviewed by the auditor.

Interviews with the investigator confirmed he was well versed in conducting investigations. He understood the training he took and knew how to conduct sexual abuse investigations in confinement facilities.

The auditor was provided with the investigators position description, an organizational chart that showed that the investigator reports to the Warden, and a memorandum from the inspector gender appointing the investigator to CCCF.

115.34 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states investigators will be trained in *“Interview techniques; trace evidence; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements.”*

The course outline for the training provided was reviewed and contained all the necessary components required in this provision of the standard. The instructor of the course is a reputable PREA investigations training instructor who has significant experience with training, investigations and PREA.

Interviews with the investigator confirmed he understood each component of the training and how to utilize that training in real-life situations.

115.34 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states *“Documentation verifying completion of specialized training will be recorded in each investigator’s Training Information System (TIS) record.”*

The investigators training transcripts were provided, as well a certificate of completion of the specialized investigative training (PREA: Investigative Protocols).

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- Roster of Medical and Mental Health Personnel (CoreCivic and Contract)
- 14-2 A1 PREA Acknowledgement Specialized Training forms
- Training Curriculum for PREA: Specialty Training for Medical and Mental Health Staff

Interviews:

- Medical Staff
- Mental Health Staff
- Health Services Administrator

Standard Analysis:

115.35 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states “*All full-and part-time medical care professionals and mental health clinicians who work regularly in facilities will be trained in:*
a. How to detect and assess signs of sexual assault/rape, sexual abuse and sexual harassment;
b. How to preserve physical evidence;
c. How to respond effectively and professionally to victims of sexual assault/rape, sexual abuse, and sexual harassment; and
d. How and to whom to report allegations of sexual abuse and sexual harassment.
e. Medical health care professionals will attend PREA First Responders training and mental health clinicians will attend Trauma Informed Practice training. Documentation of completions of this training will be recorded in each individual’s Training Information System (TIS) record.”

The training was provided to the auditor as documentation, and in review of the training, it covers the topics required by this standard.

The auditor interviewed medical and mental health staff who worked at the facility while onsite. Although none of the medical and mental health staff interviewed specifically remembered the training, they did understand each of the areas the training addresses.

115.35 (b) The facility does not conduct forensic medical examinations; therefore, this provision of the standard is not applicable.

Interviews with medical confirmed medical examinations are not conducted at CCCF.

115.35 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states “*Documentation of completion of this training will be recoded in each individuals Training Information System (ITS) record.”*

The auditor reviewed some medical and mental health staff’s training records to ensure they had received the specialized training, as required. Some had received the training and it was documented in their training records. The auditor did not receive a some of the training records for medical and mental health staff that showed they had completed the specialized training. The auditor had requested the additional documentation but had not received this by the date of the interim report. The auditor received the documentation during the corrective action period and once staff had not received the training, however she was no longer employed with the agency.

115.35 (d) Medical and mental health staff also must receive the training mandated for employees under 115.31 and for contractors and volunteers under 115.32, depending upon the practitioner’s status at the agency.

Compliance with this provision is discussed in the standard analysis for 115.31 and 115.32, however, the auditor did confirm medical and mental health staff were part of the random selection.

Interviews with medical and mental health staff confirmed they had received PREA training.

Corrective Action and Conclusion:

The auditor had not received all the specialized training information for medical and mental health care staff at the time of the interim report. The interim report said the facility should provide the training records for the additional staff it had requested. If need needed, corrective action should be completed.

In receiving the documentation there was one staff that had not received the specialized training as required. She was no longer employed by the agency and so she was unable to take the training.

A memorandum was provided to the Health Services administrator from the PREA Compliance Manager, which explained a process to ensure all new medical and mental health staff must receive the specialized PREA training as a new employee and then on an annual basis which exceeds the requirement in this standard.

Once confirming all medical and mental health staff had taken the training and after reviewing the process developed by the facility, the auditor found the facility in full compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CoreCivic Policy 5-3 Information Systems
- Sexual Vulnerability Risk/Sexually Aggressive Behavior Assessment Quick Tips
- DCIS QT Profile
- SVR/SAB Assessment Tracker
- PREA Confidential Report

Interviews:

- Staff who Conduct Screening for Risk
- Random Inmates
- PREA Compliance Manager

Standard Analysis:

115.41 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states *"All offenders will be screened within 72 hours of their arrival into a reception and diagnostic facility and again upon transfer between facilities, for potential risk of sexual vulnerability or potential risk of sexually aggressive behavior utilizing the Sexually Aggressive Behavior (SAB) and Sexually Vulnerability Risk (SVR) Assessment in PCDCIS."*

CDOC AR 100-40 Prison Rape Elimination Procedure also states, "All offenders will be assessed during intake for their risk of being sexually victimized or sexually aggressive."

Sexual Vulnerability Risk/Sexually Aggressive Behavior Assessment Quick Tips explains that Living Unit Supervisors complete the SAB/SVR Risk screening within 72 hours of an offender arriving at the facility. It says *"This means going into the SAB/SVR Risk Assessment screen and completing a reassessment for each offender. If no changes are needed since the initial assessment at the intake facility, then a new reassessment should be saved with comments indicating such (a date and time stamp will appear in the SAB/SVR comments section once saved to prove that the assessment was reviewed)."*

Sexual Vulnerability Risk/Sexually Aggressive Behavior Assessment Quick Tips also states that *"the entire SAB reassessment can be done without bringing the offender in. However, for the SVR Assessment the offender will need to be present (face to face interview) to accurately fill in the following criteria on the assessment:*

- o *Self-Identifying/Reported Criteria: SVR21, SVR24, SVR27, SVR2D & SVR 2E.*
- o *Physical Characteristics: SVR29, SVR2A, SVR2B, & SVR2C*
- o *Although offenders must be present to fill in the previously mentioned criteria, they are not required to answer any questions pertaining to this, it is optional."*

Interviews with staff who conduct screening for risk and random inmates confirmed this is the process at CCCF.

Sample screening forms were reviewed.

115.41 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states *“The facility intake screening will ordinarily take place within 72 hours of arrival at the facility. This initial assessment will be done by the equivalent of a CO III or higher.”*

CDOC AR 100-40 Prison Rape Elimination Procedure also states, *“The Denver Reception and Diagnostic Center and/or the Youthful Offender System (YOS) diagnostic system intake staff, will complete an initial SAB/SVR assessment in person in PCDCIS within 72 hours.”*

The PAQ said that all 1052 inmates who had entered the facility in the 12 months prior to the audit had received an initial PREA risk screening within 72 hours.

Interviews with staff who conduct risk screening confirmed the initial screening is ordinarily conducted the same day of arrival at the facility, exceeding the requirements of this provision of the standard.

Most inmates that were interviewed confirmed they remembered the initial PREA risk screening, however, some did not.

Inmate files were reviewed on all random and targeted inmates interviewed during the onsite audit. In 16 files reviewed the 72-hour screening was completed past the required timeframe.

The facility was notified corrective action should include providing documentation to the auditor that shows inmates are receiving the 72-hour screening within the required timeframe. The facility should look to identify barriers to completing the assessments within the required timeframe and develop a plan to ensure the timeliness of the screenings are institutionalized within the facility.

115.41 (c) The screening tool was reviewed by the auditor and determined to be objective. The Sexual Vulnerability Risk/Sexually Aggressive Behavior Assessment Quick Tips states *“When there is extenuating circumstances that would lead to a higher/lower SAB/SVR Risk Assessment on an offender that would otherwise be given, a PREA administrative override can be requested on the offender by the Living Unit Supervisor. The PREA Override Form must be completely filled out and forwarded to the Facility PREA Coordinator or CPO Manager. It is the responsibility of the Facility PREA Coordinator or CPO Manager to forward the appropriate documentation to the PREA Analyst at... The PREA Analyst will be responsible to update the offenders SAB/SVR Risk assessment after the administrative override review.”*

Since the PREA Analyst is responsible to review every override request, it supports the tool to be objective.

115.41 (d) PREA SVR screening tool considers the following:

SVR 1 Criteria

SVR11 No Report of Sexual Victimization or Risk Indicators

SVR 2 Criteria

SVR21 Documentation or Self Report of Sexual Victimization in Community

SVR22	Report, COPD Conviction or Non-DOC Institutional Conviction for Non-Coerced Sexual Activity While in Custody
SVR23	Young (Age 21 or younger)
SVR24	Self-Reported Fear of Being Sexually Assaulted or Own Perception of Vulnerability
SVR25	Psychological Code (P3 or above)
SVR26	Developmental Disabilities (DD Code 3 or above)
SVR27	Self -Identified Gay, Lesbian, or Bisexual
SVR28	Any Conviction for Sexual Assault Against and Adult
SVR29	Physical Characteristics: Effeminate Presentation (Male Offenders Only)
SVR2A	Physical Characteristics: Physique / Size
SVR2B	Physical Characteristics: Youthful Appearance
SVR2C	Physical Characteristics: Physical Disability
SVR2D	Self-Reported Transgender or Gender Nonconforming
SVR2E	Self-Reported Intersex
SVR2F	Elderly (50 or Older)
SVR2G	History of Being Physically Abused
SVR2H	Limited English Proficiency (LED)
SVR2I	History of Exclusively Non-Violent Crimes
SVR2J	First Time Offender
SVR2K	History of Same Sex Relationships in an Institution
SVR2L	Detained Solely for Civil Immigration Purposes
SVR2X	Administrative Override
SVR2Y	Intake Administrative Override By Programmer

SVR 3 Criteria

SVR31	Documented Credible Reports as Victim of Administrative Sexual Assault
SVR32	Seven or More Checks in SVR 2 Criteria
SVR33	Previously Experienced Sexual Victimization in an Institutional Setting
SVR34	
SVR35	
SVR3X	Administrative Override
SVR3Y	Intake Administrative Override By Programmer

SVR 4 Criteria

SVR41	Meets Criteria SVR33 Plus Four (4) Checks in SVR 2 Criteria
SVR42	Previously Experienced Two or More Incidents of Victimization in an Institutional Setting
SVR4A	Victim of Sexual Misconduct By DOC Staff (Information Only)
SVR4B	Victim of Sexual Misconduct by Non-DOC Institutional Staff (Information Only)
SVR4X	Administrative Override
SVR4Y	Intake Administrative Override by Programmer

SVR 5 Criteria

SVR51	Meets SVR31 Criteria Plus Four (4) or More Checks in SVR 2 Criteria
SVR52	Victim of Two (2) or More Institutional Sexual Assaults
SVR53	Confirmed Substantiated Report of Sexual Victimization in an Institution Setting
SVR5X	Administrative Override
SRR5Y	Intake Administrative Override By Programmer

The auditor found that the tool reviews each of the required factors.

115.41 (e) CDOC AR 100-40 Prison Rape Elimination Procedure also states, *“The initial screening will consider prior acts of sexual abuse, sexual assault/rape, sexual harassment or sexual misconduct; prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, sexual assault/rape, sexual harassment or sexual misconduct in assessing offenders risk of being sexually aggressive”*.

PREA SAB screening tool considers the following:

SAB 1 Criteria

SAB11	Sexual Violence (SV) Code of S1 or S2
SAB12	Sexual Violence (SV) Code of 101

SAB 2 Criteria

SAB21	Sexual Violence (SV) Code of S4 or S5
SAB22	Sexual Violence (SV) Code of 230, 235, 240, 245, 450, 455, 560, 565, 570, 575, 580, 585
SAB23	COPD Conviction or NON-DOC Institutional Conviction for Masturbation or Indecent Exposure
SAB24	COPD Conviction or NON-DOC Institutional Conviction for Sexual Harassment Other Than Masturbation/Indecent Exposure
SAB25	COPD Conviction or NON-DOC Institutional Conviction for Sexual Abuse/Misconduct
SAB26	History of Physically Abusing Others
SAB27	Any Felony Conviction for a Violent Offense Per AR 600-01
SAB28	COPD Class 1 Conviction or NON-DOC Institutional Conviction for a Violent Offense
SAB29	Gang (STG) Affiliation- Status of Member
SAB2A	Gang (STG) Affiliation- Status of Suspect
SAB2B	3 or More Institutional Convictions for Masturbation/Indecent Exposure of Genitals to a Victim (SV Code 350)
SAB2C	History of Domestic Violence Conviction Towards Others
SAB2D	Length of Incarceration (10 years or more)
SAB2E	History of Placement in a Juvenile Detention Facility
SAB2F	Prior Institutional Violence (Not current incarceration)
SAB2G	All Other Sexual Allegations in Prison or Institution (SV Code 255)
SAB2H	Charged with Sexual Nature Crime – Pending (SV Code 260)
SAB2X	Administrative Override
SAB2Y	Intake Administrative Override By Programmer

SAB 3 Criteria

SAB31	Sexual Violence (SV) Code 33
SAB32	Designation of CRS 18-3-414 5
SAB33	Six or More Checks in SAB 2 Criteria
SAB34	Unsubstantiated Rape/Sexual Assault in Prison or Non-DOC Institution (SV Code 250)
SAB35	Unsubstantiated Coerced Sexual Activity (Not Rape) in Prison or NON-DOC Institutions
SAB3X	Administrative Override
SAB3Y	Intake Administrative Override By Programmer

SAB 4 Criteria

SAB41	Two (2) or More Unsubstantiated Rape/Sexual Assault Allegations in Prison or NON-DOC Institution
SAB42	Two (2) or More Unsubstantiated Coerced Sexual Activity (Not Rape) in Prison or NON-DOC Institution
SAB4X	Administrative Override
SAB4Y	Intake Administrative Override by Programmer

SAB 5 Criteria

SAB51	Any Felony Conviction for an Institutional Sexual Assault (Code 500)
SAB52	Any COPD Rape Conviction or NON-DOC Institutional Conviction for Rape (Code 340)
SAB53	Substantiated Coerced Sexual Activity (NOT Rape) in Prison or NON-DOC Institution
SAB54	Substantiated Sexual Assault in Prison or NON-DOC Institution (No COPD or Non-Institutional Conviction)
SAB5X	Administrative Override
SAB5Y	Intake Administrative Override By Programmer

The auditor found that the tool reviews each of the required factors.

115.41 (f) CDOC AR 100-40 Prison Rape Elimination Procedure states *“Within 30 days from the date of arrival at the facility, the living unit supervisor or CO III or equivalent will reassess the offender’s risk of sexual victimization or sexual aggressiveness creating an updated SAB and SVR assessment in PCDCIS for both DOC and private prisons. The screening will be in person and conducted in a private location.”*

Many inmates who were interviewed did not remember receiving an assessment again within 30 days of arrival at the facility.

