

PREA Facility Audit Report: Final

Name of Facility: Bent County Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/04/2023

Date Final Report Submitted: 05/03/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 05/03/2024

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	09/26/2023
End Date of On-Site Audit:	09/28/2023

FACILITY INFORMATION	
Facility name:	Bent County Correctional Facility
Facility physical address:	11560 Road FF.75, Las Animas, Colorado - 81054
Facility mailing address:	

Primary Contact

Name:	Steven Salazar
Email Address:	steven.salazar@corecivic.com
Telephone Number:	719-469-6167

Warden/Jail Administrator/Sheriff/Director	
Name:	Virgil Ensey
Email Address:	virgil.ensey@corecivic.com
Telephone Number:	601-660-2971

Facility PREA Compliance Manager	
Name:	Steven Salazar
Email Address:	steven.salazar@corecivic.com
Telephone Number:	O: 719-456-2610

Facility Health Service Administrator On-site	
Name:	Laura Gribble
Email Address:	Laura.gribble@corecivic.com
Telephone Number:	719-980-9945

Facility Characteristics	
Designed facility capacity:	1465
Current population of facility:	1365
Average daily population for the past 12 months:	1208
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	18-70 +
Facility security levels/inmate custody levels:	Medium/ Minimum Restricted
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	233
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	44

AGENCY INFORMATION

Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	
Telephone number:	6152633000

Agency Chief Executive Officer Information:

Name:	Damon T. Hininger
Email Address:	
Telephone Number:	6152633000

Agency-Wide PREA Coordinator Information

Name:	Eric Pierson	Email Address:	Eric.Pierson@corecivic.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-09-26
2. End date of the onsite portion of the audit:	2023-09-28

Outreach

10. 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="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International and Ark Valley Resource Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1465
15. Average daily population for the past 12 months:	1208
16. Number of inmate/resident/detainee housing units:	19
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1379
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	13
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	32
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	4
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	9
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	4
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	45

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>15</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>18</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. 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>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. 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>233</p>
<p>50. 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>44</p>

<p>51. 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>6</p>
<p>52. 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>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" 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 type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample among interviewees. The following inmates were selected from the housing units: four from housing unit 2; two from housing unit 3; four from housing unit 4; nine from housing unit 5; seven from housing unit 6; eight from housing unit 7; three from housing unit 8 and three from the segregated housing unit.</p>

<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. 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):</p>	<p>34 of the inmates were male and six were transgender female. Six inmates interviewed were black, thirteen were white, sixteen were Hispanic, four were Native American and one was another race/ethnicity. With regard to age, one was between eighteen and 25, twelve were 26-35, eleven were 36-45, eleven were 46-55 and five were 56 or older. 23 of the inmates interviewed had been at the facility a year or less, nine had been at the facility between one and five years, five had been at the facility six to ten years and three were at the facility eleven to fifteen years.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>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. 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. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

61. 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:	3
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. 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:	2
64. 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:	4
65. 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:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5

<p>67. 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>1</p>
<p>68. 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>2</p>
<p>69. 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 Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. 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. 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 documentation and spoke to staff.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	13
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Race and Gender
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Eight of the staff interviewed were from the day shift and five were from the night shift. With regard to the demographics of the random staff interviewed; eleven were male and two were female. Nine were Hispanic, three were White and one was Black. Eleven were Correctional Officers and two were Captains.
Specialized Staff, Volunteers, and Contractor Interviews	
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 information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	24

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The on-site portion of the audit was conducted on September 26-28, 2023. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on September 26, 2023. The tour included all areas associated with the facility including; housing units, laundry, intake, visitation, chapel, education, maintenance, food service, health services, recreation, industries and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed a plethora of PREA information posted in housing units and in hallways throughout the facility. The postings were observed in both English and Spanish and were on larger size paper with adequate size font. The posted information in the housing units was observed at an elevated level while those in the hallway were at eye level. The postings included information on the zero tolerance policy, the reporting phone numbers and the phone number to the local rape crisis center. In addition to the postings, the auditor observed that information was displayed on the inmate television channel. The information is cycled with additional facility information. The auditor observed the tv included information on zero tolerance, the CDOC policy (AR-100-40), reporting mechanisms (including directions on how to access hotlines through the speed dial numbers), definitions and victim advocacy information (including directions on the speed dial number). Further, the auditor observed the outside entity reporting form (AR-100-40G) in the library. Informal conversation with staff and inmates confirmed that the PREA information had been posted

for a while. It should be noted that immediately prior to the audit the facility had transferred to a new phone system (per their contract). As such, the speed dial numbers for reporting sexual abuse and contacting the local rape crisis center changed. The facility had updated 95% of the posted information to include the updated speed dial numbers.

During the tour the auditor viewed the CoreCivic Ethics Line Poster in the front entrance and the administration area. The poster was in both English and Spanish on letter size paper with adequate font. The auditor did not observe any posted information in visitation. During the on-site portion of the audit, the facility posted the CoreCivic Ethics Line Poster in visitation. The auditor observed the information posted prior to departing the facility.

During the tour the auditor confirmed the facility follows the staffing plan. There were security staff in each housing unit as well as non-security staff assigned to housing units. Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor observed one area in maintenance that posed a potential blind spot, however the staffing level in that small area (five staff) decreased the severity of the blind spot in the space. The auditor confirmed during the tour that the physical plant of the housing units provided an adequate line of sight. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds typically every hours and supervisors make rounds a few times a day. Informal conversation with inmates also confirmed that security staff make rounds

once an hour and they see a supervisor at least once a day. Inmates confirmed that they did not feel overcrowded. A review of the video monitoring technology confirmed that cameras were in housing units, work areas, program areas and other common areas. Video monitoring was observed to be utilized to supplement security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Video monitoring is viewed by Master Control, Administrative Duty staff, investigative staff and Shift Commanders.

With regard to cross gender viewing, the auditor confirmed that housing units provided privacy through shower curtains, doors with security windows and metal doors with additional privacy barrier material. Informal conversation with staff and inmates confirmed that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation and the segregated housing unit. The areas provided privacy during searches through a raised wall barrier, mobile barriers, a door with a security window and a metal door with additional privacy barrier material. A review of video monitoring technology confirmed there were zero cross gender viewing issues. Two cells had video monitoring, however a review of the system confirmed a gray box was over the toilet area. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into most of the housing units. The announcement was verbal in English. Informal conversation with staff and inmates indicated that the opposite gender announcement is routinely made.

Inmate medical and mental health records are electronic. Electronic records are accessible to medical and mental health care staff only.

Paper medical records are scanned into the system and then shredded. The records staff confirmed that medical records are not provided to anyone that does not have a need to know. Risk assessment information is electronic but is initially collected via paper. Paper records are shredded once entered into the electronic system. The electronic records are only accessible to Case Managers, Unit Managers and the PCM. A review of the electronic system confirmed that only the risk screening designation (SAB/SVA) were accessible to other staff. Investigative files are electronic and paper. Paper investigations are maintained in the investigators locked office. Electronic investigative records are only accessible to investigative staff via the investigative database.

During the tour the auditor observed that inmates are able to place outgoing mail in the drop box outside food service. They also can provide mail to the staff. The drop box was not specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and all inmates receive financial compensation during incarceration. The external reporting entity form, AR-100-40G is available in the library and can be requested through library staff for those in segregated housing. The interview with the mailroom staff indicated that outgoing mail is picked up by the mailroom staff. The mail is separated and any mail from those on the "watch list" is provided to the investigator. All other mail is left sealed and is not opened. Incoming regular mail is separated and scanned/read by mail room staff. All incoming mail is copied and the inmate is provided the copy. The original document is maintained for a week and is then destroyed. Legal mail is processed and is not opened. A list is placed on the bulletin board for inmates that have legal mail. An appointment is made by the inmate for the next day and the mail is opened in front of staff to check for contraband. The

envelope is copied and the inmate receives the copy of the envelope and the original contents. The mailroom staff advised that they were not familiar with the AR-100-40G form and how that is handled. The staff also confirmed they were unfamiliar with how mail to and from Ark Valley Resource Center would be treated. The staff stated all mail requires a return name and address and postage.

The auditor observed the intake process through a demonstration. Inmates are provided three documents upon arrival: the CDOC Brochure - Facts You Should Know, the Inmate Handbook and the CoreCivic Brochure (14-2AA). All three documents are available in English and Spanish.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed one-on-one in the Unit Managers office. Initially the auditor was advised that the paper questions were provided to the inmate to fill out and return to the staff member. The auditor discussed with the PCM that this is typically a verbal process where inmates are asked these questions. As such, the demonstration was of the updated process that the PCM relayed to the risk screening staff after the conversation. The staff had a paper form that had questions including: prior victimization; prior sexual abusiveness; relationship conflicts; sexual preference; gender identity; history of physical or domestic abuse and prior incarcerations. The staff read the questions word for word from the form. The inmate being asked advised he felt uncomfortable with the questions and the staff then explained the reasoning for the questions. The staff then also went over who the PCM was, ways to report and how to obtain mental health/victim advocacy services. After the demonstration, the auditor asked the inmate about his preference related to being verbally asked or being allowed to answer the questions on the form. He advised he would

feel more comfortable completing it on a form and providing it to the staff. After the questions were asked the staff took the information to the office where the risk screening system is accessible and entered the information. The paper form was then shredded. The auditor observed that any changes from the prior risk screening requires notes.

The auditor had staff provide a demonstration of the 30 day reassessment as well. Reassessments are completed through staff observation during that time. Staff stated they informally try to catch up with the inmate and ask them if anything has changed or if there is anything they want to report.