The PAQ provided by CCCF said that all inmates who have been at the facility for 30 days or more received the 30-day reassessment.

Sexual Vulnerability Risk/Sexually Aggressive Behavior Assessment Quick Tips states:

- *“Living Unit Supervisor must review and update the SAB/SVR Risk Assessment with comments (even if there are no changes, this should still be noted in the SAB/SVR comments section)*
- *Living Unit Supervisors must also complete a re-assessment within 30-days to ensure any new relevant information is documented and saved. If no changes are needed since the last re-assessment during the facility intake process a new assessment should be saved as is. This isn’t a full re-assessment as done initially, but instead a follow-up to ensure that nothing has changed for the offender. Be sure to confirm they haven’t been the victim or predator and nothing PREA related has changed for them.*
- *In order to document that a 30-day reassessment has occurred, be sure to type the following, in addition to any other relevant comments you may have regarding the offender’s assessment into SAB/SVR comments section: The 30-day reassessment of SAB/SVR levels has been completed for this offender. I asked the offender if anything PREA related (sexual assault, sexual abuse, sexual harassment, sexual misconduct, retaliation for reporting, self-report, or identification) has changed for them and documented accordingly.*

In discussing this with a staff member who does the screening, it was discovered that not all inmates were having a face-to-face reassessment. An FAQ dated on 8/2/2019 explains that while this standard requires an affirmative reassessment within 30 days, it need to “start of scratch”. While a facility may (and should) have a system in place for capturing additional or new information the 30-day affirmative reassessment requires, at a minimum, that screening staff consult available sources (including the inmate) to determine whether any previously unknown triggering event or information has become available and to document such review. In short, as opposed to the “passive” requirements under standard 115.41 (g), standard 115.41 (f) requires screening staff to affirmatively “look and inquire.” Some risk factors are subject to change within the first 30-days and may only be determined by making affirmative inquiry of the inmate, such as their own perception of vulnerability. Minimally screening staff should meet with the inmate face-to-face to ask about any changes to the initial screening.

It was determined the confusion was because the Sexual Vulnerability Risk/Sexually Aggressive Behavior Assessment Quick Tips also states that *“the entire SAB reassessment can be done without bringing the offender in.”* This was confusing to screening staff even though it also says *“However, for the SVR Assessment the offender will need to be present (face to face interview) to accurately fill in the following criteria on the assessment:*

- *Self-Identifying/Reported Criteria: SVR21, SVR24, SVR27, SVR2D & SVR 2E.*
- *Physical Characteristics: SVR29, SVR2A, SVR2B, & SVR2C*
- *Although offenders must be present to fill in the previously mentioned criteria, they are not required to answer any questions pertaining to this, it is optional.”*

The auditor has determined that the facility was not compliant with this provision of the standard since some of the inmates did not receive a face-to-face re-screen as required by this provision.

The facility was instructed to ensure all inmates have received the 30-day face-to-face screening, which means if they cannot identify who has not received it, all inmates should be reassessed, and documentation provided to the auditor that shows it has been completed. This was completed during the corrective action period.

The staff who conduct the PREA risk screenings were given clear direction on how to complete the reassessment in the future. All inmates should receive the 30 day face-to-face rescreen moving forward and documentation should be provided to the auditor for the duration of the corrective action period until the auditor is satisfied this is institutionalized at the facility.

115.41 (g) CDOC AR 100-40 Prison Rape Elimination Procedure states *“An offenders risk level will be reassessed when warranted by the PREA program analyst due to a referral, request, or incident of sexual abuse, sexual assault/rape or receipt of additional information that bears on the offender’s risk of victimization or abusiveness. Following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator.”*

In additional the Sexual Vulnerability Risk/Sexually Aggressive Behavior Assessment Quick Tips states *“Living Unit Supervisor must complete a reassessment annually for all offenders within their caseload. If offenders identify as transgender/gender nonconforming (SVR2D) or intersex (SVR2E) they will be reassessed every 6 months. PAC Unit Staff will also make changed to the SAB/SVR Assessment when warranted.”*

The requirement to complete a new assessment annually exceeds the requirements in this standard.

There were not any substantiated allegations of sexual abuse so has not been able to view any required reassessments.

115.41 (h) CDOC AR 100-40 Prison Rape Elimination Procedure states *“Offenders will not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked in the SAB/SVR assessment.”*

Staff who perform screening for risk were able to articulate that an inmate would never be disciplined for refusing to participate in a risk screening. When interviewing inmates, the auditor was not made aware of an inmate who had been disciplined.

115.41 (i) CDOC AR 100-40 Prison Rape Elimination Procedure states *“Appropriate controls will be used on the dissemination of information in order to ensure that sensitive information contained in responses to SAB/SVR assessments is not exploited by staff or other offenders. SAB/SVR is confidential and not to be released to offenders.”*

CoreCivic Policy 5-3 Information Systems states “Electronic record-keeping systems and data are protected from unauthorized use.”

In interviews with staff who screen for risk it the auditor was told that the PREA risk screenings are limited to only certain staff at the facility that need access to them. The SAB/SVR is distributed only to those with a legitimate need to know and not provided to all staff.

Corrective Action and Conclusion:

Inmate files were reviewed on all random and targeted inmates interviewed during the onsite audit. In 16 files reviewed the 72-hour screening was completed past the required timeframe.

The facility was notified corrective action should include providing documentation to the auditor that shows inmates are receiving the 72-hour screening within the required timeframe. The facility should look to identify barriers to completing the assessments within the required timeframe and develop a plan to ensure the timeliness of the screenings are institutionalized within the facility.

The auditor has determined that the facility is not compliant with the requirement that the facility reassess the inmate’s risk of victimization or abusiveness within 30 days. There was some confusion with the screening requirements and not all inmates did not receive a face-to-face re-screen as required by this provision.

The facility was instructed to ensure all inmates have received the 30-day face-to-face screening, which means if they cannot identify who has not received it, all inmates should be reassessed, and documentation was provided to the auditor that shows it has been completed.

The staff who conduct the PREA risk screenings were given clear direction on how to complete the reassessment in the future.

The facility did not provide copies of the 72 hour and 30-day risk screenings at the beginning of the corrective action period. In March 2022 the auditor required the facility to provide a list of inmates who have entered the facility and proof they received the 72 hour and 30-day assessment on a weekly basis. Once this occurred, the auditor was able to ensure every inmate was able to receive their 72 hour and 30-day risk screening within the timeframes required. The final documentation was provided on May 9, 2022. Since all inmates received the screenings timely during the period of the auditor reviewing the documentation, the auditor found the facility had institutionalized this standard.

The auditor finds the facility in full compliance of every provision of this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates 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 inmates, does the agency always refrain from placing: transgender inmates 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 inmates 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 inmates, does the agency always refrain from placing: intersex inmates 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 inmates 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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- Classification Plan Guidelines 18-2AA
- Work/Program Plan Guidelines 18-2CC
- PREA List of SAB/SVR
- Gender Review Reassessment Form
- Transgender/Intersex Assessment and Treatment Plan
- CCCF Memorandum that indicates transgender shower plan

Interviews:

- Staff who Conduct Screening for Risk
- Staff who work the Count Room (assigning housing, programs, work, ,etc.)
- Random Inmates
- PREA Compliance Manager
- Lesbian, Gay, Bisexual, Transgender, and Intersex Inmates

Standard Analysis:

115.42 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states “DOC employees will use information from the SAB/SVT assessments to determine housing, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually aggressive.”

The auditor spoke with the Count Room staff who assign housing, work, education, and program assignments. The Count Room staff explained that when they are making these assignments, they are reviewing the inmates PREA risk screening outcomes (SAB/SVT) with the goal of keeping those inmates at high risk of being sexually victimized separated from those inmates at high risk of being sexually aggressive. The Count Room reviews each placement and carefully tracks who are at risk. The staff member showed the auditor examples of how she is housing inmates, as well as copies of denials of work/program assignments because inmates had PREA designators.

The Count Room clerk explained that if an inmate who was at risk of victimization was housed with an inmate at high risk of being sexually aggressive an alert would be sent to immediately notify staff. The Count Clerk also explained inmates at risk would be carefully placed, including not being housed in a 4-person cell. A multi-disciplinary review would take place for those at risk to ensure appropriate housing occurs.

The auditor reviewed the housing, work, education, and program assignments for selected inmate files. There was no indication that inmates were inappropriately placed.

115.42 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states *“A report of the offenders with SAB and SVR levels of 3 or higher is sent weekly to the appointing authority/designee and will be used to assist with facility housing, bed, work, education, and programming assignments. Individualized determinations will be made for each offender.”*

A sample of a report was provided to the auditor for documentation.

In interviews with all staff, it was apparent this is completed. The staff who conduct PREA risk screenings and staff in the Count Room were able to articulate how important it was to ensure that vulnerable inmates were safe from inmates who may be a predator. Examples of individualized determinations were reviewed by the auditor, including denial of placements based off risk.

115.42 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states *“In making facility, cell/unit housing and programmatic assignments for transgender and intersex offenders the DOC will consider on a case-by-case basis whether the assignment would ensure the offenders health and safety, and whether the assignment would present management or security problems.”*

The Transgender/Intersex Assessment and Treatment Plan was reviewed, and it considered several different things such as: age, classification, offenses, housing status at previous facilities, medical and mental health information, information gathered from the inmate/inmate, including concerns for safety. The treatment plan that will be created includes housing and programming, showering, clothing and property, searches, etc. The inmate will be made aware of the treatment plan and will sign it. The SART completes the form.

The auditor reviewed forms for each transgender inmate. Each form considered all of the required factors.

CDOC does not assign transgender inmates to a male or female facility based on their genital status. During the corrective action period at least one transgender women who was housed at the facility was approved for transfer to a female facility.

115.42 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states *“The living unit supervisor, COIII or equivalent for DOC and private prisons will re-assess the offenders risk level annually and update the SAB/SVR assessment. Transgender and intersex will be reassessed every six months using the SVR assessment to review placement and programming assignments to review any threats to safety experiences by the offender. The screening will be in person and conducted in a private location.”*

A Gender Review Reassessment Form should be completed on each transgender and intersex inmate every six months. The auditor reviewed the initial and last two forms for every transgender inmate for consideration of compliance with this standard. In at least 8 transgender reviews, the inmates review was not completed twice annually, or was past due at the time of the review.

The auditor requested all transgender reviews be caught up and then a process to developed to ensure they are completed in the twice annual timeframes moving forward. This was completed and sent to the auditor during the corrective action period. A tracking mechanism and copies of all transgender reviews were provided to the auditor.

115.42 (e) CDOC AR 100-40 Prison Rape Elimination Procedure states *“A transgender or intersex offender’s own view with respect to his or her own safety will be given serious consideration.”*

CDOC AR 100-40 Prison Rape Elimination Procedure also states “A transgender or intersex offender can notify living unit staff of any safety issues verbally or in writing. Living unit staff will notify the facility PREA coordinator so that the offender’s safety issues can be addressed.

The auditor interviewed 8 transgender inmates at CCCF. Most transgender inmates explained that the PCM has addressed their concerns for their own safety, including housing concerns. The auditor reviewed some concerns transgender inmates had, including reviewing prior incidents and facility response. The PCM explained that he had an open-door policy with transgender or intersex inmates and would consider any concerns they may have for their own safety. He explained he will make housing changes as needed to keep transgender inmates safe.

115.42 (f) CDOC AR 100-40 Prison Rape Elimination Procedure “*Self-identified transgender and intersex offenders will be given the opportunity to request waterproof stall screens, if available, or the opportunity to shower separately from other offenders.*”

CCCF provided a memorandum that indicates transgender shower plans from the PCM to Unit Team Staff. In the memo, the inmate selects their shower preferences, and signs the form. They are made aware they are able to shower separately if they request and may request a full curtain (Unit 5 and Unit 6) and shower during count times so that it is separate from other offenders.

The auditor selected ten out of twelve records (memorandums/shower plans) to review. All transgender inmates reviewed had forms completed every six months and included required information.

When onsite, during the tour the auditor was able to see that there was at least one shower in each housing unit that would provide the level of privacy needed for transgender inmates. Additionally, even though there was privacy, the facility allowed transgender and intersex inmates to shower during count times so other inmates who were not transgender, or intersex were able to be in the area while they were showering. During interviews with 8 inmates, the auditor was told that they were given the opportunity to shower during count times. Most transgender inmates took advantage of that opportunity, but a few transgender inmates did mention that occasionally other inmates also came out of their cell during count time. One transgender inmate said inmates who were not transgender or intersex who were not supposed to be out of their cell during count would peer into the shower to see them showering. The auditor asked the facility to address this issue. The PCM said he would address the issue through emails and briefings with staff, which was provided to the auditor during the corrective action period.

115.42 (g) CDOC AR 100-40 Prison Rape Elimination Procedure states “*DOC will not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit or wing established in connection to a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders.*”

The auditor was told CCCF is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates/ inmates.

There was no indications CCCF had placed identified inmates in dedicated facilities, units, or wings solely on the basis of their identification.

The auditor interviewed 8 transgender and 3 gay inmates during the onsite audit. There were no transgender inmates that believed they had been placed in a dedicated facility, unit, or wing solely on the basis of their gender identification/sexual orientation.

Corrective Action and Conclusion:

The auditor reviewed the initial and last two forms for every transgender inmate for consideration of compliance with 115.42 (d). In at least 8 transgender reviews, the inmates review was not completed twice annually, or was past due at the time of the review. The facility was found non-compliant in the interim report and the facility entered a corrective action period.

The auditor requested all transgender reviews be caught up and then a process to developed to ensure they are completed in the twice annual timeframes moving forward. This was completed and sent to the auditor during the corrective action period. A tracking mechanism and copies of all transgender reviews were provided to the auditor.

After reviewing the corrective action and tracking mechanism the auditor has found the facility is compliant with every provision of this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 650-02 Protective Custody
- Memorandum from PCM RE: Restrictive Housing

Interviews:

- Staff who supervise inmates in segregation
- Inmates who have alleged sexual abuse

Standard Analysis:

115.43 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states *Offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault will not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/inmate in involuntary restrictive housing for less than 24 hours while completing the assessment*".

CDOC AR 650-02 Protective Custody states *"Offenders at high risk for sexual victimization may be placed on protective custody status whenever a determination has been made that there is no available means of separation from likely abusers."*

The facility said they have had no inmates who were at high risk for sexual victimization placed in involuntary segregated housing in the past 12 months.

A memorandum from the PCM was provided that said there have been no inmates held in restrictive housing/segregation at risk for sexual victimization for the past 12 months.

The auditor interviewed two inmates who had reported sexual abuse. Neither inmate indicated they were put in segregated housing for risk of victimization.

The staff who supervised in segregated housing were not aware of any inmates who had been placed there for high risk of victimization. It should also be noted that CCCF's policy is to only house inmates for up to 14 days in segregated housing for any reason. If warranted, the inmate may be transferred to a higher-level facility.

The Warden was aware that inmates who were at high risk of victimization should not be placed in segregated housing.

115.43 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states *"The facility will document the basis for this housing determination and the reason why no alternative can be arranged. Offenders placed in restrictive housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document the opportunities limited, the reason for such limitations, and the duration of the limitations,"*

Since no inmates had been placed in segregated housing for risk of victimization, there had been no examples for this auditor to review to ensure compliance.

Staff who supervise inmates in segregated housing were aware of this requirement and said they would be provided access to the required programs, privileges, education, and work opportunities; however, they were not aware of a time when they segregated someone at risk for victimization.

115.43 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states *“The facility will assign such offenders to involuntary removal from population (RFP) housing only until a means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days”*.

CDOC AR 650-02 Protective Custody states *“Such offenders will only be assigned to protective custody status until an alternative means of separation can be arranged and will not ordinarily exceed a period of 30 days.”*

There were no examples to review. Staff who supervise inmates in segregated housing were aware of this requirement, and said if an inmate were placed in segregation, they would be moved as soon as possible to another, less restrictive housing assignment.

The auditor discussed this with the Warden, and he was aware of the requirements in this provision.

115.43 (d) CDOC AR 100-40 Prison Rape Elimination Procedure *“If involuntary restrictive housing is made for this purpose the facility will clearly document, utilizing the PREA RFP Offender Housing Review Form 100-40F, the basis for the facility concern for the inmate/inmate’s safety and the reason why no alternative means of separation can be arranged. The facility PREA Coordinator will monitor the offender’s removal from population and document the reason for the limitations such as restricted access to programs, privileges, education, and work opportunities should be made as soon as possible, but no longer than 30-days. Once the offender is removed from involuntary restrictive housing and access to opportunities have been restored, the facility PREA coordinator can stop monitoring.”*

CDOC AR 650-02 Protective Custody states *“Such placement will be documented indicating the basis for the facility’s concern for the offender’s safety and why no alternative placement is available.”*

The auditor discussed this with the Warden, and he was aware of the requirements in this provision.

115.43 (e) CDOC AR 100-40 Prison Rape Elimination Procedure states *“Offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault requiring RFP housing beyond 30 days will be held and reviewed in accordance with AR 650-02, Protective Custody.”*

CDOC AR 650-02 Protective Custody states *“Offenders at risk for sexual victimization who are placed in protective custody status will be reviewed every 30 days to determine whether alternative placement has become available.”*

The staff who supervised in segregated housing understood this requirement and said there had not been a time that this occurred. The auditor discussed this with the Warden, and he was aware of the requirements in this provision.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☒ Yes ☐ No ☐ NA

115.51 (c)

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

115.51 (d)

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

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CoreCivic Code of Conduct -Ethics & Compliance Helpline
- Report of Prison Rape Elimination Act Allegation to an Outside agency Form
- AR Form 100-40A Facts You Should
- Offender Orientation Verification Form W/AR Form 100-40A
- PREA Posters – English and Spanish
- Offender Handbook
- 5-1A Incident Report
- Staff PREA Poster
- CCCF Employee Reference Book

Interviews:

- PREA Compliance Manager
- Random Staff
- Random Inmates
- Mailroom Staff
- Washington Department of Corrections (Outside Reporting Option)

Standard Analysis:

115.51 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states “Offender incarcerated in a DOC facility or contract private prison may report any act of sexual assault/rape, sexual abuse, sexual misconduct or sexual harassment or retaliation for reporting such behavior by the following means:

1. Tell a DOC employee, contract worker or volunteer
2. Call the CIPS pre-programmed number 1-877-DOC-TIPS-0 (362-8477-0. TTY Accessible. The CIPS number is located on posters throughout DOC and private prisons in areas such as medical, visiting rooms, libraries, offender work areas and housing units. These phone calls are confidential.
3. Mail a letter to the PREA administrator at 1250 Academy Park Loop, Colorado Springs, CO 80910.
4. Send a request for Interview (kite) or give a note directly to any DOC employee, contract worker, or volunteer.

5. *Request to talk to mental health or medical.*
6. *Send a note or letter in a sealed envelope to the facility investigator, intelligence officer, or administrative head.*
7. *Call the PREA reporting CIPS 06. These calls are at no cost to the offender and reports can be left anonymously. These calls are answered by an agency outside of DOC who will report information provided to the OIG or by calling 1-855-855-0611 to report to the Division of Adult Parole. Calls are recorded by the PREA reporting line answering service. Abuse or misuse of the PREA reporting line will be reported to the OIG by the answering agency and may result in disciplinary action.*
8. *Offenders can report sexual abuse, sexual assault, or sexual harassment to an agency that is not part of DOC. To do so, offenders can report in writing using AR Form 100-40G, Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency. The outside PREA reporting agency will immediately forward written reports of sexual abuse, sexual assault, or sexual harassment to the DOC PREA Administrator. Offenders can remain anonymous by not identifying themselves on the form. Correspondence addressed to this address will be treated as confidential.*

*PREA Reporting
PO Box 41118
Olympia, WA 98504-1118"*

The auditor viewed several posters throughout the facility that provided reporting information for inmates at CCCF. There were posters in several locations providing reporting information, including in housing units, visiting rooms, classrooms, programs areas, etc. The posters list several ways inmates can report including telling a staff member, leaving a phone message on the TIPS line, and writing the outside reporting entity.

Additionally, every inmate goes through orientation and is provided with AR Form 100-40A Facts You Should Know that lists all the ways inmates can report sexual behavior and then signs Offender Orientation Verification Form W/AR Form 100-40A, which states they have received the information provided to them.

The Offender Handbook lists all the ways that inmates can report, and procedures for doing so. It is explained that if they report prohibited sexual behavior, the information will be kept confidential, except to report the information to specific DOC employees.

The auditor tested the inmate phone systems and left a "test" message on the PREA hotline. The PREA hotline did require the use of an inmate PIN number call the reporting line, however staff do not have access to review the messages. An outside entity answered the phone and gathered all relevant information, allowing the inmate to provide as much or as little information as they would like, including remaining anonymous if they should choose. The outside entity that took the call forwarded the information to the Office of the Inspector General (OIG) for CDOC. This information was immediately forwarded to the OIG investigator responsible for PREA investigations at CCCF. The investigator left a message on the auditor phone, and then the information was forwarded to the PCM at CCCF. The PCM was able to immediately forward the information for the test call to the auditor for review.

Almost all inmates interviewed were able to recite the several ways they could report sexual abuse and sexual harassment. Many inmates also said they would feel comfortable talking to a staff person if they had an issue.

All staff were able to recite at least some of the reporting options for inmates.

115.51 (b) As already mentioned in 115.51 (a) CCCF has two outside reporting options for inmates.

CDOC AR 100-40 Prison Rape Elimination Procedure states *“Call the PREA reporting CIPS 06. These calls are at no cost to the offender and reports can be left anonymously. These calls are answered by an agency outside of DOC who will report information provided to the OIG or by calling 1-855-855-0611 to report to the Division of Adult Parole. Calls are recorded by the PREA reporting line answering service. Abuse or misuse of the PREA reporting line will be reported to the OIG by the answering agency and may result in disciplinary action.*

Offenders can report sexual abuse, sexual assault, or sexual harassment to an agency that is not part of DOC. To do so, offenders can report in writing using AR Form 100-40G, Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency. The outside PREA reporting agency will immediately forward written reports of sexual abuse, sexual assault, or sexual harassment to the DOC PREA Administrator. Offenders can remain anonymous by not identifying themselves on the form. Correspondence addressed to this address will be treated as confidential.

*PREA Reporting
PO Box 41118
Olympia, WA 98504-1118”*

CDOC AR 100-40 Prison Rape Elimination Procedure also states, *“Outgoing mail addressed to the PREA Reporting Agency at P.O. Box 41118, Olympia, WA 98504-1118 will not be subject to search, and may be sealed prior to inspection and are not required to have a return address.”*

A staff member who works in the mailroom was interviewed. She said the facility does not routinely inspect outgoing mail unless the inmate is on a mail watch. She was not aware that inmates were able to confidentially communicate with the outside reporting entity as described in the AR, however she said if PREA was listed on the envelope she would follow up before inspecting any mail. The auditor recommended to the PCM to ensure there had been direction given to mailrooms about communicating with this reporting entity.

An MOU between the CDOC and the Washington Department of Corrections (WDOC) was provided to the auditor as documentation. The MOU outlines all the requirements in this provision of the standard and

The auditor wrote the Washington Department of Corrections at: PREA Reporting, P.O. Box 41118, Olympia, WA 98504-1118. An email was received when the letter was received by CDOC. The WDOC PREA Coordinator explained that per the MOU, the letter was forwarded to the designated contact person within DOC. She said the handling of this letter and the ability to report anonymously is managed by CDOC.

The CDOC PREA Coordinator said that if they received a letter without a name on it, they would still process it and send it to the appropriate person. She said if the inmate asked to remain anonymous, they would redact the name prior to sending it to the facility. The auditor explained that the FAQ issued on this issue says the inmate must have the ability to keep his or her identity protected from disclosure to the *agency*, as well as the facility. It is this auditor’s opinion that the identifying information should be redacted prior to submitting to the agency.

CDOC PREA Coordinator also explained WADOC does not read the letters before sending back to CDOC. She says the policy and the reporting form both say to remain anonymous by not identifying themselves, so they feel that given this instruction if they choose to identify themselves, they are choosing to not remain anonymous. They also say it is in policy that the letters be sent without a return address

listed so they don't have to identify themselves. The CDOC PREA Coordinator said the WDOC PREA Coordinator also submitted a question to the auditor portal at the PREA Resource Center (PRC) about this requirement and clarification of compliance.

The auditor reviewed the form, policy, and inmate education regarding this standard. Although it clearly states that an inmate does not need to include their name on the envelope, the form itself did not specify that they would need to not fill out their inmate. The directions state *"You can write an outside agency and remain anonymous by not identifying yourself on the outgoing envelope and using AR form 100-40G (the other side of this document) as a signature is not required"*.

The form itself has a signature area that specifies it is not required, however it also says, *"specific information regarding location is needed so prompt action may be taken."* Below that there is a section that has a name, DOC #, etc. The auditor does not believe it is clear by this form that they cannot place a name in this area, as it only says the signature is optional. Since this process is unclear, and the auditor does not believe this process meets the spirit of this standard it is assessed as non-compliant until clarification can be provided from the PRC.

This standard was non-compliant during the interim report and CCCF entered a corrective action period until this issue could be resolved. After discussing with the PRC, CDOC agreed they would revise the form.

Information for the two outside reporting entities is included in inmate educational material, such as the handbook, posters/wall paintings, the PREA Resource Guide, etc.

Inmates are expected to complete AR 100-40G Report of Prison Rape Elimination Act Allegation to an Outside agency, but the auditor was told this was not required and they could report by writing a letter.

The updated form was provided to the auditor as corrective action and now states that they can leave their name blank if they wish to remain anonymous and that the identification number is optional. An updated English and Spanish version of the form was provided to the auditor. The updated forms were distributed to the facility and CCCF has these updated forms readily available in the case managers' offices, included in the PREA booklet which is distributed to every inmate within 30 days of arrival at the facility and available in the library. Staff from WDOC will scan any documents they receive and if the inmate requests to be confidential they will redact personally identifiable information.

115.51 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states *"DOC employees, contract workers, volunteers will accept reports made verbally, in writing, anonymously, and from interested third and will promptly document any verbal reports and will immediately and confidentially report to their supervisor or the shift commander."*

During staff interviews, they were all able to say they would accept reports made verbally, in writing, anonymously, and from third parties and shall document any verbal reports immediately. In reviewing the allegations CCCF provided as documentation, there were a variety of ways the inmates reported the information and each time, regardless of the way, it was immediately investigated, and first responders documented reports the same day.

115.51 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states *"If a DOC employee, contract worker, or volunteer believes they cannot go through their normal facility protocol to make a report, DOC provides a private phone message reporting line at 719-226-4621."*

CoreCivic also has a Code of Ethics, which includes an Ethics Line that CoreCivic employees can contact.

The auditor observed the Ethics posters with information about the Ethics Line throughout CCCF during the site review in various locations, including staff breakrooms and bulletin boards. The CCCF Employee Reference Book also explains how they may contact the Ethics Line to report if they cannot go through their normal facility protocol to make a report.

Some staff knew they could contact the Ethics line if they wanted to privately or anonymously report to someone outside of the institution.

During a previous audit, the auditor contacted the phone number for the Ethics line that was listed on the posters throughout the facility. The message said if it was a new allegation, the person calling needed to contact another phone number. The auditor contacted the new phone number and was able to contact an operator. The operator asked the auditor a series of questions, including if the auditor wanted to remain anonymous. The operator explained that if the auditor wanted to remain anonymous there was a way to log into a website and confidentially communicate with an investigator without having to give out their name or contact information. After providing all the information, the auditor received an email with login information. By the next day, the auditor had received a message from the Director of Ethics and Compliance at CoreCivic. He said that if it were not a “test” report, he would forward the allegation to the Warden and the PREA team from the Facility Support Center.

Corrective Action and Conclusion:

Originally the process to report anonymously to an outside entity and be able to report anonymously was unclear. The auditor did not believe this process meets the spirit of this standard it was assessed as non-compliant until clarification can be provided from the PRC.

During the corrective action period the facility provided an updated form to the auditor, which now states that they can leave their name blank if they wish to remain anonymous and that the identification number is optional. An updated English and Spanish version of the form was provided to the auditor. The updated forms were distributed to the facility and CCCF has these forms readily available in the case managers offices, included in the PREA booklet which is distributed to every inmate within 30 days of arrival at the facility and available in the library. Staff from WDOC will scan any documents they receive and if the inmate requests to be confidential they will redact personally identifiable information.