During the tour the auditor tested the internal reporting mechanisms. The auditor had an inmate assist with calling two of the hotline numbers provided (CDOC 855 phone number and CDOC TIPS line speed dial). The CDOC TIPS line required pressing one for English or two for Spanish. Inmates then press one for a collect call and then enter their ID number and pin. The CDOC TIPS line requires inmates to leave a message. The auditor left a message on September 26, 2023. The auditor also called the CDOC 855 phone number. The same initial process is required (press one for English or two for Spanish then one for a collect call, etc.). The number then prompts inmates to press one for sexual abuse or two for any other reason. The CDOC 855 numbers is answered by a live person who works for an answering service. The answering service staff advised that they take the report and then forward the information to CDOC via email. The auditor asked the answering service staff to complete a test report to confirm functionality. On September 26, 2023 the facility provided confirmation (in writing) that both calls were received by CDOC and were forwarded to the facility.

The auditor tested the external reporting

entity by completing AR-10-40G, Outside Agency Reporting Form. The auditor retrieved the form from the library (available in English and Spanish) and completed the form. An envelope was provided by the facility and was sent out via the mailroom on September 26, 2023. Staff advised that inmates would have to purchase an envelope and stamp, however all inmates receive financial compensation while incarcerated so all inmates have money. On October 5, 2023 the facility provided confirmation (in writing) that the CDOC received the form sent by the auditor and the information was forwarded to the facility on the same date.

Additionally during the tour, the auditor had staff demonstrate how they document verbal reports. Staff illustrated that they document verbal reports via an incident report (5-1C Form). Staff indicated they fill out the necessary information on the form and they print it and sign it. The form is then provided to the supervisor via chain of command. Staff confirmed they can skip the chain of command and provide it privately to any other level supervisor.

During the tour the auditor had an inmate assist with contacting the local rape crisis center via the phone number provided (speed dial 005). The inmate explained the process and advised that he was prompted to press one for English or two for Spanish and then to press one for a collect call or two for a personal call. He indicated he pressed one and one again. He was then prompted to enter his ID number and his pin. The auditor attempted to contact the local rape crisis center on numerous occasions during the audit. The auditor received an automated message advising that the party called was unable to be reached. It indicated the call went through but the call was not accepted and could be due to an answering service. The facility indicated the issue may be due to the recent phone system switch. The auditor

made numerous other attempts during the on-site portion of the audit to double check the functionality and was not able to reach the rape crisis center on any of the attempts.

The auditor testing the third party reporting mechanism by completing a report through the ethics line website. The auditor immediately received an email from the Director of Ethics and Compliance indicating that the report was received. The auditor was copied on an email to the facility leadership related to the test. The facility leadership responded indicating they received the test report. The Director of PREA Compliance and Investigations also responded and indicated that she would track the case and schedule a call to discuss the investigation.

The auditor observed the comprehensive PREA education process. Comprehensive PREA education is conducted one-on-one in an office. The staff member verbally goes over the Intake Follow-Up form, which includes information on the PCM, zero tolerance, definitions, the policy numbers, medical and mental health treatment following an allegation, reporting mechanisms (including internal hotlines, external reporting form, verbal and written), victim advocacy contact information (to include that calls are free and not recorded), ability to anonymously report and how to do that, confidentiality and mandatory reporting related to victim advocates. Staff then quiz the inmates on reporting mechanisms and ask if they understand the zero tolerance policy. Inmates then sign that they received the comprehensive PREA education. Staff ask if the inmate would like a copy of the form with their signature.

During inmate interviews the auditor utilized LanguageLine for LEP inmate interviews. The auditor was provided the call in number as well as the client ID. LanguageLine is accessible through staff only. The facility also

has video translation services, however the auditor did not need to utilize this service (it should be noted it was utilized for a prior CoreCivic facility audit).

The segregated housing unit was a two tiered unit that included single bunked cells. Showers were outside of the cell and were single person with metal doors and additional barrier material. The housing unit had a separate outdoor recreation area. Inmates have out of cell time daily to include showers three times a week and recreation for an hour each day. Inmates in segregated housing have access to the phone once a week for 20 minutes. The phone is a cordless phone that it utilized in cell. Grievances and mail are provided to staff and the third party form is provided by library staff and once the envelope is sealed, it is not opened. PREA reporting information and rape crisis information was observed in the housing unit in both English and Spanish.

The health services area included a reception space, exam rooms, treatment rooms and four observation rooms. The reception area was a small space with benches and the exam and treatment rooms had doors with windows and curtains.

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.

90. 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

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

During the audit the auditor requested personnel and training files of staff, detainee files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows (not included is the number of documents reviewed during corrective action - which is outlined in the corrective action under each standard):

Personnel and Training Files. The auditor reviewed 39 total personnel and/or training files that included seven individuals hired within the past twelve months, two contractors hired in the previous twelve months, four staff with five year backgrounds, two contractors with five year backgrounds and three staff recently promoted. Additionally, personnel and/or training files for five contractors, five volunteers and six medical and mental health care staff were reviewed.

Inmate Files. A total of 59 inmate files were reviewed. 31 inmate files were of those that arrived within the previous twelve months, five were LEP inmates, nine were disabled inmates, four were transgender inmates, nine were identified with prior sexual victimization and five had a history of prior abusiveness.

Medical and Mental Health Records. The auditor reviewed medical and mental health records of twelve inmate victims of sexual abuse as well as mental health documents for the nine inmates who disclosed victimization during the risk screening and five inmates identified with prior sexual abusiveness.

Grievances. The auditor reviewed the one reported sexual abuse grievance as well as the grievance log and sample grievances.

Incident Reports. The auditor reviewed the incident reports for fourteen investigations. The auditor also reviewed the serious incident

log and a sample of additional incident reports. All allegations reported, to include verbal, written and third party were documented by staff in a written report.

Investigation Files. During the previous twelve months, there were twelve allegations reported at the facility. All twelve had an administrative investigation completed at the time of the on-site portion of the audit and one had an active criminal investigation. The auditor reviewed all twelve administrative investigations as well as two substantiated investigations completed prior to the previous twelve months to ensure all required components were included.

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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	0	5	0
Staff-on-inmate sexual abuse	7	1	7	1
Total	12	1	12	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

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.

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	1	0	0	0
Total	1	1	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	3	0
Staff-on-inmate sexual abuse	0	3	3	1
Total	0	5	6	1

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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

14

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>9</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were zero sexual harassment allegations reported during the previous twelve months.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? 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.

- Yes
 No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? 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.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (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

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation Number 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Human Rights Policy Statement 5. PREA Zero Tolerance Policy Acknowledgement 6. PREA Coordinator Position Description 7. CoreCivic Organizational Chart 8. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ stated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract and the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The PAQ further indicated that the policy includes definitions of prohibited behaviors, sanction for those found to have participated in prohibited behavior and a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of inmates. While the agency has a comprehensive PREA Policy: 14-2 Sexual Abuse Prevention and Response as well other documents to supplement the policy, the agency contract requires the facility to follow CDOC policy and procedures. As such, the facility utilizes CDOC policies and procedures as their primary policies and procedures, with CoreCivic policy and procedure utilized as a supplement. 100-40 outlines the CDOC's approach toward preventing, detecting and responding to sexual abuse and sexual harassment. Page 1 states The Colorado Department of Corrections (DOC) has a zero tolerance policy regarding sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment. Pages 2-5 outline definitions of prohibited behaviors and pages 7-8 note sanctions for those found to participate in prohibited behaviors. 14-2 Sexual Abuse Prevention and Response, page 4 states that CoreCivic has mandated zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the strategies on preventing, detecting and responding to such conduct and includes definitions of prohibited behavior. The policy specifically outlines the approach for Jenkins Correctional Facility and includes facility specific language. The policy addresses "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policy addresses "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policy addresses "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. Both agency policies and supporting documentation are consistent with the PREA standards and outline the agency's approach to sexual safety. All CoreCivic staff are required to sign a PREA zero tolerance policy acknowledgment which states the zero tolerance policy, directs staff on their requirements in reporting and methods of reporting, states that all allegations will be aggressively investigated and lists the definitions of sexual abuse

and sexual harassment. In addition to policies and procedure, the PREA Coordinator and staff have designated November as PREA month for the agency. During the month of November the PC and staff conducted a webinar related to staff on inmate relationships and the impact on facilities. Staff were also provided links to videos to share with facility staff related to this topic. Additionally, during the month of November the PC and staff sent out messaging, PREA Refreshers from the PRC and virtual training opportunities for everyone in the company. A few of the resources sent out included a safety PREA refresher on the effects of sexual abuse and a training on responding to incarcerated victim of sexual abuse and sexual harassment. The designation of a "PREA Month" and ongoing trainings, seminars and refresher documents illustrate the agency's commitment for PREA compliance.

115.11 (b): The PAQ stated that the agency employs or designates an upper-level, agency wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ had incorrect information however the PC indicated the PREA Coordinator is the Senior Director and reports to the agency Vice President. The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PC is the Senior Director of PREA Programs and Compliance. The PC reports to the Vice President of Operations Administration. The PC's position description states that the Senior Director develops, implements and oversees company policies and procedures in complying with the standards of the Prison Rape Elimination Act (PREA). Additionally, it states that the Senior Director manages the company's compliance efforts, reporting requirements and audit processes related to PREA. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated that at any given time there are approximately 57 PCM including those from Community Corrections. He stated that the PREA Office consists of two individuals, himself and a Director that coordinates PREA investigations. The PC indicated that they have quarterly training sessions with the PCMs via skype and that he travels to facilities for audits and training sessions. He further stated that the PREA staff are in contact with facilities daily on investigations and audit issues. The PC indicated that he assists the facility with corrective action plans as a result of audits and that if they identify an issue with policy, he will look at necessary policy revisions. He stated that he is able to provide technical on-site assistance for training that can correct incorrect practices that may have developed due to a misunderstanding of a PREA standards. He further stated he is able to involve CoreCivic Managing Directors and Vice Presidents and elevate concerns that need addressed. During the month of November the PC and staff conducted a webinar related to staff on inmate relationships and the impact on facilities. Staff were also provided links to videos to share with facility staff related to this topic. Additionally, during the month of November the PC and staff sent out messaging, PREA Refreshers from the PRC and virtual training opportunities for everyone in the company. A few of the resources sent out included a safety PREA refresher on the effects of sexual abuse and a training on responding to incarcerated victim of sexual abuse and sexual harassment. The designation of a "PREA Month" and ongoing trainings, seminars and

refresher documents provided by the PC and staff illustrate the PC's commitment to sexual safety and the ability to oversee PREA compliance at all levels.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ stated that the PCM's position at the facility is the Chief of Unit Manager and the position reports to the Assistant Warden. The facility's organizational chart confirms that the Chief of Unit Management reports to the Assistant Warden. The interview with the PREA Compliance Manager indicated that he has enough time to manage all of his PREA related responsibilities. He stated he makes PREA a priority and that he is given ample time to complete PREA and his other duties. The PCM stated he coordinates the facility's efforts to comply with PREA through meetings and self-audits. He stated he routinely monitors departments to make sure they are following proper procedures and he watches processes to ensure they are being completed properly. The PCM stated if he identifies an issue complying with a PREA standard he first goes to the Warden and if they determine it is something they can fix they take immediate action related to adjustments. He further stated they can reach out to the PC or CDOC for any assistance.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, CoreCivic Policy 14-2, the agency's organization chart, the facility's organizational chart, the PC position description, the Human Rights Policy Statement and information from the interviews with the PC and PCM, this standard appears to be compliant. It should be noted that in addition to a comprehensive PREA policy, the agency has designated the month of November as "PREA Month". The PC and staff conducted a webinar related to staff on inmate relationships and the impact on facilities during PREA Month. Staff were also provided links to videos to share with facility staff related to this topic. Additionally, during the month of November the PC and staff sent out messaging, PREA Refreshers from the PRC and virtual training opportunities for everyone in the company. A few of the resources sent out included a safety PREA refresher on the effects of sexual abuse and a training on responding to incarcerated victim of sexual abuse and sexual harassment. The designation of a "PREA Month" and ongoing trainings, seminars and refresher documents provided by the PC and staff illustrate the agency and PC's commitment to sexual safety. Additionally, the PCM and staff that assist the PCM at the facility have sufficient time and authority to coordinate the facility's effort to comply with PREA. They all illustrated a commitment to compliance and ensuring any issues are quickly resolved through training, modifications and/or procedure updates.

115.12	Contracting with other entities for the confinement of inmates
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	Auditor Overall Determination: Meets Standard
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	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Findings (By Provision):</p> <p>115.12 (a): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.</p> <p>115.12 (b): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.</p> <p>Based on a review of the PAQ, this standard appears to not be applicable and as such compliant.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure

4. The Staffing Plan
5. Deviations from Staffing Plan (5-1B)
6. Annual PREA Staffing Plan Assessment (14-21)
7. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): 14-2 Sexual Abuse Prevention and Response, page 8 addresses the agency's staffing plan development. Specifically, it states that the facility, in coordination with CoreCivic Facility Support Center (FSC), shall develop an annual staffing plan that provides for adequate levels of staffing to protect inmates/detainees 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: generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate/detainee population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based on 1175 inmates. The facility employs 232 staff. Security staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. A review of the 2023 staffing plan indicates that each shift has a Shift Supervisor and at least one Correctional Officer

on each shift in each of the housing units. Additional Correctional Officers are assigned to other areas to include transportation, visitation, central control, kitchen, medical, recreation, education/vocation and escort. During the tour the auditor confirmed the facility follows the staffing plan. There were security staff in each housing unit as well as non-security staff assigned to housing units. Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor observed one area in maintenance that posed a potential blind spot, however the staffing level in that small area (five staff) decreased the severity of the blind spot in the space. The auditor confirmed during the tour that the physical plant of the housing units provided an adequate line of sight. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds typically every hours and supervisors make rounds a few times a day. Informal conversation with inmates also confirmed that security staff make rounds once an hour and they see a supervisor at least once a day. Inmates confirmed that they did not feel overcrowded. A review of the video monitoring technology confirmed that cameras were in housing units, work areas, program areas and other common areas. Video monitoring was observed to be utilized to supplement security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Video monitoring is viewed by Master Control, Administrative Duty staff, investigative staff and Shift Commanders. The interview with the Warden indicated that the facility has a staffing plan that provides adequate staffing levels to protect inmates from sexual abuse. He stated the staffing plan takes into account the number of cameras the number of offenders in dayrooms and cell blocks and blind spots. He stated video monitoring is part of the staffing plan and the staffing plan is documented. The Warden confirmed that all elements under this provision are considered in the staffing plan. He indicated they make adjustments based on the factors and that they review all sexual abuse allegations and take lessons learned to make adjustments such as additional cameras or additional staff. He confirmed there are more staff on day shift when programs and movement occur and that there are staff in all areas of the facility. The Warden also stated the facility has an intercom system that can be utilized as well. The Warden indicated he checks for compliance with the staffing plan through daily checks by the Chief and weekly checks by the Administrative Duty Officer. The PCM confirmed that all required components under this provision are considered when developing and reviewing the staffing plan. He stated they look at their obligation under their contract first and that their current staffing exceeds the pattern for the PREA minimum under their contract. He stated the facility looks at how many offenders they have in areas, the physical plant, the custody level of inmates in the areas and the overall safety and security of the facility. He indicated they have more staff on day shift when education and movement are occurring and that both shifts have at least two supervisors.

115.13 (b): The PAQ stated that this provision does not apply as the facility had not deviated from the staffing plan. 14-2 Sexual Abuse Prevention and Response, page 9 states that the PCM shall document and describe the deviation on the 5-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. The interview with the Warden confirmed that deviations from the staffing plan are documented via a 5-1C, incident report and deviations are reported to the customer (CDOC). He stated there have been some deviations due to COVID-19. Because the PAQ information and information from the Warden differed, the auditor requested documentation related to this provision. The facility provided information that anytime they fall below the minimum they completed an incident report detailing the date, time, reason and deviations. The facility provided two examples of incident reports completed due to falling below the staffing minimums.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 100.40, page 29 states whenever necessary, but no less frequently than once each year, each facility operated by DOC, in consultation with the PREA administrator and PREA Compliance Manager, will assess, determine, and document whether adjustments are needed to the facility staffing plan. 14-2 Sexual Abuse Prevention and Response, page 8 states that the facility PCM will complete the 14-21 Annual PREA Staffing Plan Assessment and forward it to the Warden/Facility Administrator for review. Upon completion of the Warden/Facility Administrator's review, the 14-21 Annual Staffing Plan Assessment will be forwarded to the FSC PREA Coordinator. Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant to this section, the facility's deployment of video monitoring systems and other monitoring technology; and the resources the facility has available to commit to ensure adherence to the staffing plan. The staffing plan was most recently reviewed on May 3, 2023 by the PCM, Warden and PC. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The previous annual review was completed on September 13, 2022. The PC confirmed he is consulted regarding any assessments of, or adjustment to the staffing plan. He confirmed he is consulted annually or when there has been a signification change that would require re-evaluation of the plan.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further stated that these rounds are documented and cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. 100-40, page 29 states

	<p>Lieutenants or higher-level supervisors will conduct and document unannounced 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 14-2 Sexual Abuse Prevention and Response, page 8 indicates that intermediate level and/or upper level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment. The occurrences of such rounds shall be documented as unannounced rounds or “PREA Rounds” in the applicable log. This practice shall be implemented for night shifts as well as day shifts and through all areas where inmates/detainees are permitted. Additionally, it states that employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A review of the PAQ supplemental documentation confirmed that unannounced rounds were completed on both shifts in four housing units. A review of unannounced rounds for six requested dates confirmed that unannounced rounds were made on both shifts. Further, documentation indicated that the facility exceeds this standard as Shift Supervisors conduct unannounced rounds daily in housing units and common areas. Informal conversation with staff and inmates confirmed that supervisor make rounds at least once a day. Interviews with intermediate-level or higher-level supervisors indicated that they make unannounced rounds and they document the rounds in the log book. The staff indicated they ensure staff don’t notify one another of the rounds by conducting them randomly and changing up times and locations.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the staffing plan, Deviations from Staffing Plan (5-1B), Annual PREA Staffing Plan Assessment (14-21), documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 14-2 Sexual Abuse Prevention and Response 3. Memorandum Related to Youthful Inmates

4. Population Age Reports

Findings (By Provision):

115.14 (a): The PAQ indicated the facility does not house youthful inmates and as such this provision is not applicable. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states youthful inmates shall not be placed in a housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The memo from the Warden as well as population age reports confirm that the facility does not house youthful inmates.

115.14 (b): The PAQ indicated the facility does not house youthful inmates and as such this provision is not applicable. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states in areas outside of housing units, agencies shall either maintain sight and sound separation between youthful inmates and adult inmates, or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. The memo from the Warden as well as population age reports confirm that the facility does not house youthful inmates.