Since the facility has changed its process, updated the form and updated inmate educational materials, the auditor now find the facility to be compliant with every provision of this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates 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 an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third-party files such a request on behalf of an inmate, 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 inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate 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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 850-04 Grievance Procedure
- Grievance Report
- Offender Handbook
- Grievances and Responses
- 5-1B Notification to Administration
- Bent County Coordinated Response Plan
- 14-2D PREA Retaliation and Monitoring

Interviews:

- Grievance Coordinator

Standard Analysis:

115.52 (a) CDOC AR 850-04 Grievance Procedure is an administrative procedure that addresses inmate grievances regarding sexual abuse.

The auditor spoke with the Grievance Coordinator at CCCF during the onsite audit. The Grievance Coordinator explained that the agency does allow sexual abuse grievances.

The Offender Handbook describes the inmates Grievance Procedures.

115.52 (b) CDOC AR 850-04 Grievance Procedure states "*There is no time limit on when an offender can file a grievance regarding the allegation of sexual abuse. Regardless of this section DOC retains the right to defend a lawsuit based upon grounds that the applicable statute of limitations has expired.*

CDOC AR 850-04 Grievance Procedure also states, "*Offenders alleging sexual abuse are not required to use the informal resolution process prior to receiving a grievance form.*"

The Offender Handbook explains the grievance procedures to inmates and lets them know CDOC AR 850-04 Grievance Procedure is available in the law library. The auditor recommended updating the handbook to include sexual abuse grievance procedures specifically. While the auditor was onsite the facility updated the handbook to say, "*Offenders alleging sexual abuse are not permitted to use the informal resolution process prior to receiving a grievance form.*"

The auditor reviewed two grievances that were provided by the Grievance Coordinator regarding sexual abuse. Neither grievances actually met the definition of sexual abuse so there were no instances to review as practice. The Grievance Coordinator was aware there were no time limits or informal resolutions needed for sexual abuse grievances.

115.52 (c) CDOC AR 850-04 Grievance Procedure states *“If an offender alleges sexual abuse, they may submit a grievance without submitting it to an employee who is the subject of the complaint, and such grievance is not referred to an employee who is the subject of the complaint.”*

The grievance coordinator was aware of this requirement and in reviewing grievances and investigations, there was no indication this had occurred. The two grievances regarding sexual abuse that were provided to the auditor did not actually meet the definition of sexual abuse, however neither grievances were responded to by the staff member the allegation was about.

115.52 (d) CDOC AR 850-04 Grievance Procedure states *“The step 1 grievance response to alleged sexual abuse allegations must be completed within 25 days. The Step 2 response must be completed within 25 days. The Step 3 grievance response must be completed within 40 days. The total time for a final grievance response concerning and allegation of sexual abuse will not exceed 90 days. If no response or requested delay is received within the above stated time frame, the grievance will be deemed denied at that level. ”*

CDOC AR 850-04 Grievance Procedure also states *“DOC can request an extension of time for up to 70 days to respond to a grievance alleging sexual abuse if the good faith effort to respond to the allegation necessitates an extension. The offender will be notified in writing of any extension.”*

The Grievance Coordinator was aware of the timeframes required in this provision, but there were not examples of grievances that met the definition of sexual abuse to review.

115.52 (e) CDOC AR 850-04 Grievance Procedure states *“Third parties, to include other offenders, employees, family members, attorneys, and other outside advocates may assist offenders in requesting grievances forms for allegation of sexual abuse and will also be permitted to file such requests on behalf of offenders.”*

The Grievance Coordinator was aware of this requirement, however there were no instances of grievances filed on behalf of offenders to review.

115.52 (f) CDOC AR 850-04 Grievance Procedure states *“ The case manager or CPO after receiving an emergency grievance alleging that an offender is subject to risk of imminent sexual abuse will immediately forward the grievance to the administrative head or designee, for review. Copies will be forwarded to the facility/parole Prison Rape Elimination Act (PREA) coordinator and PREA administrator at Headquarters.*

The initial response to such an emergency must be made within 48 hours. The Step 3 grievance officer will issue a final agency decision regarding the emergency allegation of sexual abuse within five calendar days detailing the whether the offender is in substantial risk of sexual abuse and what action taken in response to the emergency grievance.”

The Grievance Coordinator understood that emergency grievance process, although there were no examples of this occurring to review.

115.52 (g) CDOC AR 850-04 Grievance Procedure states *“DOC may discipline an offender for fling a grievance related to sexual abuse or sexual assault only where DOC demonstrates that the offender filed the grievance in bad faith.”*

The Grievance Coordinator was aware of this requirement and there were no examples of this occurring.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates 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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CCCF PREA Postings English/Spanish
- Offender Orientation Verification Packet
- AR Form 100-40A Facts You Should Know
- AR Form 100-40B
- MOU with Advocacy Organization (Trust, Education, Safety, Support, and Action - T.E.S.S.A.)
- MOU with Advocacy Organization (Arkansas Valley Resource Center)
- Offender Handbook

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Mailroom Staff
- Random Inmates
- Inmates who have Reported Sexual Abuse
- Outside Confidential Victim Advocates

Standard Analysis:

115.53 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states "*The facility will provide offenders with access to outside victim advocates for emotional support services through the following:*

- a. *The PREA Resource Guide, which contains contact information for statewide, national, and local rape crises centers, is available through the library, through the facility PREA coordinator, or case manager.*
- b. *Offenders can contact the rape crises hotline at CIPS number 05 or toll-free line at 800-809-2344. Offenders will be advised these calls are free, confidential and are not recorded or monitored. The rape crises advocates are mandatory reporters and are required to report threats of suicide or homicide and reports of child abuse to the OIG or appropriate agency. Abuse of the rape crises hotline will be reported to the OIG by the rape crises advocate and may result in disciplinary action. Disciplinary action may include, but is not limited to, blocking of calls to the rape crises line and/or COPD charges."*

An MOU between CDOC and T.E.S.S.A. was provided, which outlines emotional support services related to sexual abuse, including in-writing, crises line response, in-person services for emotional support, hospital response and emotional support during investigatory interviews.

An MOU between CCCF and Arkansas Valley Resource Center was also provided as documentation. The facility explained this is an additional resource if needed.

AR Form 100-40A Facts You Should Know states “Call the Rape Crises hotline at CIPS 06. These services are answered by an outside agency who can offer victim advocacy, crises counseling and referral services.”

Advocacy information is also available on posters/painted information in the housing units and around the facility. Additional information, including phone numbers and addresses of local and national advocacy organizations are available in the PREA Resource Guide, which is available to all inmates in the library.

During the onsite audit, the auditor called the CIPS 06 advocacy line. The advocacy organization was unavailable to take the call and the auditor had to leave a message for a return call. An advocate contacted the auditor regarding their call. It was explained that the advocacy line is not monitored or recorded, but inmates do need to enter a pin to access the system. The line is transferred to T.E.S.S.A. for telephonic support.

Very few inmates interviewed were aware that they could contact advocates for confidential, community-based support services relating to sexual abuse. Even though the information is available to inmates at the facility, CCCF is encouraged to continue to look for ways to educate the inmate population about these services.

115.53 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states “*Offenders will be advised these calls are free, confidential and are not recorded or monitored. The rape crises advocates are mandatory reporters and are required to report threats of suicide or homicide and reports of child abuse to the OIG or appropriate agency. Abuse of the rape crises hotline will be reported to the OIG by the rape crises advocate and may result in disciplinary action. Disciplinary action may include, but is not limited to, blocking of calls to the rape crises line and/or COPD charges.*”

AR Form 100-40A Facts You Should Know states “The Rape Crises Hotline is free to call and not recorded or monitored.”

The PREA Resource Guide states that calls to advocates are free, confidential and are not recorded.

115.53 (c) CDOC has entered an MOU with T.E.S.S.A. to provide inmates with confidential emotional support services related to sexual abuse. The agency maintains an MOU and provided the auditor with documentation showing the agreement between the agencies.

CCCF also provided an MOU with Arkansas Valley Resource Center. The MOU did not specify how they provided services, but CCCF explained this is an additional resource if needed.

The auditor spoke with a representative from T.E.S.S.A. who verified an MOU was in place and described the services they would offer inmates from CCCF.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- Copy of facility PREA information from the CDOC website
- Third Party Reporting Poster

Interviews:

- Random Inmates
- Random Staff

Standard Analysis:

115.54 CDOC AR 100-40 Prison Rape Elimination Procedure states "Reports of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment can be made by a third-party on behalf of an offender by calling the DOC TIPS line, PREA reporting line, or mailing a letter to the PREA administrator at the address mentioned above.

Additional information on how to report sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment is located at www.colorado.gov/cdoc under the Department Information tab then Prison Rape Elimination Act (PREA) link."

The CDOC website states " PREA Reporting

If you wish to report an alleged incident of sexual assault, sexual abuse, sexual misconduct, or sexual harassment on behalf of an offender you may:

Report by U.S. Mail

Attn: PREA Administrator

1250 Academy Park Loop, Colorado Springs, CO 80910

Report by email

Report by telephone:

PREA Reporting line at 1-855-855-0611

Toll free TIPS line at 877-DOC-TIPS (877-362-8477)

Use the PREA Incident Report Form

Reporting parties please note the following:

- The allegation may be discussed with the victim named in the report*
- The allegation will be disclosed only to those who need to know to ensure victim safety and to investigate the allegation*
- Please include as much information as is known about the victims, suspects, date, location, and details of the incident*

Third party reporting information is posted on the facility page on the CoreCivic web-site: CoreCivic.com."

The CoreCivic 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/ethics line.

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."

The Ethics Line is also available for third-party reporting.

During the site tour, the auditor was able to see third party reporting information. The visiting room had posted information for visitors that included third party reporting mechanisms. During random interviews with inmates and staff, most did say they could have a friend or family member report on their behalf.

The auditor reviewed all PREA investigations in the past 12 months, and there were no allegations that came from a third-party report.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- Employee Reference Booklet
- Code of Ethics
- PREA Overview Participant Guide
- PREA First Responder Card
- PREA Instructor Power Point

Interviews:

- Warden
- PREA Coordinator
- Random Staff
- Medical and Mental Health Staff

Standard Analysis:

115.61 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states "Any knowledge, suspicion, or information (including third party and anonymous kites, letters and reports), regarding incidents of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment in a correctional setting (including DOC prisons, private prisons, and community confinement facilities)....Any incidents of

retaliation against offenders or DOC employees, contract workers or volunteer who reported such incidents; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”.

All CCCF staff understood they were to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. Staff were able to clearly articulate the process for reporting and understood their responsibilities.

The CCCF Employee Reference Booklet includes information that staff must immediately report all information required by this standard.

The PREA Overview Participant Guide confirms that training also informs staff of reporting requirements and explains how those reports are made.

PREA First Responder Cards were provided as documentation, which includes first responder duties for staff.

The agency and facility leadership that was interviewed understood that every allegation must be reported and investigated.

The auditor will verify allegations are immediately reported once she reviews the investigative files.

115.61 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states “*DOC employees, contract workers and volunteers will not reveal any information related to a sexual assault/rape, sexual abuse, sexual misconduct or sexual harassment report to anyone other than to supervisor, investigators and designated officials. Such information will be limited to information necessary to make treatment, investigation, and other security and management decisions.*”

Staff interviewed all understood that PREA information needed to be as confidential as possible, and many were able to talk about who may or may not be someone who needs to know to make treatment, investigation or other security and management decisions.

PREA First Responder Cards were provided as documentation, which includes confidentiality requirements.

There was no indication during the audit that PREA information has been inappropriately disclosed.

115.61 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states “*Medical practitioners and mental health practitioners will be required to report sexual abuse and sexual assault and to inform offenders of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.*”

Medical and Mental Health staff interviewed all said that they would inform inmates of their professional duty to report and the limitations of confidentiality in the initiation of services.

115.61 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states “*If the alleged victim is under the age of 18 or is considered a vulnerable adult in accordance with C.R.S. 18-6-5-103 Crimes Against At-Risk Adults and At-Risk Juvenile- Classification, DOC will report the allegation to the designated state or local services agency under applicable mandatory reporting laws.*”

CCCF staff are mandatory reporters. They were able to articulate they would need to disclose allegations to the appropriate entity when allegations of abuse were made against a minor or a vulnerable adult. All staff said they would report according to the protocols in place.

The facility self-reported they did have any allegations that met the mandatory reporting requirements during the previous 12 months prior to the audit. The auditor will verify the mandatory reporting requirements once she reviews the allegations to ensure reporting is completed relevant to this standard.

115.61 (e) CDOC AR 100-40 Prison Rape Elimination Procedure states “*The shift commander will notify the appointing authority or designee, the Facility PREA coordinator and the facility OIG investigator.*”

The auditor will verify compliance with this standard once reviewing investigative records.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard but will ensure compliance is verified when reviewing investigative documentation.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- 5-1C Incident Statement- High Risk Offender
- PREA Overview Participant Workbook and PREA Overview Facilitator's Guide
- Sexual Abuse Incident Check Sheet 14-2C
- Incident Statement

Interviews:

- Agency Head Designee
- Warden
- Random Staff

Standard Analysis:

115.62 CDOC AR 100-40 Prison Rape Elimination Procedure states *"If any DOC employee, contract worker or volunteer learns that an offender is subject to substantial risk of imminent sexual abuse or sexual assault/rape, that person will take immediate action to protect the offender."*

The PREA Overview Participant Workbook and PREA Overview Facilitator's Guide for PREA training explains immediate action must be taken, including separating the victim and the abuser.

The Sexual Abuse Incident Check Sheet 14-2C was provided as documentation which outlines the initial response including ensuring the victim is safe and separated from the alleged abuser.

The facility reported that there had not been any determinations that an inmate was subject to a substantial risk of imminent sexual abuse in the 12 months prior to the audit.

The Warden verified that CCCF would take action when subject to substantial risk of imminent sexual abuse and outline different ways they could do so, including separation or transfer.

The Agency Head Designee and Warden said during his interview that the facility would take immediate action when the imminent risk of sexual abuse was indicated.

Random staff were all able to say they would take immediate action, including immediately separating inmates when there was an allegation of sexual abuse. All staff realized that the most important thing was keeping the inmate safe and that it was their responsibility to do so.

Some staff had first responder cards that they kept in their pockets in case they needed to respond. A Sexual Abuse Incident Check sheet explained the steps that need to be taken following an allegation of sexual abuse.