115.14 (c): The PAQ indicated the facility does not house youthful inmates and as such this provision is not applicable. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states the facility shall make its best effort to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, facilities shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. The memo from the Warden as well as population age reports confirm that the facility does not house youthful inmates.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the memo from the Warden and population age reports, this standard appears to be not applicable and as such compliant.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure
3. Colorado Department of Corrections Administrative Regulation 300-06 – Searches and Contraband Control
4. Colorado Department of Corrections Administrative Regulation 700-14 – Practices Concerning Transgender Offenders
5. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
6. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
7. CoreCivic Policy 9-5 Searches of Inmates
8. CoreCivic Search Procedures Facilitators Guide
9. Search Procedures Curriculum
10. Transgender Search Memo
11. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observation of Privacy in Bathrooms and Showers
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility conducts cross gender strip or cross gender visual body cavity searches of inmates. Further information on the PAQ

indicated transgender females are searched by female staff when requested by the inmate. The PAQ stated there have been zero searches of this kind in the previous twelve months. 300-06 page 5 states a strip search, including non-invasive visual inspection of offender body cavities, will be conducted based on a reasonable believe that the offender is carrying contraband or other prohibited materials. Such searches will be conducted by an employee of the same sex as the offender being searched, except in exigent circumstances or when performed by medical practitioners. Further policy states offenders that identify as transgender or intersex, may request to be strip searched by an employee of the gender the offender identifies with. 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. Exigent circumstances resulting in an opposite-gender strip search by non-medical staff will be documented in an incident report. 14-2 Sexual Abuse Prevention and Response, page 3 and the Policy Change Notice state that cross-gender inmate/detainee strip searches (male staff on female inmate/detainee, or, female staff on male inmate/detainee) and cross gender visual body cavity inspections (i.e. viewing of the anal and/or genital opening) shall not be conducted except in exigent circumstances. A cross gender visual inspection of a body cavity under exigent circumstance shall be conducted only pursuant to an approved cross gender strip search. Policy further states that CoreCivic staff shall not conduct body cavity searches. Body Cavity searches may only be conducted by non-CoreCivic medical professionals. Staff of the opposite gender, other than a designated qualified medical professional, shall not observe a body cavity search. 9-5 Searches of Inmates specifically states that the strip search shall be conducted by employees of the same sex as the inmate/resident being searches except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration (NTA). Security staff shall be trained on how to conduct cross-gender stirp searches. Additionally, page 2 states that visual inspections of body cavities may be conducted when reasonable suspicion exists that an inmate/resident may have secreted contraband in the rectum and/or vagina, upon approval of the Shift Supervisor. The Shift Supervisor will designate two correctional staff of the same gender as the inmate/resident to perform the visual inspection. Interviews with six transgender females indicated four were not asked about their search preference and have been searched by male staff. Two stated they were asked their preference and are typically searched by females.

115.15 (b): The PAQ indicated that the facility houses male inmates only. 300-06 page 5 state universal pat searches of male offenders may be conducted by employees or contract workers of either sex; female offenders will only be universal pat searched by female employees or contract workers, absent exigent circumstances. Offenders that identify as female transgender may request to be pat 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. 14-2 Sexual Abuse Prevention and Response, page 15 states that pat searches of female inmates/detainees by male staff are prohibited except in exigent circumstances. The facility shall not restrict female inmate/detainee access to regularly available programming or out of cell opportunities in order to comply with this provision. 9-5 Searches of Inmates, page 2 states that conducting frisk/pat searches of female inmates/residents by male staff is prohibited except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility as authorized by the Shift Supervisor or above. Any occurrences of such frisk/pat searches shall be documented in the 5-1 Incident report administration process Form 5-1B Notice to Administration. Security staff shall be trained in how to conduct cross gender frisk/pat down searches. The PAQ information indicated that zero female inmates were pat searched by male staff. Interviews with six transgender females indicated four were not asked about their search preference and have been searched by male staff. Two stated they were asked their preference and are typically searched by females. Interviews with random staff indicated none were aware of a time a transgender female inmate was restricted access. Further communication with the PCM and facility staff confirmed that transgender inmates are not consistently being searched based on policy and procedure. Transgender females are searched by male staff.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Additionally, the PAQ indicated that the facility does not house female inmates and as such any documentation of cross gender pat down searches of female inmates would not apply. 300-06 page 5 states opposite gender universal pat searches of female offenders will be documented in an incident report. Additionally, it states exigent circumstances resulting in an opposite gender strip search by non-medical staff will be documented in an incident report. Further, page 7 states opposite gender body cavity searches will be documented in an incident report. Further policy states offenders that identify as transgender or intersex, may request to be strip searched by an employee of the gender the offender identifies with. 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. Exigent circumstances resulting in an opposite-gender strip search by non-medical staff will be documented in an incident report. 14-2 Sexual Abuse Prevention and Response, page 3 and the Policy Change Notice state that whenever a cross-gender pat search of a female inmate/detainee, cross gender body cavity inspection of any inmate/detainee, cross-gender strip search of any inmate/detainee, or body cavity search of any inmate/detainee does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 5-1B 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 5-1B Notices. Additionally, 9-5 Searches of Inmates, page 2 and 3 state that any occurrences of such frisk/pat searches shall be documented in the 5-1 Incident report

administration process using Form 5-1B Notice to Administration and any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration. The memo from the Warden indicated that currently the facility has two female staff trained to perform searches on transgender female inmates. Interviews with six transgender females indicated four were not asked about their search preference and have been searched by male staff. Two stated they were asked their preference and are typically searched by females. Further communication with the PCM and facility staff confirmed that transgender inmates are not consistently being searched based on policy and procedure. Transgender females are searched by male staff.

115.15 (d): The PAQ indicates that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 100-40 page 6 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. 14-2 Sexual Abuse Prevention and Response, page 16 states that inmates/detainees may shower, perform bodily function, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell/living quarter checks. Additionally, it states that staff of the opposite gender are required to announce their presence when entering an inmate/detainee housing unit. Where a large housing unit is broken into several individual smaller units such as pods, cell-blocks, dorms, etc. the staff member must announce as he/she enters each of the smaller units. The PAQ supplemental documentation included a photo of the restroom area which illustrated the facility utilizes half walls and curtains for privacy. With regard to cross gender viewing, the auditor confirmed that housing units provided privacy through shower curtains, doors with security windows and metal doors with additional privacy barrier material. Informal conversation with staff and inmates confirmed that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation and the segregated housing unit. The areas provided privacy during searches through a raised wall barrier, mobile barriers, a door with a security window and a metal door with additional privacy barrier material. A review of video monitoring technology confirmed there were zero cross gender viewing issues. Two cells had video monitoring, however a review of the system confirmed a gray box was over the toilet area. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into most of the housing units. The announcement was verbal in English. Informal conversation with staff and inmates indicated that the opposite gender

announcement is routinely made. Interviews with 40 inmates indicated that 37 had never been naked in front of an opposite gender staff member and as such are provided privacy when showering, using the restroom and changing their clothes. All thirteen of the staff interviewed confirmed that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all thirteen staff indicated that staff of the opposite gender announce prior to entering an inmate housing/living area. 37 of the 40 inmates interviewed confirmed that staff of the opposite gender announce prior to entering inmate living areas.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. 100-40, page 13 and 700-14 page 2 indicate that the facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, 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. 14-2 Sexual Abuse Prevention and Response, pages 16-17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities state that the facility shall not search or physically examine a transgender or intersex inmate/detainee for the sole purpose of determining the inmate/detainee's genital status. If the inmate/detainee's genital status is unknown, it may be determined during conversation with the inmate/detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with thirteen staff indicated eleven were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with the transgenders inmate confirmed none had ever been searched for the sole purpose of determining her genital status.

115.15 (f): 100-40, page 9 states employees will be trained in how to conduct a universal pat search which includes searches of transgender and intersex offenders. 300-06 page 5 states employees are trained in how to conduct universal pat searches of all offenders including male, female, transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. 9-5 Searches of Inmates, page 1, states that security staff shall be trained in how to conduct searches of transgender and intersex inmates while page 2 states that security staff shall be trained in how to conduct cross gender frisk/pat down searches. Page 13 further states an offender that identifies as transgender or intersex, may request to be strip searched and pat searched by an employee of the gender the offender identifies with. 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. If the requested gender is not available or willing to conduct the search, an incident report shall be written in PCDCIS. 14-2 Sexual Abuse Prevention and Response, page 17 and 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 4, states that all searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. 14-2 Sexual Abuse Prevention and Response, page 3 and the Policy Change Notice states that there are three options for pat searches and strip searches of transgender or intersex inmates/detainees: pat searches conducted only by female staff; asking inmates/detainees identified as transgender or intersex to identify the gender of staff with whom they would feel most comfortable conducting the pat search and/or strip search or pat searches and strip searches conducted in accordance with the inmate/detainee's gender identity. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates. A review of the CoreCivic Search Procedures Facilitators Guide confirms that pages 10-12 outline professional and respectful searches. The training discusses procedures for searches, documenting searches and prohibition of searches. The training also outlines search procedures for male and female inmates. A review of the Search Training Curriculum confirms it discusses how to complete pat searches and strip searches. Staff are provided an outline, watch a video and then conduct hands on pat searches with other staff. The curriculum further outlines that searches are to be conducted professionally and in the least intrusive manner possible and should be conducted in private. A review of twelve security staff training records indicated eleven had received the training. Interviews with thirteen staff indicated eleven had received training on how to conduct cross gender pat searches and searches of transgender and intersex inmates.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, CDOC Administrative Regulation 300-06, CDOC Administrative Regulation 700-14, 14-2 Sexual Abuse Prevention and Response, 9-5 Searches of Inmates, 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, CoreCivic Search Procedures Facilitators Guide, Search Procedures Training, transgender search memo, staff training records, observations made during the tour and information from interviews with random staff, random inmates and transgender and intersex inmates this standard appears to require corrective action. Interviews with six transgender females indicated four were not asked about their search preference and have been searched by male staff. Two stated they were asked their preference and are typically searched by females. Further communication with the PCM and facility staff confirmed that transgender inmates are not consistently being searched based on policy and procedure. Transgender females are searched by male staff. A review of twelve security staff training records indicated eleven had received the training.

Corrective Action

The facility will need to review and train staff on the policy related to transgender and intersex inmate searches. The facility will need to provide confirmation that all appropriate staff were provided training on this procedure. Further the facility will need to initially document these searches to provide the auditor confirmation that they are being conducted appropriately. The facility will also need to provide the training record for the requested staff related to cross gender searches and searches of transgender inmates.

Recommendation

The auditor highly recommends that the facility utilize the PREA Resource Center's Guidance on Cross Gender Pat Down Searches and Searches of Transgender and Intersex Inmates to train staff on these searches.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. Transgender Pat Search Preference Questionnaires
3. Documentation of Transgender Pat Searches (Video and Written)

The facility provided confirmation that staff received training on Administrative Regulation 300-06 related to transgender searches. Staff signatures were provided confirming they received and understood the training.

Twelve questionnaires were provided that outlined the search preference for transgender inmates. The facility provided written documentation as well as five videos confirming transgender inmates were searched by their preference of female staff.

	<p>The facility provided the originally requested documentation confirming all staff received training on cross gender pat down searches and searches of transgender and intersex inmates.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 100-19 – Communication with Offenders 4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 5. PREA Resource Center PREA Adult Education Video 6. Memorandum on the TTY System 7. Photo of TTY System 8. LanguageLine Solutions Documentation 9. Facility Translator List 10. Offender Orientation Verification Form 11. Facts You Should Know (AR Form 100-40A) 12. AR Form 100-40G – Outside Agency Reporting Form 13. 14-2AA PREA Pamphlet 14. Offender Handbook

15. PREA Posters

Interviews:

1. Interview with the Agency Head Designee
2. Interview with LEP and Disabled Inmates
3. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. 100-19 page 3 states translation and/or interpretation for PREA related communication including but not limited to offender education, orientation, investigation, 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 and respond to sexual assault, sexual abuse and sexual harassment. Page 4 further states that sign language interpretation is required for PREA related communication, including but not limited to investigations, victim rights/advocacy and resources. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take appropriate steps to ensure that inmate/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and response to sexual abuse and sexual harassment. Specifically it indicates that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. The policy further elaborates and states that each inmate is screened at intake and any

disabilities are noted. The Americans with Disabilities Act (ADA) Coordinator and Admission and Orientation (A&O) Case Manager ensures the inmates understands his rights under PREA. The facility provided a memo indicating a TTY system is available for inmates to utilize as well as a photo of the TTY system. Further, the agency has a contract with LanguageLine Solutions. The company offers LanguageLine Insight Video Interpreting for deaf individuals. The facility utilizes the PREA Resource Center's PREA Adult Intake Education Video. The video is available with English and Spanish subtitles. A review of the Offender Handbook, 14-2AA PREA Pamphlet and PREA Posters confirmed that they are available in larger font, bright colors and simple terms. The interview with the Agency Head Designee indicated the agency has established procedures to provide inmates with disabilities and inmates who are LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He stated that the CoreCivic corporate office provides assistance to the facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates with disabilities. He stated that the agency maintains a comprehensive contract with LanguageLine and some facilities even have an MOU with organizations in the local communities to provide translation services when needed. He stated that TTY phones are provided and arrangements are made to assist those inmates who are blind. The auditor observed a plethora of PREA information posted in housing units and in hallways throughout the facility. The postings were observed in both English and Spanish and were on larger size paper with adequate size font. The posted information in the housing units was observed at an elevated level while those in the hallway were at eye level. The postings included information on the zero tolerance policy, the reporting phone numbers and the phone number to the local rape crisis center. In addition to the postings, the auditor observed that information was displayed on the inmate television channel. The information is cycled with additional facility information. The auditor observed the tv included information on zero tolerance, the CDOC policy (AR-100-40), reporting mechanisms (including directions on how to access hotlines through the speed dial numbers), definitions and victim advocacy information (including directions on the speed dial number). Further, the auditor observed the outside entity reporting form (AR-100-40G) in the library. Interviews with seven disabled inmates and four LEP inmates indicated ten received information in a format that they could understand.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 100-19 page 3 states translation and/or interpretation for PREA related communication including but not limited to offender education, orientation, investigation, 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 and respond to sexual assault, sexual abuse and sexual harassment. Page 4 further states that sign language interpretation is required for

PREA related communication, including but not limited to investigations, victim rights/advocacy and resources. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. The policy further states that the A&O Case Manager has each inmate read a documented printed in English. If the inmate has trouble reading it, he is provided an interpreter. The agency has a contract with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The facility also has a list of approved staff translator that can be utilized to provide assistance. The facility utilizes the PREA Resource Center's PREA Adult Intake Education Video. The video is available with English and Spanish subtitles. A review of the Offender Handbook, 14-2AA PREA Pamphlet, Facts You Should Know, AR Forms and PREA Posters confirmed that PREA information is available in English and Spanish. The auditor observed a plethora of PREA information posted in housing units and in hallways throughout the facility. The postings were observed in both English and Spanish and were on larger size paper with adequate size font. The posted information in the housing units was observed at an elevated level while those in the hallway were at eye level. The postings included information on the zero tolerance policy, the reporting phone numbers and the phone number to the local rape crisis center. In addition to the postings, the auditor observed that information was displayed on the inmate television channel. The information is cycled with additional facility information. The auditor observed the tv included information on zero tolerance, the CDOC policy (AR-100-40), reporting mechanisms (including directions on how to access hotlines through the speed dial numbers), definitions and victim advocacy information (including directions on the speed dial number). Further, the auditor observed the outside entity reporting form (AR-100-40G) in the library. During inmate interviews the auditor utilized LanguageLine for LEP inmate interviews. The auditor was provided the call in number as well as the client ID. LanguageLine is accessible through staff only. The facility also has video translation services, however the auditor did not need to utilize this service (it should be noted it was utilized for a prior CoreCivic facility audit). Interviews with seven disabled inmates and four LEP inmates indicated ten received information in a format that they could understand.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. 100-40, page 26 states the use of a sign language interpreter for offenders whose primary means of communication is through sign language is required during the investigation. 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 the performance of first-response 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 victim contact database. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility will not rely on inmates/detainees to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/detainee's safety, the performance of first responder duties or the investigation of the inmate/detainee's allegation. The PAQ indicated the facility documents the limited circumstances in individual cases where inmate interpreters, readers or other assistants are used. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with thirteen staff indicated seven were aware of a policy that prohibits the use of inmate interpreters, translator, readers or other types of inmate assistants for sexual abuse allegations. While almost half were unaware of the policy, none advised that they have used or would use another inmate. Interviews with seven disabled inmates and four LEP inmates indicated ten received information in a format that they could understand.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, PREA Resource Center PREA Adult Education Video, Memorandum on the TTY System, Photo of TTY System, LanguageLine Solutions Documentation, Facility Translator List, Offender Orientation Verification Form, Facts You Should Know (AR Form 100-40A), AR Form 100-40G - Outside Agency Reporting Form, 14-2AA PREA Pamphlet Offender Handbook, PREA Posters, observations during the tour and information from interviews with the Agency Head Designee, LEP and disabled inmates and random staff indicate that the facility appears to meet this standard.

Recommendation

The auditor recommends that the facility emphasize that agency policy states that inmates are not to be utilized as inmate interpreters, readers and assistants.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H)
4. Staff Personnel Records
5. Contractor Personnel Records

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the 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; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 14-2 Sexual Abuse Prevention and Response, page 4 states that to the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with inmates and who has: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", and "Has a substantiated allegation of sexual harassment ever been made

against you?”. A review of personnel files for seven staff who were hired in the previous twelve months indicated that all seven had a criminal background records check completed, however two were completed after the staff member was hired by the agency. A review of two contractor files confirmed that both had a criminal background records check completed, however the facility had not provided the date of hire for the contractors so the auditor was unable to confirm they were completed prior to enlisting services. The auditor requested the PREA questions for the seven newly hired staff, however at the issuance of the interim report the documentation had not yet been received.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 5 states that 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. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the question “Has a substantiated allegation of sexual harassment ever been made against you?”. The interview with the Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. The policy further indicates that Consistent with federal, state, and local law, the facility shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information. (115.17 (c) (2)). The PAQ indicated that 197 individuals hired in the past twelve months had a criminal background records check completed prior to hire. A review of personnel files for seven staff who were hired in the previous twelve months indicated that all seven had a criminal background records check completed, however two were completed after the staff

member was hired by the agency. Two of the staff had prior institutional employers. One of the two had the relevant prior institutional employer contacted. The interview with the Human Resource staff confirmed that a criminal background records check is completed for all new employees who may have contact with inmates and that all prior institutional employers are contacted related to substantiated incidents of sexual abuse or sexual harassment and/or resignations during an investigation of sexual abuse or sexual harassment. The staff stated the facility sends an email to CDOC and they conduct the criminal background records check through the NCIC system. The CDOC will then advise whether the staff is cleared or not.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information. The PAQ indicated that six contracts for services have had a criminal background records check conducted on all staff covered under the contracts. A review of two contractor files confirmed that both had a criminal background records check completed, however the facility had not provided the date of hire for the contractors so the auditor was unable to confirm they were completed prior to enlisting services. The Human Resource staff confirmed that contractors have a criminal background records check completed prior to enlisting their services through CDOC.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information. The facility utilizes the National Crime Information Center (NCIC) to conduct criminal background checks. A review of four staff who were hired over five years prior and two contractors hired over five years prior revealed that four had a criminal background check completed every five years. One of the four did have the criminal background records check completed after the five year mark, however the background check was current. The interview with the Human Resource staff member indicated that the CDOC conducts the criminal background records check annually for

all staff and contractors on their birthday.

115.17 (f): 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", and "Has a substantiated allegation of sexual harassment ever been made against you?". The auditor requested the PREA questions for the seven staff hired in the previous twelve months, however at the issuance of the interim report the documentation had not yet been received. Additionally, a review of three staff that were promoted over the previous twelve months indicated all three completed the 14-2H form prior to promotion. The interview with the Human Resource staff confirmed that all applicants, employees and contractors who have contact with inmates are asked the questions under this provision. The staff further confirmed that they impose a continuing affirmative duty to disclose any previous such misconduct.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 14-2 Sexual Abuse Prevention and Response, page 5 states that to the extent permitted by law, CoreCivic may decline to hire or promote, and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information.

115.17 (h): 14-2 Sexual Abuse Prevention and Response, page 5 states that unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Human Resource staff confirmed that this information would be provided when requested.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H) form, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates this standard appears to require corrective action. A review of personnel files for seven staff who were hired in the previous twelve months indicated that all seven had a criminal background records check completed, however two were completed after the staff member was hired by the agency. A review of two contractor files confirmed that both had a criminal background records check completed, however the facility had not provided the date of hire for the contractors so the auditor was unable to confirm they were completed prior to enlisting services. The auditor requested the PREA questions for the seven newly hired staff, however at the issuance of the interim report the documentation had not yet been received. Two of the staff had prior institutional employers. One of the two had the relevant prior institutional employer contacted. A review of four staff who were hired over five years prior and two contractors hired over five years prior revealed that four had a criminal background check completed every five years. One of the four did have the criminal background records check completed after the five year mark, however the background check was current.