The auditor reviewed investigative files and determined that immediate action was taken when inmates are subject to substantial risk of imminent sexual abuse.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- Memorandum from PCM

Interviews:

- Agency Head
- Warden
- PREA Compliance Manager

Standard Analysis:

115.63 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states *“Upon receiving an allegation that a offender was sexually assaulted or sexually abused while confined at another facility the administrative head will notify the administrative head of the facility or appropriate office where the alleged sexual assault or sexual abuse occurred.”*

The PCM said in a memorandum that was provided as documentation that *“As of the date of this memo, Crowley County Correctional Facility has not had an occasion to refer PREA report to another facility.”*

In a Q & A provided from the Vice President of Operations Administration, he said *“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.”*

115.63 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states *“such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility PREA coordinator, OIG investigator, and mental health staff at the facility where the incident was reported will also be notified.”*

There were no examples provided to the auditor for review.

115.63 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states *“A written report will be generated pursuant to AR 100-07 Reportable Incidents and Incidents Management System and a copy will be sent to DOC_PREA_Program@state.co.us.”*

115.63 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states *“The administrative head that receives any such notification will ensure that the allegation is investigated.”*

The facility reported they had not received any allegations from another facility. During the auditor's review of sexual abuse and sexual harassment allegations in the past 12 months, there were no allegations that had been received by another facility.

The Agency Head and Warden were aware of this requirement and said these types of allegations would be investigated regardless of how old the allegation was, or limited information provided. The Warden indicated he had a few reports since he had become Warden at CCCF, and it was immediately referred for investigation and processed as any other allegation would be.

In a Q & A provided from the Vice President of Operations Administration, he said *“This 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 receives 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.”*

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CCCF Coordinated Response Plan

- CoreCivic Form 14-2-C Sexual Abuse Incident Checklist
- PREA Overview Participant Workbook and PREA Overview Facilitator's Guide
- First Responder Card
- Copies of 5-1 Incident Reports

Interviews:

- Staff who have Acted as a First Responder (Security and non-security)
- Inmates who Reported Sexual Abuse

Standard Analysis:

115.64 (a) CDOC AR 100-40 Prison Rape Elimination Procedure outlines first response following an allegation of sexual abuse. It says the facility should have its own written plan for responding and that first responders shall:

1. *Separate the perpetrator and victim*
2. *Secure the crime scene, isolate and cordon off the crime scene until further direction from the OIG investigator.*
3. *Instruct the suspect and request the victim not to shower, wash, brush his/her teeth, urinate, defecate, eat, drink, and change clothing or anything else that might destroy evidence.*
4. *The first responding staff will notify the shift commander who will follow their facility PREA response plan for an incident of sexual assault or sexual activity.*
5. *The shift commander will conduct threshold questioning and then contact the OIG investigator following facility protocol. The shift commander will relay information to the OIG investigator describing the sexual activity or behavior. The OIG investigator will direct the shift commander on what actions, if any, to take.*
6. *An OIG investigator will immediately respond if there is any reasonable suspicion that a sexual assault or sexual activity has occurred. It is the responsibility of the OIG investigator to determine whether a victim is transported for a forensic medical examination.*
7. *Notify the health services administrator (HSA), who will in turn notify mental health staff. If no qualified medical professional or mental health clinician is on duty at the time a report of sexual assault is made, security staff/first responders will take preliminary steps to protect the victim and will immediately notify the appropriate HSA or designee on the on-call mental health clinician for immediate response.*
 - a. *Transport the victim to Clinical Services for a cursory medical assessment.*
 - b. *Secure perpetrator, under supervision, in holding cell and ensure the perpetrator is not allowed to wash, shower brush his/her teeth, urinate, defecate, eat, drink, change clothes or anything else that might destroy evidence. Assign an employee to secure the perimeter, if necessary.*
 - c. *Under the instruction of the OIG investigator, a qualified PREA first responder will collect trace evidence at the facility. This will be conducted prior to transport for a SANE exam as instructed by the OIG investigator.*

The CDOC AR 100-40 Prison Rape Elimination Procedure also outlines the process for delayed reports.

CCCF Coordinated Response Plan outlines the facility specific response to allegations of sexual abuse/sexual assault.

The PREA Overview Participant Workbook and PREA Overview Facilitator's Guide explains the procedural responsibilities of a first responder of sexual abuse and sexual assault.

The CoreCivic Form 14-2-C Sexual Abuse Incident Checklist guides the process on first response of sexual abuse and sexual assault, ensure first that the victim is separated from the alleged abuser.

The First Responder Cards that staff carry provide first responder duties so all staff can access it when/if needed. Since PREA allegations don't happen often, this card is a best practice to ensure the information is readily available to staff when they need it.

The first responder questions were asked of all staff, not just the ones who had been a first responder. All staff was able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties.

Staff training includes first responder information.

A inmates who had reported sexual abuse told the auditor that the appropriate protocol was followed, including being taken to medical services.

In reviewing investigative reports, the facility had complied with this standard.

115.64 (b) All staff, including staff that are not security members are required to request that the alleged victim not take any actions that could destroy physical evidence, and then shall notify security staff.

The auditor interviewed non security staff utilizing the first responder protocol. Non security staff understood that they should notify security staff and request victims and ensure alleged abusers not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

All staff had been provided a card with their first responder duties that they can carry with them, to use as a reference if needed.

In reviewing investigative reports, the facility had complied with this standard.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CCCF Coordinated Response Plan
- CoreCivic Form 14-2-C Sexual Abuse Incident Checklist

Interviews:

- Warden

Standard Analysis:

115.65 CDOC AR 100-40 Prison Rape Elimination Procedure states “*Each facility, including private prisons, and community corrections programs, will use the attached PREA Process Flowchart (AR Form 100-40C or 100-40D, as applicable) and PREA Response Plan Guideline for Sexual Assault or Sexual Abuse (AR Form 100-40E), to develop a written PREA facility response plan. The facility-specific response plan will coordinate actions among first responders, medical professionals, mental health clinicians, OIG investigators, or local law enforcement, facility leadership, victim rights and advocacy in response to an incident of sexual assault or sexual activity.*”

The CCCF Coordinated Response Plan is a written plan to coordinate actions in response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and facility leadership. The plan goes over first response and safety of the alleged perpetrator, confidentiality, medical and mental health response, crime scene preservation, notifications to the Warden, Investigator, Administrative Duty Officer and PREA Compliance Manager, threshold questions asked (who, what, where, when, and hygiene), housing considerations and PREA requirements, forensic medical examination supervision, victim advocacy, and report writing requirements.

The Warden was able to describe CCCF's coordinated response at the facility.

In reviewing several investigative packets, it was clear the facility adhered to its plan.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- Memorandum from Warden

Interviews:

- Agency Head

Standard Analysis:

115.66 (a-b) CCCF reports they do not have any collective bargaining agreements.

A memorandum from Warden Goodrich dated July 9, 2021, was submitted to the auditor that states *"Crowley County Correctional Facility is not subject to collective bargaining."*

The Agency Head said that CoreCivic staff who are responsible for the development of collective bargaining agreements are aware of this requirement.

Since CCCF does not have collective bargaining agreement, it is not subject to this standard has the ability to protect inmates from contact with abusers. The agency is aware of the responsibilities in this standard and is complying in other facilities.

In a Q & A provided from the Vice President of Operations Administration, he said *"Yes, 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 abusers from contact with an inmate pending an investigation or disciplinary action."*

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure states
- CDOC AR 1150-18 Offender Crime Victim Rights
- CoreCivic 14-2D PREA Retaliation Monitoring Report
- Memorandum from Warden re: Agency Protection Retaliation Designated Staff or Departments

Interviews:

- Agency Head Designee
- Warden
- PREA Compliance Manager
- Designated Staff Member Charged with Monitoring for Retaliation
- Inmates who Reported Sexual Abuse

Standard Analysis:

115. 67 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states *"The DOC has zero tolerance for retaliation or acts of intimidation. Offenders, DOC employees, contract workers and volunteer have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse, and sexual harassment and for cooperating with investigation. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the Office of the Inspector General (OIG) and a copy sent to the Prison Rape Elimination Act (PREA) administrator. The OIG offender victim's rights coordinator will initiate retaliation monitoring on offenders who report sexual assault or sexual abuse or cooperate with an investigation of sexual assault or sexual abuse and will notify the facility PREA coordinator."*

CCCF utilizes the form *14-2D PREA Retaliation Monitoring Report* to track retaliation monitoring. The auditor interview one of the staff who is charged with retaliation monitoring at the facility. The staff was able to explain the process for doing so.

The Agency Head Designee, Warden and PREA Compliance Manager both said retaliation concerns would be addressed. The Warden discussed different things that could be done to prevent retaliation from occurring, including transferring the suspect when needed. The Warden said he would work with CDOC to determine an appropriate plan of action to prevent retaliation.

In a Q & A provided from the Vice President of Operations Administration, he said *"For both inmates/residents and staff who have reported allegations 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 occur for victims of sexual harassment/sexual abuse. Our policies and practices prohibit retaliation of any reason, and we include this expectation in training with staff. Any violations are acted upon accordingly."

The auditor spoke with inmates who had reported sexual abuse. Inmates said that the facility staff met with the inmates on several occasions to monitor for retaliation.

115. 67 (b) CDOC AR 1150-18 Offender Crime Victim Rights states *"The DOC will employ multiple protection measures, such as housing changes or transfers for offender victim or abusers, removal of alleged staff or offender abusers from contact with victim, and emotional support services for offender victim or staff who fear retaliation for reporting sexual abuse, sexual assault or sexual harassment or for cooperating with investigations."*

The Warden and the staff member who monitors for retaliation (PCM) were able to list the multiple protection measures they employ. A memorandum was submitted to the auditor from Warden Goodrich dated July 9, 2021, said that the PCM, Facility Investigator and Mental Health Department have been trained and designated to monitor any possible retaliation at CCCF.

115. 67 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states *"The OIG offender right's coordinator will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes and negative chronological entries. Periodic in person status checks for offenders will be completed by the facility PREA coordinator. For DOC employee, contractors and volunteer who report sexual assault or sexual abuse retaliation monitoring will be done the facility PREA coordinator and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least 90 days but may continue past 90 days if the initial monitoring indicates a continuing need."*

CDOC AR 1150-18 Offender Crime Victim Rights states *"After incident monitoring: For at least 90 days following a report of sexual abuse (excluding sexual harassment and sexual misconduct) or sexual assault the OIG offender victim rights coordinator along with the facility PREA coordinator will monitor the conduct and treatment of offenders or staff who reported the incident and of offender victim who reported to have suffered sexual abuse or sexual assault to see if there are changes that may suggest possible retaliation by offenders or staff, and will act promptly to remedy any such retaliation."*

Offender Crime Victim Rights also states, *"The OIG offender rights coordinator will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need".*

The staff member who monitors for retaliation (PCM) explained this would be completed for both staff and inmate reporters and would occur for at least 90 days.

The form *14-2D PREA Retaliation Monitoring Report* specifies that the monitoring is for either staff or inmate and take place in 30-, 60- and 90-day increments.

115. 67 (d) CDOC AR 1150-18 Offender Crime Victim Rights states *"Periodic in person status checks for offenders will be completed by the facility PREA coordinator."*

The form *14-2D PREA Retaliation Monitoring Report* says the retaliation will be monitored beyond 90 days, as indicated.

The staff member who monitors for retaliation (PCM) knew that the requirement to conduct periodic status checks and they are documented on *14-2D PREA Retaliation Monitoring Report*.

115. 67 (e) CDOC AR 1150-18 Offender Crime Victim Rights states *“If any other individual who cooperates with an investigation expresses a fear of retaliation, DOC will take appropriate measures to protect that individual against retaliation.”*

The Agency Head and Warden were familiar with this requirement and said this is taken seriously at CoreCivic and CCCF.

In a Q & A provided from the Vice President of Operations Administration, he said *“Our policies and practices prohibit retaliation for any reason, and we included this expectation in training with staff. Any violations are acted upon accordingly.”*

The staff member who monitors for retaliation (PCM) understood this requirement.

115. 67 (f) CDOC AR 100-40 Prison Rape Elimination Procedure states *“If a case is determined to be unfounded the retaliation monitoring will be stopped”*.

CDOC AR 1150-18 Offender Crime Victim Rights also states, *“If a case is determined to be unfounded, or if the offender victim is released from DOC custody, the obligation to monitor will terminate.”*

The staff member who monitors for retaliation understood this requirement.

Corrective Action:

The auditor had asked for documentation and clarifying information of retaliation monitoring and had not received it by the date of interim report. During the corrective action period the facility provided documentation of retaliation monitoring and answer the questions the auditor had about the documentation that had been received. In reviewing the investigative files during corrective action, the facility had complied with every provision of this standard.

The auditor has found the facility to be in full compliance with every provision of this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- Incident Statement Form 5-1C
- Incident Report Form 5-1A
- Memorandum from PCM re: Restricted Housing

Interviews:

- Staff who supervise inmates in segregation
- Inmates who have alleged sexual abuse

Standard Analysis:

115.68 CDOC AR 100-40 Prison Rape Elimination Procedure states "*Offenders at high risk for sexual victimization shall not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary restrictive housing for less than 24 hours while completing the assessment.*

The facility will document the basis for this housing determination and the reason why no alternative can be arranged. Offenders placed in restrictive housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, and work opportunities, the facility will document the opportunities limited, the reason for such limitation, and the duration of the limitation.

The facility will assign such offenders to involuntary remove from population (RFP) housing only until alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of 30 days.

If involuntary restrictive housing assignment is made for this purpose the facility will clearly document, utilizing the PREA RFP Offender Housing Review form 100-40F, the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged."

The auditor discussed this with the PCM, and Warden and they were aware of the requirements in this provision.

The staff who supervised in segregated housing were not aware of any inmates who had been placed there for high risk of victimization. The warden was aware that inmates who were at high risk of victimization should not be placed in segregated housing.

The PAQ states there were inmates who were placed in involuntary restricted housing following an allegation of sexual abuse.

Several incident reports were reviewed, and none indicated an inmate was placed in involuntary restrictive housing to protect an inmate who is alleged to have suffered sexual abuse.

Two inmates who alleged sexual abuse were interviewed and neither said they had been placed in segregated housing following their allegation. One inmate said he was very impressed with the facilities response regarding his allegation.