Corrective Action

The agency will need to train appropriate staff on the requirement for criminal background record checks prior to hire, not prior to entrance at the facility. A copy of the training will need to be provided. Examples during the corrective action period will need to be provided. Additionally, the facility will need to provide the other requested documentation. If it does not exist, additional corrective action will be needed.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Clarification on Hire Dates
2. Criminal Background Record Checks
3. Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H)

	<p>4. Prior Institutional Checks</p> <p>The facility provided clarification on hire dates of staff. All had a criminal background records check prior to hire. Further, clarification was provided on two staff that were selected for over five years. Both were not employed over five years, but rather were rehires. The auditor selected two additional staff for five year background record checks. Both had a criminal background records check completed at least every five years.</p> <p>The facility provided the originally requested personnel documents which confirmed all staff and contractors had a criminal background records check prior to hire and all completed the 14-2H prior to hire and promotion.</p> <p>The facility provided the originally requested prior institutional check. The auditor observed that the most recent prior institutional employer was contacted, however the two prior to the most recent were not checked. During the corrective action period the facility provided two additional prior institutional examples confirming both had prior institutional employers contacted.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Form 7-1B PREA Physical Plant Considerations 4. Facility Camera Checks <p>Interviews:</p>

1. Interview with the Agency Head Designee

2. Interview with the Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant

2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. The memo further stated that the facility has not had any PREA physical plant upgrades in the last three years. 14-2 Sexual Abuse Prevention and Response, page 9 states that when designing or acquiring any new facility and in planning substantial expansion or modification to existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect inmates/detainees from sexual abuse. Considerations from modifications and renovations shall be documented on form 7-1B PREA Physical Plan Considerations. The interview with the Agency Head Designee indicated that CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. He said new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations 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 other areas where inmates may be in a state of undress. He indicated that blind spots are identified that can be corrected through video surveillance coverage. During acquisition, the staff making the site visit develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plan issues. At existing facilities, a form 7-1B is used to ensure PREA is considered when initiating a renovation/new construction. The interview with the Warden confirmed that there have not been any substantial expansions or modifications since the last PREA audit. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 14-2 Sexual Abuse Prevention and Response, page 9 states that 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 7-1B PREA Physical Plant Considerations. A review of the Facility Camera Checks confirmed that numerous cameras were in each building and assisted with supervision and monitoring in housing units, work areas, program areas and other common areas. During the tour the auditor viewed that cameras were in housing units, work areas, program areas and other common areas. Video monitoring was observed to be utilized to supplement security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Video monitoring is viewed by Master Control, Administrative Duty staff, investigative staff and Shift Commanders. The interview with the Agency Head Designee indicated that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. He said that camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restroom and showers areas and that technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the PREA Coordinator. The interview with the Warden confirmed that when the facility installs or updates video monitoring technology they consider how that technology can be utilized to protect inmates from sexual abuse. He stated they review to determine if there are any blind spots and if there are, they add additional cameras and mirrors to alleviate the concern. He stated they also review substantiated sexual abuse cases to see if there is an opportunity for cameras to be enhanced or added.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, form 7-1B PREA Physical Plant Considerations, Facility Camera Checks, observations during the tour and information from interviews with the Agency Head Designee and Warden indicates this standard appears to be compliant.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 1150-07 - Crime Scene Management and Criminal Evidence Handling

4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
5. CoreCivic Policy 13-79 Sexual Assault Response
6. Memorandum of Understanding with Colorado Department of Corrections (CDOC) Office of the Inspector General (OIG)
7. Memorandum of Understanding with Parkview Medical Center, Inc.
8. Memorandum of Understanding with Arkansas Valley Resource Center
9. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with SAFE/SANE
3. Interview with the PREA Compliance Manager
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations and CDOC OIG staff conduct criminal investigations. The PAQ stated that the CDOC OIG conducts criminal investigations and typically refers administrative investigations back to facility staff to investigate. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 100-40, page 27 states the OIG investigator will follow a sexual assault uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Collection of evidence will be done by a qualified DOC credentialed PREA first responder in coordination with the OIG, and/or the Colorado Bureau of Investigation. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The policy states the investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency utilizes direction from 14-2 Sexual Abuse Prevention and Response and 13-79 Sexual Assault Response as a uniform evidence protocol. SAFE/SANE would collect evidence via the forensic medical examination and this would be turned over to local law enforcement for investigation. CDOC OIG utilize 1150-07 Crime Scene Management

and Criminal Evidence Handling and 100-40 Prison Rape Elimination Procedures, which outline procedures for sexual abuse investigations. The MOU with the OIG indicates that the facility has a specific CDOC OIG staff member assigned to complete criminal investigations. Interviews with random staff indicated eleven knew and understood the agency's protocol on obtaining usable physical evidence. Additionally, eleven staff stated they knew who was responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as the facility does not house youthful inmates. The PAQ further stated the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. 1150-07 page 5 states OIG investigators will follow a uniform sexual assault evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The sexual assault protocol is the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents". 14-2 Sexual Abuse Prevention and Response, page 28 states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate shall be adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. The agency utilizes direction from 14-2 Sexual Abuse Prevention and Response and 13-79 Sexual Assault Response as a uniform evidence protocol. SAFE/SANE would collect evidence via the forensic medical examination and this would be turned over to CDOC OIG. CDOC OIG utilize 1150-07 Crime Scene Management and Criminal Evidence Handling and 100-40 Prison Rape Elimination Procedures, which outline procedures for sexual abuse investigations.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside facility. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations (upon approval of CDOC OIG staff) and the facility documents efforts to provide SAFE or SANE. 100-40, page 28 states access to forensic medical examinations will be free of charge. Once the OIG Investigator determines a forensic medical examination is needed, such examinations will be performed by Sexual Assault Forensic Examiners (SAFE) or SANE where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners at the hospital. DOC will document its efforts to provide a forensic

medical exam performed by a SAFE or SANE. 14-2 Sexual Abuse Prevention and Response, page 21 states that the facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PCM, facility investigator or ADO shall consult with law enforcement prior to transporting an inmate/detainee for an examination to be performed by SAFE or SANE. If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim. If a SAFE/SANE provider is not available, the examination may be performed by other qualified medical practitioners. The policy stated that SAFE/SANE exams are provided or coordinated by Citrus Memorial Hospital. Additionally, page 28 states that 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 SAFE or SANE when possible. 13-9 Sexual Assault Response, page 2 states that upon receiving notice of an alleged rape that occurred within the previous 72 hours, QHCP (qualified health care professional) will examine the patient inmate/resident utilizing the 13-79A Rape/ Sexual Assault Protocol and will arrange for the patient inmate/detainee to be transported to the local designated Emergency Room for examination, evidence collection and prophylaxis treatment for sexually transmitted disease. A review of the MOU with Parkview Medical Center (executed June 22, 2017) states CDOC occasionally has need to provide emergency care to offenders incarcerated within its facilities, including the need for sexual assault medical-forensic examinations and suspect evidence collection, intervention, and treatment and the Hospital offers emergency medical care service available to the public at large, at which it also provides sexual assault medical / forensic examination, intervention, and treatment, and will accept CDOC incarcerated offenders for emergency medical care services and forensic evidence collection in accordance with Hospital's policies and procedures. The PAQ indicated that there were zero forensic medical examinations conducted in the previous twelve months. A review of investigative reports confirmed there were zero forensic medical examinations completed. The auditor contacted Parkview Hospital related to forensic medical examinations. The staff advised that they provide forensic medical examinations at the hospital and all examinations are performed by SANE. The staff stated SANE are available 24 hours a day.

115.21 (d): The PAQ indicated the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and that the efforts are documented. The PAQ also indicated that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member (mental health care staff or CDOC equivalency). 100-40, page 25 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 advocate 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 crisis center. If a victim advocate from a rape crisis center is not available to provide victim advocate services, the OIG offender victim's rights coordinator, qualified staff member or a victim advocate from a community based organization will respond 14-2 Sexual Abuse Prevention and Response, page 21, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Checklist via the IRD. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The MOU with Arkansas Valley Resource Center (executed October 15, 2020) indicates that Arkansas Valley Resource Center agrees to provide immediate advocacy, support, and crisis intervention to inmate survivors of sexual assault via Center's Crisis and Support Line and respond in person to the facility whenever possible, to provide additional advocacy, emotional support, and information to inmate survivors of sexual assault. The MOU further states that the Arkansas Valley Resource Center will Inform the inmate survivor of the right to have a victim advocate present during the medical forensic exam, investigation interviews and any possible court hearings and provide said accompaniment if desired by the survivor and provide follow-up services and continued individual advocacy and support to inmate survivors of sexual assault at facility, as requested by inmate and as resources allow. The PCM confirmed that if requested by the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM stated the CDOC OIG sets up if the individual will go out for a SANE exam and they utilize Puebla Center. He stated if an examination is not needed they would contact Ark Valley Resource Center to provide services at the facility. The PCM further stated the CDOC has an MOU with Puebla Center and the facility has an MOU with Ark Valley Resource Center to provide services. Both of these organizations are local rape crisis centers. The interview with the inmate who reported sexual abuse indicated she (transgender female) did not have the opportunity to contact anyone after the report of sexual abuse. She further confirmed she was not afforded access to a victim advocate after the report of sexual abuse. She also stated the allegation did not involve a forensic medical examination. A review of twelve sexual abuse allegations indicated none were documented with affording the victim access to a victim advocate.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff

member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 100-40 page 25 states if requested by the victim, the victim advocate, qualified staff member, or OIG offender victim rights coordinator will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. 14-2 Sexual Abuse Prevention and Response, page 21, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Checklist via the IRD. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The MOU with Arkansas Valley Resource Center (executed October 15, 2020) states that the Arkansas Valley Resource Center will inform the inmate survivor of the right to have a victim advocate present during the medical forensic exam, investigation interviews and any possible court hearings and provide said accompaniment if desired by the survivor and provide follow-up services and continued individual advocacy and support to inmate survivors of sexual assault at facility, as requested by inmate and as resources allow. The PCM confirmed that if requested by the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM stated the CDOC OIG sets up if the individual will go out for a SANE exam and they utilize Puebla Center. He stated if an examination is not needed they would contact Ark Valley Resource Center to provide services at the facility. The PCM further stated the CDOC has an MOU with Puebla Center and the facility has an MOU with Ark Valley Resource Center to provide services. Both of these organizations are local rape crisis centers. The interview with the inmate who reported sexual abuse indicated she (transgender female) did not have the opportunity to contact anyone after the report of sexual abuse. She further confirmed she was not afforded access to a victim advocate after the report of sexual abuse. She also stated the allegation did not involve a forensic medical examination. A review of twelve sexual abuse allegations indicated none were documented with affording the victim access to a victim advocate.

115.21 (f): The PAQ indicated that if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements under this standard. 14-2 Sexual Abuse Prevention and

Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The MOU with the OIG indicates that the facility has a specific CDOC OIG staff member assigned to complete criminal investigations. CDOC OIG utilize 1150-07 Crime Scene Management and Criminal Evidence Handling and 100-40 Prison Rape Elimination Procedures, which outline procedures for sexual abuse investigations including the requirements under this standard. 100-40, page 23 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.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): Advocacy services are provided by the certified rape crisis center. Advocates are provided training based on the requirements of the state.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 1150-07, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response, MOU with CDOC OIG, MOU with Parkview Medical Center, MOU with Arkansas Valley Resource Center, Investigative Reports and information from interviews with random staff, the SAFE/SANE, the PREA Compliance Manager and inmates who reported sexual abuse indicates that this standard appears to require corrective action. A review of twelve sexual abuse allegations indicated none were documented with affording the victim access to a victim advocate. The interview with the inmate who reported sexual abuse indicated she (transgender female) did not have the opportunity to contact anyone after the report of sexual abuse. She further confirmed she was not afforded access to a victim advocate after the report of sexual abuse.

Corrective Action

The facility will need to develop a process to ensure all inmate victims of sexual abuse are afforded access to a victim advocate. The facility will to train appropriate staff on this process, to include those that will offer the services. The facility will need to provide a list of sexual abuse allegations during the corrective action plan and documentation of victim advocacy services.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Bent County Correctional Facility Coordinated Response Plan
2. Staff Training
3. List of Sexual Abuse Allegations During Corrective Action Period
4. Victim Advocacy Documents

The facility provided the updated Bent County Correctional Facility Coordinated Response Plan that included a section related to affording access to a victim advocate (through offering) via ARK. The plan outlined the process for when the victim accepts and for when the victim declines. The plan notated that staff document the victims choice.

Staff were provided training on the updated Coordinated Response Plan as well as the Standard in Focus from the PREA Resource Center. Staff signatures were provided confirming they received and understood the training.

The facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action plan. There were two originally provided that did not document anything related to victim advocacy. One sexual harassment allegation had documentation indicating a victim advocate was offered but the victim declined. Five additional sexual abuse allegations were reported and documentation was provided illustrating one accepted services and four declined services. The one who accepted had a call with the advocate. In-person sessions were scheduled but the victim was transferred from the facility prior to the first session.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 432 376">Documents:</p> <ol data-bbox="256 412 1442 887" style="list-style-type: none"> <li data-bbox="256 412 667 448">1. Pre-Audit Questionnaire <li data-bbox="256 483 1442 564">2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure <li data-bbox="256 600 1190 636">3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response <li data-bbox="256 672 874 707">4. CoreCivic Policy 5-1 Incident Reporting <li data-bbox="256 743 1369 824">5. Memorandum of Understanding with Colorado Department of Corrections (CDOC) Office of the Inspector General (OIG) <li data-bbox="256 860 632 896">6. Investigative Reports <p data-bbox="256 1003 416 1039">Interviews:</p> <ol data-bbox="256 1075 922 1173" style="list-style-type: none"> <li data-bbox="256 1075 922 1111">1. Interview with the Agency Head Designee <li data-bbox="256 1146 799 1182">2. Interview with Investigative Staff <p data-bbox="256 1290 587 1326">Findings (By Provision):</p> <p data-bbox="256 1433 1474 2087">115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 24 states that the Warden/Facility Administrator shall ensure that an administrative investigation and/or a referral for a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA and I incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. Citrus County Sheriff's Office General Order 712.05, page 4 states the Sheriff's Office will respond to complaints or reports of sexual abuse that have been alleged in any confinement facility in Citrus County. The General Order spells out there have been ten allegations of sexual abuse or sexual harassment during the previous twelve months. All ten had a criminal investigations completed by CDOC OIG and four had a facility administrative investigations completed. The PAQ stated not all administrative and/or criminal investigations have been completed. A review of the investigative log indicated there were twelve allegations reported during the previous</p>

twelve months. A review of twelve investigations indicated all twelve had a completed administrative investigation and one had an ongoing criminal investigation. The interview with the Agency Head Designee indicated it is CoreCivic policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. He stated that all administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. The Agency Head Designee indicated that all allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations and referred to the appropriate law enforcement officials (or by contracted partner investigative entity). He stated that the staff work with outside law enforcement, upon request.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 14-2 Sexual Abuse Prevention and Response, page 22 states that the Administrative Duty Office (ADO) staff, the PCM, Warden/Facility Administrator or designed on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegations do not involve potentially criminal behavior or the allegation would not be considered a criminal act under federal, state or local law. 100-40, page 25 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 operated by or pursuant to a contract with the DOC (including return to custody offenders in community confinement facilities). A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. A review of twelve investigations indicated one involved a criminal investigation by the CDOC OIG. The investigation was referred for prosecution and was still ongoing. The facility had documentation confirming the allegation was forwarded to CDOC OIG for investigation. The interview with the facility investigator indicated the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the activity is clearly not criminal. He stated all allegations are referred to CDOC OIG and they determine if they want to conduct an investigation. The facility investigator stated they conduct an administrative investigation regardless of whether the CDOC OIG conduct an investigation. The criminal investigator further confirmed that all allegations are provided to CDOC OIG

to look at first to determine if they want to investigation.

115.22 (c): 100-40 page 25 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 operated by or pursuant to a contract with the DOC (including return to custody offenders in community confinement facilities). The MOU with the OIG indicates that the facility has a specific CDOC OIG staff member assigned to complete criminal investigations. CDOC OIG utilize 1150-07 Crime Scene Management and Criminal Evidence Handling and 100-40 Prison Rape Elimination Procedures, which outline procedures for sexual abuse investigations including the requirements under this standard. A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available as well as CoreCivic Policy 14-2. Information is located at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, 5-1 Incident Reports, MOU with CDOC OIG, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the investigators, this standard appears to be compliant.

115.31 Employee training	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

4. PREA: Sexual Abuse, Prevention and Response (In-Service)
5. Staff Training Records (14-2A CoreCivic PREA Training Acknowledgment)

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. How to detect and respond to signs of threatened and actual sexual abuse was not checked, however further communication with the PCM indicated that was an oversight and that this topic is also covered during staff training. 100-40, pages 8-9 state PREA training will be provided to all employees during the basic training academy. Contract workers, temporary staff, and interns will receive the training through an on-line training system. Volunteers and chaplains will receive the training in the Basic Volunteer Training. 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 other applicable state or federal laws; information on DOC's policy of zero tolerance for sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment; how to fulfill 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; 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, intersex or gender

nonconforming 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; 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 abuse and sexual harassment; and consequences for failure to report. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service training on the following: the CoreCivic zero tolerance policy for sexual abuse and sexual harassment, how to fulfill employee responsibilities for sexual abuse and sexual harassment prevention, detention, reporting and response in accordance with policy, the right of the inmates/detainees to be free from sexual abuse and sexual harassment, the right of the inmates/detainees and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting including locations, situations and circumstances in which sexual abuse may occur, signs of victimization and common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates/detainees, how to communicate effectively and professionally with inmates/detainees including LGBTI and gender non-conforming inmates/detainees and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA: Sexual Abuse, Prevention and Response confirmed that the staff training includes information on: the agency's zero tolerance policy (slide 9), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 11-15), the inmates' right to be free from sexual abuse and sexual harassment (slide 16), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 18), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 22-30), the common reactions of sexual abuse and sexual harassment victims (slides 31-33), how to detect and respond to signs of threatened and actual sexual abuse (slides 34-38), how to avoid inappropriate relationship with inmates (slides 39-40), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slides 41-44) and how to comply with relevant laws related to mandatory reporting (slides 45-6). A review of fourteen staff training records indicated twelve had received PREA training. One staff member selected by the auditor was unable to be identified by the facility as a staff member. Interviews with thirteen random staff confirmed that all thirteen received PREA training. Staff confirmed that the components under this provision were included in the training. Staff stated training is completed upon hire and then annually and that topics they remember include what to do (first responder duties), ways to report and LGBTI topics.

115.31 (b): The PAQ indicated that training is tailored to the gender of the inmate at

the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates/detainees at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of inmate/detainee shall receive additional training. A review of the PREA: Sexual Abuse, Prevention and Response confirmed that the dynamics of sexual abuse in a confinement setting section included information for male facilities and female facilities. Additionally, the common reactions of victims of sexual abuse and sexual harassment includes information on male and female inmates. The facility houses adult male inmates and adult female inmates.