A memorandum from the PCM dated November 20, 2020, states that CCCF has not placed any offenders in restricted housing as a result of reporting a PREA incident.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard, and standard 115.43.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (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 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 1150-04 Professional Standards Investigations
- CDOC AR 1150-07 Crime Scene Management and Criminal Evidence Handling
- CoreCivic Policy I-15 Retention of Records
- 5-1A Incident Report
- Crowley County Investigator Report
- CDOC Investigator General Offense Report
- National PREA Resource Center Investigator Slides
- CoreCivic Training Records & Investigator Training Certificates
- Specialty Training Rosters
- CoreCivic Retention Schedule
- Memorandum from PCM re: Criminal Investigations

Interviews:

- Investigative Staff
- Inmates who have Reported Sexual Abuse

Standard Analysis:

115.71 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states *“Investigation into allegations, including third-party and anonymous reports, will be conducted promptly, thoroughly, and objectively.”*

The Office of the Inspector General (OIG) employees one investigation that conducts both administrative and criminal allegations at CCCF.

The auditor had not received comprehensive investigative reports at the time of the interim report. The auditor did receive 5-1G forms; however it is this auditors understanding that the OIG also completes a report. The auditors review of the 5-1G forms were not able to show that the investigation was done promptly, thoroughly, and objectively.

During the corrective action period the full investigative reports were provided to the auditor. Each report met this provision.

115.71 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states *“Documentation verifying completion of the specialized training will be recorded in each investigator’s Training Information System (TIS) record.”*

The OIG investigator that conducts PREA investigations at CCCF has received specialized training in sexual abuse investigations in a confinement setting per standard 115.34. The auditor was able to review training transcripts and the investigator described the training he had received in his interview with the auditor.

115.71 (c) CDOC AR 1150-07 Crime Scene Management and Criminal Evidence Handling states *“An investigation is conducted and documented whenever a sexual assault or threat is reported. For felony criminal investigations conducted by the OIG, investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview the alleged victim, suspected perpetrators, and witnesses and will review prior complaints and reports involving suspected perpetrator.”*

The investigator was aware of this requirement and spoke about evidence collection and the process they would go through to complete a thorough investigation.

The investigative reports the auditor reviewed appeared to include direct and circumstantial evidence.

115.71 (d) CDOC AR 1150-07 Crime Scene Management and Criminal Evidence Handling states *“When the quality of evidence appears to support criminal prosecution, agency will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”*

The auditor did not review any investigations that included compelled interviews; however, the investigator was aware of this requirement, and it was part of the training he had received.

115.71 (e) CDOC AR 100-40 Prison Rape Elimination Procedure states *“The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as offender or staff. Doc will not require an offender who alleges an act of sexual*

assault/rape, sexual abuse, or sexual harassment to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

The auditor had not received comprehensive investigative reports at the time of the interim report. During the corrective action period the auditor reviewed the investigation reports and there were no investigations reviewed by the auditor that included the use of a truth-telling device, however, the investigator was aware of the requirement not to require it as a condition for proceeding with an investigation of sexual abuse or sexual harassment.

115.71 (f) CDOC AR 1150-04 Professional Standards Investigations states “*Professional standards investigations related to Prison Rape Elimination Act (PREA) incidents shall include an effort to determine whether staff actions or failures to act were contributing factors. These investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments and investigative facts and findings.*”

The investigator was able to describe these requirements during his interview with the auditor.

The auditor had not received comprehensive investigative reports at the time of the interim report but did during the corrective action period. All reports included these provisions.

115.71 (g) CDOC AR 1150-07 Crime Scene Management and Criminal Evidence Handling states “*Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible*”.

The auditor had not received comprehensive investigative reports at the time of the interim report but did during the corrective action period. All reports included these provisions.

115.71 (h) CDOC AR 100-40 Prison Rape Elimination Procedure states “*Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution*”.

The investigator confirmed that substantiated allegations that appear criminal are referred for prosecution however the PAQ indicated that there were no substantiated allegations that appeared criminal.

115.71 (i) CoreCivic Policy I-15 Retention of Records explains that investigative files and written reports are retained as long as the alleged abuser is incarcerated or employed, plus five years.

Investigative documentation is stored on an online tracking system. The documents are retained according to the standards.

115.71 (j) CDOC AR 100-40 Prison Rape Elimination Procedure states “*The departure of the suspect or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.*”

The investigator was aware that the departure of the victim or abuser shall not provide a basis for terminating the investigation.

115.71 (k) CDOC OIG investigators conduct PREA investigations and do so in accordance with the above requirements. CCCF adheres to CDOC’s policies.

115.71 (I) CDOC AR 100-40 Prison Rape Elimination Procedure states “*OIG investigators will document all such referrals in the Inspector General Offense Reporting system. When outside agencies conduct investigations, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation.*”

CCCF cooperates with OIG investigators. The OIG investigator described a collaborative relationship with the facility, which included frequent communication.

Corrective Action and Conclusion:

The auditor had not received comprehensive investigative reports at the time of this report. The auditor did receive 5-1G forms; however it is this auditors understanding that the OIG also completes a report. The auditors review of the 5-1G forms did not include the applicable provisions of this standard. The facility should provide reports that include these provisions or enter corrective action.

During the corrective action period detailed investigative packets were provided to the auditor. The auditor reviewed each investigation to ensure it included the necessary elements for each provision of this standard. The facility provided any information requested regarding some of the cases. After discussions the facility ensured a multi-faceted committee review was completed on one investigation and the outcome was updated. The auditor was provided with the corrected information.

After review of the reports provided to me and the updated information the facility find the facility is in full compliance of every provision of this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CoreCivic 5-1G Incident Investigation Report
- CoreCivic 5-1E PREA Reporting Form

Interviews:

- Investigative Staff

Standard Analysis:

115.72 CDOC AR 100-40 Prison Rape Elimination Procedure states “DOC will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual assault, sexual abuse or sexual harassment are substantiated”.

The auditor interviewed the investigator, who explained that the preponderance of the evidence is used when determining the outcome of a sexual abuse and sexual harassment allegations.

The auditor will review all the sexual abuse and sexual harassment allegations in the 12 months before the audit, to ensure the outcomes were all appropriate and based on the preponderance of the evidence.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR Form 100-01A Implementations/Adjustments
- CDOC AR 1150-18 Offender Crime Victim Rights
- Copies of Completed 14-2E Inmate PREA Allegation Status Notifications

Interviews:

- Warden
- Investigative Staff
- Inmates who Reported Sexual Abuse

Standard Analysis:

115.73 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states *"Following an investigation into an offender's allegation that he or she suffered sexual abuse at the facility (excluding sexual harassment and sexual misconduct in DOC or private prison or community confinement facility, the OIG offender rights coordinator will inform the offender in writing as to whether their allegation has been determined to be substantiated, unsubstantiated, or unfounded."*

CDOC AR 1150-18 Offender Crime Victim Rights states *"When the OIG investigator completes the investigation, the OIG offender victim rights coordinator who will notify the offender victim in writing of the following:*

a. Whether the allegation was determined to be substantiated, unsubstantiated or unfounded."

CCCF utilizes the form *14-2E Inmate PREA Allegations Status Notifications* to document that the inmate is informed of the outcome of the investigation.

The auditor reviewed *14-2E Inmate PREA Allegations Status Notifications* in all investigative files reviewed. The investigative staff is the person responsible to notify the inmate of the outcome of the investigation.

The Warden was aware of the requirement to provide this information to the inmate at the conclusion of an investigation.

Inmates who had alleged sexual abuse that was interviewed by the auditor did say they were told of the outcome of the investigation.

The auditor requested copies of the applicable forms but had not received them as of the date of the interim report. The facility entered a corrective action period, in which it provided the necessary documentation to the auditor showing compliance with this standard.

115.73 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states *“If DOC did not conduct the investigation, DOC shall request the relevant information from the investigative agency in order to inform the offender.”*

CDOC AR 1150-18 Offender Crime Victim Rights states *“If the DOC did not conduct the investigation, the OIG offender rights coordinator will request from the investigative agency, all information needed in order to provide the offender with the notices 1-3 above.”*

115.73 (c) CDOC AR 1150-18 Offender Crime Victim Rights states *“If the allegation is against a staff member, the offender will be informed unless it has been determined that the allegation is unfounded, whenever.*

- a. The staff member is no longer posted within the offender’s unit.*
- b. The staff member is no longer employed at the facility.*
- c. The staff member has been charged or convicted on a charge related to sexual abuse or sexual assault within the facility.”*

CDOC AR 1150-18 Offender Crime Victim Rights also states *“When the OIG investigator completes the investigation, the OIG offender victim rights coordinator who will notify the offender victim in writing of the following:*

- b. Whether the district attorney’s office filed or declined to file charges.”*

14-2E Inmate PREA Allegations Status Notifications has checkboxes that include this provision. The auditor reviewed forms that were completed that notified the inmates of things required in this provision. The investigator completes this update and was aware of the requirement during their interview.

115.73 (d) CDOC AR 1150-18 Offender Crime Victim Rights states *“Offender victims of sexual abuse (excluding sexual harassment and sexual misconduct) are entitled to be informed, either in person or in writing of the following:*

- 1. If the allegation is against another offender, the offender victim will be notified if the PREA Administration and Compliance Services Program learns that the alleged abuser has been charged or convicted on a charge related to sexual abuse or sexual assault within the facility.”*

The 14-2E Inmate PREA Allegations Status Notifications form has checkboxes that include this provision.

115.73 (e) CDOC AR 1150-18 Offender Crime Victim Rights states *“The OIG offender victim rights coordinator will document all notification and attempted notification of offender victim.”*

CDOC AR Form 100-01A Implementations/Adjustments states *“All inmate/resident notifications or attempted notifications shall be documented on the 14-2E Inmate Allegation Status Notification. The inmate/resident shall sign the 14-2E Inmate Allegation Notification, verifying that such notification was received. The signed 14-2E Inmate Allegation Status Notification shall be filed in the inmate/resident’s institutional file.”*

The auditor requested applicable forms but had not received them as of the date of the interim report. The facility entered a corrective action period, in which it provided the necessary documentation to the auditor showing compliance with this standard.

115.73 (f) CDOC AR 1150-18 Offender Crime Victim Rights states “*If a case is determined to be unfounded, or if the offender victim is released from DOC custody, the obligation to monitor will terminate*”.

The investigator was aware of this requirement.

Corrective Action and Conclusion:

The auditor requested applicable forms but had not received them as of the date of the interim report. The facility entered a corrective action period, in which it provided the necessary documentation to the auditor showing compliance with this standard. Since one outcome of any investigation was changed, the updated form was completed for compliance with this standard and provided to the auditor.

The auditor find the facility is compliance with every provision of this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- Memorandum from PCM re: Disciplinary Sanctions for Staff

Interviews:

- PREA Compliance Manager
- Human Resources

Standard Analysis:

115.76 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states "DOC employees, contract worker and volunteers may be subject to corrective action and/or disciplinary sanctions up to and including termination for violating department policies, post orders and clinical standards."

A memorandum from the PCM was provided as documentation that said CCCF has not had a staff terminated for PREA related offenses from October 2020 through current.

The PAQ said staff will be subject to disciplinary sanction, including terminations, however, in the past 12 months, there were no substantiated allegations of sexual abuse and sexual harassment involving a staff member.

The auditor requested that information be provided for any corrective action that might have taken place since the last PREA audit, however the facility said there has been none.

115.76 (b) CCCF does not have a policy that says termination should be the presumptive disciplinary action, but the HR manager was able to explain that would be the case. It is recommended that language be added into policy for clarification during the policies next revision.

The PAQ there have been no substantiated sexual abuse allegations in the past 12 months, therefore, no disciplinary action or termination. The auditor requested the facility provide any information for substantiated allegations since the last PREA audit, however the facility said there is none.

115.76 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states “Disciplinary sanctions for violations of department policies relating to sexual abuse, sexual assault or sexual harassment (other than actually engaging in sexual abuse/assault) 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.”.

Since there were no examples, the auditor was unable to verify that the disciplinary sanctions were commensurate with the provision.

115.76 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states “All terminations for violations of department sexual abuse, sexual assault or sexual harassment policies or resignation by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies and any relevant licensing bodies unless the activity was clearly not criminal.”.

The PAQ said there were no staff from the facility who were reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies. The facility reports there have been no substantiated allegation of sexual abuse or sexual harassment since the last PREA audit.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- Memorandum from PCM re:

Interviews:

- Warden

Standard Analysis:

115.77 (a-b) CDOC AR 100-40 Prison Rape Elimination Procedure states “Any contract worker or volunteer who engages in sexual assault/rape, sexual abuse or sexual harassment with an offender, or retaliates against an offender who reports sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment or cooperates with the investigation where such behavior rises to the level of criminal behavior, will be prohibited from contact with offenders and reported to the OIG or local law enforcement and to relevant licensing bodies. In the case of any other violation of department policies by a contract worker or volunteer, the facility will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders.”

The PAQ reported no allegations of sexual abuse that was involving a contractor or volunteer that were substantiated within the 12 months before the audit. The auditor requested any available information for any substantiated allegations that may have occurred since the last audit be provided, but the facility said there were none.

The Warden said that any contractor or volunteer that engaged in sexual abuse would be immediately prohibited with contact with inmates.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 150-01 Code of Penal Discipline (COPD)
- CDOC AR Form 150-01A Class II Offenses & Authorized Sanction Matrix
- CDOC AR Form 150-01K Mental Health Assessment for COPD Sentencing
- Memorandum from PCM re: Disciplinary Sanctions for Inmates

Interviews:

- Warden
- Medical and Mental Health Staff
- Random Staff
- Disciplinary Hearings Officer

Standard Analysis:

115.78 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states “All cases involving sexual assault/rape, sexual abuse and sexual harassment will be referred to the OIG. If appropriate, the OIG will refer such cases to the district attorney for prosecution. Offenders may also be charged pursuant to AR 150-01 Code of Penal Discipline or AR 250-41 Responding to Parole Violations through Colorado Violation Decision Making Process, however, offenders may only be disciplined for engaging in sexual assault/rape, sexual abuse or sexual harassment with a DOC employee, contract worker or volunteer upon finding that the DOC employee, contract worker or volunteer was forced, threatened, or did not consent to such behavior.”

CDOC AR 150-01 Code of Penal Discipline (COPD) states “Sexual Assault: An offender commits this offense when they have active or passive contact or fondling which is coerced or forced between their genitals, hand (s), mouth, buttocks, anus, breast or with the use of animate or inanimate objects and the genitals, hand(s), mouth, buttocks, anus breast of another person. Contact can be without clothing being worn by one for both parties.”

There was no substantiated allegation of inmate -to- inmate sexual abuse to review during the 12 months before the audit.

115.78 (b) CDOC AR 150-01 Code of Penal Discipline (COPD) states “*sanctions are commensurate with the nature and circumstances of the offense committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.*” CDOC AR 150-01 Code of Penal Discipline (COPD) utilizes a matrix that considers these factors.

115.78 (c) CDOC AR 150-01 Code of Penal Discipline (COPD) states “*The disciplinary process will consider whether an offender’s mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. The completed 150-01K Mental Health Assessment for COPD/Charges/Sentencing will be consulted with regard to appropriate sentencing of offenders with serious mental illness and/or significant functional impairment. The hearing officer will indicate on AR Form 150-01C, Disposition of Charge(s) that the opinion from mental health was received. The hearings officer will document any change in sanctions in the disposition of charges pursuant to that opinion.*”

The CDOC AR Form 150-01K Mental Health Assessment for COPD Sentencing was reviewed by the auditor. The form requires that the staff completing the form will mark whether “*This offender was experiencing significant mental health symptoms and/or significant functional impairments which influenced their behavior. The offender’s mental health state will be considered as a mitigating factor in determining charges and sanctions.*” OR “*This offender was NOT experiencing significant mental health symptoms and/or significant functional impairments during this incident and therefore can be held accountable for their action.*”

The auditor interviewed the Disciplinary Hearings Officer who confirmed this is the practice. There were no examples of this occurring.

115.78 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states “*SOTMP will consider whether to require the offender to participate in such treatment, while incarcerated and/or in the community.*”

The medical and mental health staff said an evaluation would be completed to see if CCCF would offer sex offender treatment or other interventions designed to address and correct underlying reasons or motivations for the abuse as a condition of access to programming or other benefits. There were no examples of this occurring.

115.78 (e) CDOC AR 100-40 Prison Rape Elimination Procedure states “*Responding to Parole Violations through Colorado Violation Decision Making Process, however, offenders may only be disciplined for engaging in sexual assault/rape, sexual abuse or sexual harassment with a DOC employee, contract worker or volunteer upon finding that the DOC employee, contract worker or volunteer was forced, threatened, or did not consent to such behavior.*”

CDOC AR 150-01 Code of Penal Discipline (COPD) states “*An offender will not be charged with Solicitation/Sexual Misconduct if the employee, contract worker or volunteer consented to the sexual or romantic activity.*”

The facility reports that there were no incidences where this occurred.

The auditor interviewed the Disciplinary Hearings Officer who confirmed this is the practice. There were no examples of this occurring to review.

115.78 (f) CDOC AR 100-40 Prison Rape Elimination Procedure states “*Reports of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment made in good faith based upon a reasonable belief that alleged conduct occurred, shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.*”.

The Disciplinary Hearings Officer confirmed inmates are not disciplined who report sexual abuse when the allegation is made in good faith based upon a reasonable belief that the alleged conduct occurred. Inmates are only disciplined when the allegation was unfounded and made in bad faith. There were no examples of inmates being disciplined for false reporting to review.

115.78 (g) CDOC AR 150-01 Code of Penal Discipline (COPD) states “An offender commits sexual misconduct when they have active or passive contact or fondling which is not coerced or forced between their genitals, hand(s), mouth, neck, buttocks, anus, or breast or with the use of animate or inanimate objects and the genitals, hand(s), mouth, buttocks, anus, or breast of another person. Contact can be with or without clothing being worn by one or both parties.”

Consensual sexual activity is considered a rule violation and is treated as such.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CoreCivic Policy 13-50 Initial Intake Screening
- CDOC AR-700-03 Mental Health Scope of Services
- CDOC AR Form 700-03E Mandatory Disclosure and Information for Behavioral Health Clients
- PREA Confidential Report
- CDOC Mental Health Screening Forms
- Offender Follow Up Appointments

Interviews:

- Mental Health Staff
- Inmates who Reported Sexual Abuse during a Risk Screening

Standard Analysis:

115.81 (a-b) CDOC AR 100-40 Prison Rape Elimination Procedure states *“If the initial SAB/SVR assessments indicates the offender has experienced prior sexual victimization or previously perpetrated sexual aggressiveness, whether in an institutional setting or in the community, the offender will be offered a follow-up meeting with a mental health or SOTMP clinician within 14 days of the initial intake assessment. The referral will be entered into the PREA behavior health referral system.”*

CDOC AR 100-40 Prison Rape Elimination Procedure also states, *“If the staff member conducting the assessment receives information the offender has experienced prior victimization or previously perpetrated sexual aggressiveness, whether in an institutional setting or in the community, the offender will be offered a follow-up meeting with a mental health or a SPTMP clinician to occur within 14 days.”*

CDOC AR-700-03 Mental Health Scope of Services states *“Mental Health Appraisals: All inter-system offender transfers (direct DOC sentences, community regressions, parole revocations) will undergo a mental health appraisal by a DOC mental health clinician at the time of admission to the facility. The mental health clinician will utilize AR Form 700-03A Inter-System Mental Health Appraisal.”*

The PREA risk screening asks inmates if they have been sexually victimized and if they have been sexually abusive. If an inmate answered yes, an email is sent to mental health staff to schedule a follow-up meeting.

Mental health staff knew about this requirement during the PREA audit interview.

The facility had indicated that Unit Managers have not been sending mental health referrals for those who indicated they have been sexually abused during the screening pursuant to 115.41, as required by the standard at the time of issuance of the interim report.

The facility entered a corrective action period. The facility provided proof documents to show the facility had provided the required mental health meetings within the 14 day period.

115.81 (c) CCCF is a prison, therefore this provision is not applicable.

115.81 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states *“Any information related to sexual victimization or aggressiveness occurring in an institutional setting will be confidential and strictly limited to medical and mental health clinicians and other staff as necessary, to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments or as otherwise required by law.”*

Medical and mental health staff were aware that all information related to sexual victimization or abusiveness that occurred in an institutional setting should be strictly limited to the need-to-know staff. All records regarding an allegation of sexual abuse and sexual harassment are kept confidential at CCCF and only shared to inform treatment plans, security decisions, etc.

115.81 (e) CDOC AR Form 700-03E Mandatory Disclosure and Information for Behavioral Health Clients states *“Mental health clinicians will obtain informed consent from you before reporting prior sexual victimization that did not occur in an institutional setting, unless you are under the age of 18.”*

Medical and mental health staff said they obtained informed consent prior reporting information about sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

Corrective Action and Conclusion:

The facility has indicated that Unit Managers had not been sending mental health referrals for those who indicated they have been sexually abused and abusive during the screening pursuant to 115.41, as required by the standard.

The facility issued direction/training to Unit Managers, so they understand the requirement. The auditor was provided with the copies of referrals and meetings during the corrective action period. It should be noted that although on time, the facility is still short staffed, and many meetings were scheduled on the last (14th day). The facility has shown it can comply with this standard even when short staffed.

The auditor finds the facility is in full compliance of every provision of this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CoreCivic Policy 13-79 Sexual Assault Response
- MOU – Parkview Medical Center
- Form 13-79A Rape /Sexual Assault Protocol
- Form 14-2C Sexual Abuse Incident Check Sheet
- Memorandum from PCM regarding Emergency Medical/Mental Health Services

Interviews:

- Medical and Mental Health Staff
- First Responders
- Inmates who Reported Sexual Abuse

Standard Analysis:

115.82 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states “*Clinical Services will conduct a cursory assessment of any victim of a sexual assault. Emergent medical care will be provided at the facility, as needed. Any non-emergent additional medical care will be provided during or after the forensic exam. Victims of sexual assault will receive timely, unimpeded access to emergency medical treatment and immediate crises intervention services, the nature and scope of which will be determined by clinical services according to their professional judgement.*”

Medical and mental health staff knew that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of that is determined by their professional judgment.

Form 14-2C Sexual Abuse Incident Check Sheet includes “*Health Services Department stabilizes/assesses victim*” and “*Medical staff ensure victim receives appropriate treatment onsite or transport offsite to outside medical provider for any injuries sustained.*”

Form 14-2C Sexual Abuse Incident Check Sheet also states, “*Health Services Department notifies the SART representative (i.e. mental health/Victim Services Coordinator (VSD)/medical.*”

A memorandum was provided from the PCM that said, *“there have been no sexual abuse cases requiring emergency medical and mental health services for the past 12 month”*.

The Form 13-79A Rape /Sexual Assault Protocol explains that if the incident occurred within the last seventy-two hours the victim will be assessed and stabilized for any life/limb threatening injuries. It also states that supportive care will be provided until transferred to the ER. If the incident occurred more than seventy-two hours the patient would be assessed and stabilized for any life/limb threatening injuries and then the LIP would evaluate/treat as needed, or in order to transfer to ER if the current medical condition requires it and/or if there are signs of physical trauma suggesting a recent sexual assault. The patient would be referred to mental health staff for evaluation of suicidal ideation and on-going counseling needs regardless of how long ago the incident occurred.

The MOU with Parkview Medical Center outlines timely, unimpeded access to emergency medical treatment and crises intervention services.

First responders said inmates were evaluated by health services immediately after the incident occurred. The *5-1A Incident Reports* document the medical evaluation that is completed.

Compliance with this standard will be verified once investigative reports are reviewed to ensure no medical and mental health care should have been provided.

115.82 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states that the immediate response procedure includes *“Notify the health services administrator (HSA), who will in turn notify mental health staff. If no qualified medical professional or mental health clinician is on duty at the time of a report of sexual assault is made, security staff/first responders will take preliminary steps to protect the victim and will immediately notify the appropriate HSA or designee and the on-call mental health clinician for immediate response.”*

The first responder protocol is to immediately escort the inmate to the medical area for an evaluation. Medical and first responders said this was part of the initial response following an allegation of sexual abuse. If no qualified medical or mental health practitioners are on duty, first responders take preliminary steps to protect the victim and make the notifications to the appropriate medical and mental health practitioners.

The Rape/Sexual Assault protocol documents the steps taken following an allegation of sexual abuse, and medical and mental health staff are always available for a response if needed.

Compliance with this standard will be verified once investigative reports are reviewed to ensure no medical and mental health care should have been provided.

115.82 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states *“Victims of sexual assault while incarcerated will be offered timely information from clinical services about access to emergency contraception and sexual transmitted infections prophylaxis, in accordance with professional accepted standards of care.”*

Medical and mental health staff said that victims of sexual abuse would be offered timely access to emergency contraception and sexually transmitted infections prophylaxis, when medically appropriate.

Compliance with this standard will be verified once investigative reports are reviewed to ensure no medical and mental health care should have been provided.

115.82 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states “*Treatment services will be provided to the victim of sexual abuse without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.*”

Medical and mental health staff verified that inmates would not pay for the care related to the allegation of sexual abuse.

There was no indication by inmates who had reported sexual abuse that inmates were charged for their care.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate 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 inmates 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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-

related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates 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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 700-02 Medical Scope of Services
- CDOC AR 700-03 Mental Health Scope of Service
- CDOC Clinical Standards and Procedures
- Letter from Parkview Medical Center
- CDOC and Parkview Medical Center MOU

- CDOC Clinical Services Anatomical Form
- CDOC Condensed Health Services Encounter Form
- Memorandum from PCM re: Female Offenders

Interviews:

- Medical and Mental Health Staff
- Inmates who Reported Sexual Abuse

Standard Analysis:

115.83 (a) CDOC says they offer medical and mental health evaluation and as appropriate treatment to all inmates who have been victimized by sexual abuse at CCCF.

CDOC AR 100-40 Prison Rape Elimination Procedure, CDOC AR 700-02 Medical Scope of Services and CDOC AR 700-03 Mental Health Scope of Service outline the facilities medical and mental health response when an inmate has alleged sexual abuse.

Medical and mental health staff were aware that evaluations and when appropriate, treatment shall be offered to all inmates who have been sexually victimized at CCCF. The auditor reviewed documentation that medical and mental health evaluations were completed for victims of sexual abuse.

The CDOC Clinical Services Anatomical Form is used to document the medical examination. Completed forms were provided to the auditor for review for allegations of sexual abuse.

CDOC Clinical Standards and Procedures reiterated this requirement.

115.83 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states *“The HSA or designee will ensure that offenders will be referred to mental health and/or medical for immediate crisis intervention, treatment/counseling, and long-term follow-up care.”*

“The evaluation and treatment of such victims shall include, as appropriate: Follow-up services. Treatment Plans. Referrals for continued care following their transfer to, or placement in, other facilities, or release from custody.”

CDOC Clinical Standards and Procedures reiterated this requirement.

Medical and mental health staff were able to explain that they would evaluate and treat victims and as appropriate, would provide follow-up services, treatment plans, and when necessary, provide referrals for continued care following their transfer or, placement in other facilities or release from custody.

The facility said there were no allegations that would require follow-up services and treatment plans. This will be verified once reviewing the investigative reports.

115.83 (c)) Medical and mental health staff said the care provided to victims is consistent with the community level of care.

There was no evidence that the facility did not provide victims with medical and mental health services consistent with the community level of care.

115.83 (d) CDOC AR 100-40 Prison Rape Elimination Procedure *“Offender victims of vaginal penetration will be offered pregnancy tests.”*

CDOC Clinical Standards and Procedures reiterated this requirement.

Medical staff knew of this requirement and would be offered a pregnancy test.

A memorandum from the PCM was provided that CCCF does not house female offenders.

115.83 (e) CDOC AR 100-40 Prison Rape Elimination Procedure states “*If pregnancy results, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, to include prophylactic treatment.*”.

Medical staff knew of this requirement and would offer if able to get pregnant.

CDOC Clinical Standards and Procedures reiterated this requirement.

A memorandum from the PCM was provided that CCCF does not house female offenders.

115.83 (f) CDOC AR 100-40 Prison Rape Elimination Procedure states “*Victims of sexual assault while incarcerated will be offered testing for sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care.*”

CDOC Clinical Standards and Procedures reiterated this requirement.

Medical and mental health staff understood the necessity to check for sexually transmitted infections when medically appropriate.

115.83 (g) CDOC AR 100-40 Prison Rape Elimination Procedure state “*Treatment services will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.*”

Medical and mental health staff verified that inmates would not pay for the care related to the allegation of sexual abuse.

There was no indication by inmates who had reported sexual abuse, or by reviewing the investigative records that inmates were charged for their care.

115.83 (h) CDOC AR 100-40 Prison Rape Elimination Procedure state “*SOTMP will initiate an evaluation of all known offender-on-offender sexual aggressors within 60 days of learning of such sexually aggressive or abusive history and offender treatment when deemed appropriate.*”

Mental health staff were aware of this requirement.

The auditor requested documentation of this occurring and was told there were none to supply. This will be verified once investigative reports are reviewed.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CDOC AR 100-40 Implementation/Adjustments
- 5-1E Prison Rape Elimination Act Reporting
- 14-2F Sexual Abuse or Assault Incident Review Form

Interviews:

- Warden
- PREA Compliance Manager
- Incident Review Team

Standard Analysis:

115.86 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states "*Facilities will conduct a PREA Incident Review at the conclusion of every sexual assault or sexual abuse investigation (excluding sexual harassment and sexual misconduct). The PREA Incident Review will be conducted even when the allegation has not been substantiated. If an allegation has been determined to be unfounded, no PREA Incident Review needs to be completed.*"

The warden understood a post conclusion incident review needed to be completed for every unsubstantiated and substantiated allegation of sexual abuse. The facility also completes an incident review for every unsubstantiated and substantiated allegation of sexual harassment. This is a best practice that ensures all PREA allegations are reviewed to ensure a review occurs.

Two members of the incident review team were interviewed and verified it would be completed.

CCCF documents the Incident Reviews on form 14-2F Sexual Abuse Incident Reviews. The auditor was provided with one incident review, however the Pre-Audit Questionnaire stated there were four allegations that required an incident review closed during the documentation period. The auditor requested all incident reviews but had not received them by the date of this report.

115.86 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states “*The PREA Incident Review will ordinarily occur within 30 days of the conclusion of the investigation.*”.

The facility reported all incident reviews are completed within the 30-day timeframe. The auditor did not receive copies of the sexual abuse incident reviews prior to the issuance of the interim report. The facility then entered a corrective action period, in which it provided all incident reviews to the auditor. Each review was completed very quickly after the conclusion of the investigation, but not more than 30 days.

115.86 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states “*The PREA Incident Review Team will include upper-level management officials, with input from line supervisors, investigators, medical or mental health practitioners/SPTMP, case manager supervisors, and intelligence officers.*”

The 14-2F Sexual Abuse or Assault Incident Review Form documents all review team members that participated in the PREA Incident Review. When reviewing an incident review, it was noted that the PREA Compliance Manager, Unit Manager, Investigator, Health Services Administrator (medical and mental health) and the Chief of Security were present.

Incident review team members and the Warden confirmed the team is multi-disciplinary and includes input from line supervisor, investigators, and medical and mental health practitioners.

115.86 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states “*The PREA Incident Review Team will meet and:*

- a. Consider whether the allegation or investigation indicates a need to change policy or practice.*
- b. 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 was motivated or otherwise caused by other group dynamics at the facility.*
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse or sexual assault.*
- d. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.*
- e. Prepare a report of its findings, including but not necessarily limited to determinations made above, and any recommendations for improvement and submit such report to the facility administrative, director, and deputy director, and deputy director of Prison Operations and PREA administrator.”*

The 14-2F Sexual Abuse or Assault Incident Review Form was reviewed and included the necessary elements. In addition, it included:

“Was any information available which should or could have alerted staff that the incident may occur? E.g. information from the inmate/detainee risk assessment, past issues between inmates/detainees, history of fighting, prior incidents, etc. Describe.

Have any prior substantiated allegations of sexual abuse or assault occurred in the same area of the facility? If yes, describe and provide dates.

Once the incident was detected, was staff response timely and appropriate?

Were policies and procedures followed in this case (protection duties, responder duties regarding preservation of evidence, reporting, coordinated response, etc.)?

Were appropriate medical care, mental health counseling and/or other health services offered to the victim after the incident was reported? Describe the services offered.

If any of the alleged victims or perpetrators has a disability (including a mental health illness) or is limited English-proficient, were appropriate steps taken to ensure the inmate/detainee's access to all aspects of the facility's efforts to prevent, detect, and response to sexual abuse? Explain what services or accommodations were provided.

Describe the reclassification and housing decisions for both the victim and alleged perpetrator following the allegation.

Were any additional measures necessary to protect staff, contractors, volunteers, or detainees against retaliation for reporting or complaining about the incident, or participating in the investigation? Please describe and, if retaliation occurred, describe how the facility responded."

The additional questions asked on the PREA Incident Review exceed the requirements in the standards. This detailed review will assist the facility in identifying things that may be improved to lessen the chance of a similar incident occurring.

115.86 (e) CDOC AR 100-40 Prison Rape Elimination Procedure states "*The facility will implement the recommendations for improvement or will document reasons for not doing so.*".

CDOC AR 100-40 Implementation/Adjustments states "*All findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse Incident Review Report. Completed 14-2F forms will be forwarded to the Warden/Administrator and the FSC PREA Compliance Manager.*"

The 14-2F Sexual Abuse or Assault Incident Review Form has a section to note any recommendations that were implemented and if any recommendations were not implemented, it says to please explain why. A justification must be provided for each listed recommendation.

The 14-2F Sexual Abuse or Assault Incident Review Form is signed by the Warden.

Corrective Action and Conclusion:

The auditor did not receive requested documentation of incident reviews as required by the date of the interim report. During the corrective action period all applicable incident reviews were provided and each complied with every provision of this standard.

Due to the additional questions that are asked on the incident review and conducting an incident review for all sexual harassment allegations in addition to sexual abuse allegation, the auditor finds the facility exceeds compliance of this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

- CDOC AR 100-40 Prison Rape Elimination Procedure
- CoreCivic Policy 5-1 Incident Reporting
- 2018, 2019, 2020 PREA Annual Report
- 2019 SSV
- CoreCivic Retention Schedule
- CDOC Website
- CoreCivic Website

Interviews:

- PREA Coordinator

Standard Analysis:

115.87 (a) The PREA Coordinator explained that CoreCivic tracks accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. CDOC also tracks data.

The PREA 5-1 Incident Reporting form was provided to the auditor. It explains the PREA standards definitions for tracking purposes.

The PREA Coordinator explained the tracking mechanism CoreCivic utilizes for tracking allegations of sexual abuse and sexual harassment.

115.87 (b-c) CDOC AR 100-40 Prison Rape Elimination Procedure states “*PREA Administrative Review: The PREA Administrator will: Review data collected and aggregate the information in order to assess and improve the effectiveness of DOC’s prevention, detection, and response policies, practices, and training.*”.

The PREA Coordinator explained this data includes all information necessary to answer all the questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The 2019 and 2020 SSV was provided to the auditor as documentation. It detailed the aggregated data for that calendar year.

115.87 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states “*The PREA Administration and Compliance Unit will collect, review, and maintain, and collect data as needed from all available incident-based documents, including reports, investigation files, facility PREA incident reviews.*”.

The PREA Coordinator explained CoreCivic collects data from all allegations of sexual abuse and sexual harassment. The data is stored in an electronic tracking system and is from the investigative reports, sexual abuse incident reviews, etc.

115.87 (e) CoreCivic is a private facility, however, it is the contracted entity and does not contract for confinement with others to house its inmates.

CDOC does contract with private facilities. CDOC AR 100-40 Prison Rape Elimination Procedure states “*The Office of Planning and Analysis will make all aggregated sexual abuse and sexual harassment at least annually. DOC also will obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.*”

The auditor reviewed CDOC's website at <https://cdoc.colorado.gov/about/prea/prea-annual-reports-and-audits> and was able to locate CoreCivic's annual report, which includes CCCF.

115.87 (f) CDOC AR 100-40 Prison Rape Elimination Procedure “*Upon request, DOC will provide all such data from the previous calendar year at the date requested by the Department of Justice.*”

The PREA Coordinator said the SSV is submitted by the due date each calendar year. The auditor reviewed the SSV's for 2019 and 2020.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- PREA Annual Reports for 2018, 2019, 2020
- CoreCivic Webpage

Interviews:

- Agency Head Designee
- PREA Coordinator

Standard Analysis:

115.88 (a) CDOC AR 100-40 Prison Rape Elimination Procedure states "*PREA Administrative Review: The PREA Administrator will:*

- Review data Collected and aggregate the information in order to assess and improve the effectiveness of DOC's prevention, detection, and response policies, practices, and training.*
- Identify problem areas;*
- Recommend corrective action on an ongoing basis; and*
- Prepare a report of findings and corrective actions for each facility, as well as DOC as a whole.*

The annual reports the auditor reviewed for 2018, 2019 and 2020 assess the aggregated sexual abuse data and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas and taking corrective action on an ongoing basis.

The PREA Coordinator explained the process for completing this report.

In a Q & A provided from the Vice President of Operations Administration, he said “A review of PREA data is made 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 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.”

115.88 (b) CDOC AR 100-40 Prison Rape Elimination Procedure states “Such reports will include a comparison of the current year’s data and corrective actions with those from prior years and will provide an assessment of DOC’s progress in addressing sexual assault/rape, sexual abuse, and sexual harassment.

The annual reports the auditor reviewed for 2018, 2019 and 2020 included a comparison of the current and previous years data and provide an assessment of the agency’s progress in addressing sexual abuse.

The PREA Coordinator explained this was completed by reviewing the data that had been provided in the incident tracking database.

115.88 (c) CDOC AR 100-40 Prison Rape Elimination Procedure states “PREA Administrative Review: The PREA Administrator will: DOC’s report will be approved by the DOC executive director or designee and made public through its website.”

The Executive Vice President (Chief Corrections Officer) approves the report on an annual basis, and it is posted on the public website. The auditor verified this on the website posting of the annual report.

115.88 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states “DOC may redact specific material from the report when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.”

There were no specific materials disclosed on the report that would present security concerns that the auditor observed while reviewing the annual reports.

The PREA Coordinator said that there would be no such data posted, without redaction.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CDOC AR 100-40 Prison Rape Elimination Procedure
- PREA Annual Report for 2018, 2019, 2020
- CoreCivic Records Retention Schedule
- CoreCivic 5-3 Information Systems

Interviews:

- PREA Coordinator
- PREA Compliance Manager

Standard Analysis:

115.89 (a) The PC said the PREA tracking database is securely retained by limiting the PREA tracking database to limited staff. The PREA Coordinator and PREA Compliance Manager verified hard copy files are locked and secured.

CoreCivic 5-3 Information Systems states *“Electronic record-keeping systems and data are protected from unauthorized access. As employees are hired or terminated and entered into the JD Edwards system basic access is granted or terminated in accordance with CoreCivic Policy 1-8 Use of Communications Internet. Access to additional CoreCivic operating system requires completion of the Electronic Request form (eCARF) located on the company internet. Department head approval is required for access to operating/application systems.”*

115.89 (b-c) CDOC AR 100-40 Prison Rape Elimination Procedure states *“The Office of Planning and Analysis will make aggregated sexual abuse, sexual assault and sexual harassment data, from facilities under its direct control and private facilities with which it contracts, readily available to the public through its website after removal of personal identifiers. and made available to the public through the CoreCivic website.”*

The auditor reviewed CoreCivic’s website before the onsite audit and was able to see PREA data listed, and no personal identifiers were located.

115.89 (d) CDOC AR 100-40 Prison Rape Elimination Procedure states *“In accordance with the Department of Personnel & Administrative State Archives and Public Records- Record Disposition Schedule, Archives No 09-28 and any subsequent updates or supersessions thereof, all case records associated with claims of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment, including reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, are retained by the OIG or DOC forever. Information required as part of the offender’s medical care will be maintained in their medical record in accordance with AR 950-02 Health Record/ Confidentiality/ Access.”*

The Core Civic Retention Schedule listed 5-1 Incident Reports (includes entire incident packet- PREA) as 10 years.

The PREA Coordinator and PREA Compliance Manager were aware of the requirements for retention.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

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 inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates 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.

Documents (Policies, directives, forms, files, records, etc.):

CoreCivic Website

Interviews:

Standard Analysis:

115.401 (a) CoreCivic ensures each facility operated by the agency receives an audit at least once every three years. The audit reports are posted on CoreCivic website.

115.401 (b) CoreCivic ensures each facility operated by the agency receives at least one-third of each facility type audit every year. The audit reports are posted on CoreCivic website.

115.401 (f) The auditor reviewed all relevant agency-wide policies, procedures, reports, internal, and external audits, and accreditation for each facility type. This information was sent to the auditor before the onsite audit.

115.401 (g) The auditor reviewed a sampling of relevant documents. The auditor's methodology for reviewing this documentation is detailed at the beginning of the report.

115.401 (h) The auditor had access to and observed all areas of the audited facilities. The auditor conducted an extensive site review on the first day of the onsite audit.

115.401 (i) The auditor received relevant documents. Documents reviewed are detailed in the standard-by-standard analysis.

115.401 (j) The auditor will retain and preserve all documentation. The documentation will be provided to the Department of Justice upon request.

115.401 (k) The auditor interviewed a representative sample of inmate, staff, supervisors, and administrators. The auditor followed all guidelines for interviews in the auditor handbook.

115.401 (l) The auditor reviewed videotapes (such as the PREA video) and electronic data such as the watch tour records.

115.401 (m) The auditor conducted private interviews with inmates, residents, and inmates.

115.401 (n) Notice of the audit was posted at the facility six weeks prior to the onsite and inmates were permitted to send confidential information or correspondence to the auditor.

115.401 (o) The auditor attempted to communicate with the community-based advocacy organization and Just Detention International.

Conclusion:

The auditor has determined the facility is in full compliance of every provision of this standard.

Standard 115.403: Audit contents and findings**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.403 (f)**

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Documents (Policies, directives, forms, files, records, etc.):

- CoreCivic Website

Interviews:**Standard Analysis:**

115.403 (a) The auditor will include a certification of no conflict of interest.

115.403 (b) The audit report states whether CoreCivic agency-wide policies and procedures comply with the relevance PREA standards.

115.403 (c) The auditor describes the finding in each standard.

115.403 (d) The audit report describes its methodology, sampling size, and basis for the auditor's conclusions for each standard.

115.403 (e) The auditor did not include any personally identifiable information for inmates or staff.

115.403 (f) The auditor will request CoreCivic post the report on its website.

Conclusion:

The auditor has determined the facility is in full compliance with every provision of this standard.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Ericka Sage

5/16/2022

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.