115.31 (c): The PAQ indicated that all of the staff have been trained or retrained in PREA requirements. The PAQ stated that staff are annually. 100-40 page 8 states PREA training will be provided to all employees during the basic training academy. Contract workers, temporary staff, and interns will receive the training through an on-line training system. Volunteers and chaplains will receive the training in the Basic Volunteer Training. All staff will take a refresher course on an annual basis thereafter. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service. A review of documentation indicated six of the fourteen staff had received PREA training over the previous two years.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. 100-40 page 9 states each employee, contract worker and volunteer will document through signature or electronic verification that they understand the training they have received. 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. Signed documentation will be maintained in the employee's training and/or HR file. A review of staff training documents indicated that staff sign the PREA Training Acknowledgment form and/or staff complete an electronic notification.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the PREA: Sexual Abuse, Prevention and Response, staff training records as well as interviews with random staff indicates this standard appears to require corrective action. A review of fourteen staff training records

indicated twelve had received PREA training. A review of documentation indicated six of the fourteen staff had received PREA training over the previous two years.

Corrective Action

The facility will need to provide the requested staff training documentation. If the documentation does not exist the facility will need to ensure all current staff have received training. A list of current staff and corresponding PREA training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training

The facility provided the originally requested staff training documents. All staff were documented with PREA training. Many staff were hired in the previous twelve months and as such they had Pre-Service Training, which includes PREA as well as their first year of annual training, which includes PREA. All staff that worked at the facility over two years had PREA training at least every two years, with most having it annually.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Basic Volunteer Training – Professionalism
5. PREA: Sexual Abuse, Prevention and Response (In-Service)
6. PREA Overview: Training for Contractors and Volunteers (14-2K)
7. Volunteer/Contract/Temp/Intern Agreement (CDOC AR Form 900-01B)
8. Contractor and Volunteer Training Records

Interviews:

1. Interview with Volunteers and/or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 100-40 page 8 states PREA training will be provided to all employees during the basic training academy. Contract workers, temporary staff, and interns will receive the training through an on-line training system. Volunteers and chaplains will receive the training in the Basic Volunteer Training. All staff will take a refresher course on an annual basis thereafter. It further states training will include how to fulfill their requirements under DOC's sexual assault, sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 14-2 Sexual Abuse Prevention and Response, pages 7 state that and volunteers and contractor who have contact with inmates/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in policy. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents.

Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. A review of the Basic Volunteer Training noted it discussed the offender right to be free from sexual abuse and sexual harassment, reporting mechanisms, traits/behaviors of high risk victims and abusers, reactions and signs of sexual abuse and sexual harassment, prohibited activities and overview of relevant policies and procedures. Contractors receive the staff training as required under 115.31. A review of the PREA: Sexual Abuse, Prevention and Response confirmed that the staff training includes information on: the agency's zero tolerance policy (slide 9), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 11-15), the inmates' right to be free from sexual abuse and sexual harassment (slide 16), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 18), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 22-30), the common reactions of sexual abuse and sexual harassment victims (slides 31-33), how to detect and respond to signs of threatened and actual sexual abuse (slides 34-38), how to avoid inappropriate relationship with inmates (slides 39-40), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slides 41-44) and how to comply with relevant laws related to mandatory reporting (slides 45-6). A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. The PAQ stated 50 contractors and volunteer that received training. The auditor requested documentation for five contractors and five volunteers. All five contractors were documented with PREA training. The facility did not provide documentation for the five volunteers. The interviews with the contractors confirmed that they received training related to their responsibilities under the agency's sexual abuse and sexual harassment policies. It should be noted there were zero volunteers available for interview during the on-site portion of the audit.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 100-40 page 8 states PREA training will be provided to all employees during the basic training academy. Contract workers, temporary staff, and interns will receive the training through an on-line training system. Volunteers and chaplains will receive the training in the Basic Volunteer Training. All staff will take a refresher course on an annual basis thereafter. It further states training will include how to fulfill their requirements under DOC's sexual assault, sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 14-2 Sexual Abuse Prevention and Response, page 7 states that the level

and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact with inmates/detainee. All volunteers and contractors who have contact with inmates/detainees shall acknowledge the CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. All volunteers shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. A review of the Basic Volunteer Training noted it discussed the offender right to be free from sexual abuse and sexual harassment, reporting mechanisms, traits/behaviors of high risk victims and abusers, reactions and signs of sexual abuse and sexual harassment, prohibited activities and overview of relevant policies and procedures. Contractors receive the staff training as required under 115.31. A review of the PREA: Sexual Abuse, Prevention and Response confirmed that the staff training includes information on: the agency's zero tolerance policy (slide 9), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 11-15), the inmates' right to be free from sexual abuse and sexual harassment (slide 16), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 18), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 22-30), the common reactions of sexual abuse and sexual harassment victims (slides 31-33), how to detect and respond to signs of threatened and actual sexual abuse (slides 34-38), how to avoid inappropriate relationship with inmates (slides 39-40), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slides 41-44) and how to comply with relevant laws related to mandatory reporting (slides 45-6). A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. The auditor requested documentation for five contractors and five volunteers. All five contractors were documented with PREA training. The facility did not provide documentation for the five volunteers. The interviews with the contractors confirmed they received training that included information on the zero tolerance policy and how to report sexual abuse. They stated training was provided via a classroom setting by an instructor. They stated they watched videos and that the training they received is the same training that staff complete.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 100-40 page 9 states each employee, contract worker and volunteer will document through signature or electronic verification that they understand the training they have received. 14-2 Sexual Abuse Prevention and Response, page 8 states that the signed documentation confirming that each volunteer or contractors understand the training that he/she received will be kept in the volunteer or contractor's file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the Warden/Facility Administrator or PCM. The agency utilizes 14-2A, 14-2J and/or 14-2K for contractor and volunteer training acknowledgments. Additionally, because the facility is required to follow CDOC policies and procedures they utilize the CDOC AR Form 900-01B - Volunteer/Contract/Temp/Intern Agreement as a training acknowledgment. A review of a five contractor training documents confirmed 100% of those reviewed had signed the 14-2A, 14-2J or 14-2K. Each form has an acknowledgment above the signature stating that the individual has reviewed/read the information and understands the content. The facility did not provide documentation for the five volunteers.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, Basic Volunteer Training, PREA: Sexual Abuse, Prevention and Response, a review of a sample of contractor and volunteer training records as well as the interview with the contractor indicates that this standard appears to require corrective action. The facility did not provide documentation for the five volunteers.

Corrective Action

The facility will need to provide the originally requested volunteer training documentation. If the documentation does not exist the facility will need to ensure all current volunteers are provided PREA training. A list of current volunteers as well as training documents will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Volunteer Training <p>The facility provided the originally requested volunteer training. All were documented with PREA training prior to the on-site portion of the audit and signed an acknowledgment confirming completion.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 100-19 – Communication with Offenders 4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 5. PREA Resource Center PREA Adult Education Video 6. Memorandum on the TTY System 7. Photo of TTY System 8. LanguageLine Solutions Documentation 9. Facility Translator List 10. Facts You Should Know (AR Form 100-40A) 11. AR Form 100-40G – Outside Agency Reporting Form 12. 14-2AA PREA Pamphlet 13. Offender Handbook

14. PREA Posters

15. Inmate Education Records (AR Form 850-07A – Offender Orientation Verification Form)

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of Posted PREA Information

Findings (By Provision):

115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 14-2 Sexual Abuse Prevention and Response, page 12 states that upon arrival at the facility for intake, each inmate/detainee shall be provide with information regarding sexual abuse prevention and reporting. Policy indicates that inmates/detainees are provide the 14-2AA PREA Pamphlet at intake in either English or Spanish. A review of the PREA Pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. A review of the Offender Handbook confirmed that pages 41-45 include information on PREA. The Offender Handbook covers the opposite gender announcement, the zero tolerance policy, reporting mechanisms (internal and external), victim advocacy information, LEP/disabled accommodations and medical and mental health services after a report of sexual abuse. A review of the Facts You Should Know confirms that it includes information on the zero tolerance policy, types of prohibited behaviors, self-protection, prevention/ intervention, reporting procedures, treatment and counseling, relief from retaliation and discipline related to false allegations. The PAQ indicated 1322 inmates received information at intake, which is 100% of those that arrived in the previous twelve months. A review of 31 inmate files of those received within the previous twelve months indicated that twelve had received PREA information upon intake. The auditor observed the intake process through a demonstration. Inmates are provided three documents upon arrival: the CDOC Brochure – Facts You Should Know, the Inmate Handbook and the CoreCivic Brochure (14-2AA). All three documents are available in English and Spanish. The interview with the intake staff confirmed that inmates

receive information on the zero tolerance policy and how to report allegations of sexual abuse. The staff stated inmates are provided the CoreCivic Brochure, the Inmate Handbook and the Facts to Know document when they arrive. The staff stated the new PREA video is also shown on a loop while individuals are in intake. The staff further indicated she briefly goes over PREA and asks them if they know how to report. She indicated she asks them questions and if they do not give correct answers she goes through the whole packet with them. 35 of the 40 inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies, including zero tolerance and ways to report sexual abuse and sexual harassment. Inmates stated information is provided through the Handbook, posters and during meetings.

115.33 (b): 100-40 page 16 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 rights 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. Information provided will include, but not be limited to: CDOC's zero tolerance policy; self-protection; prevention/intervention; reporting procedures; treatment and counseling; protection against retaliation and disciplinary actions for making false allegations. Offenders will be shown the PREA Intake Orientation (Male or Female) and Information Video and receive a copy of the "Facts You Should Know" brochure at intake (DRDC/Denver Women's Correctional Facility (DWCF)/YOS). Upon transfer to another facility, offenders will be shown the PREA Refresher Orientation Video. 14-2 Sexual Abuse Prevention and Response, pages 12-13 state that within 30 days following intake, either in person or through video, inmates/detainees shall receive comprehensive educational information on the following topics related to sexual abuse and sexual assault prevention and intervention: CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents, threats or suspicion of sexual abuse or sexual harassment; an inmate/detainee's right to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents; inmate/detainee on inmate/detainee sexual abuse; employee on inmate/detainee sexual abuse; availability of policies regarding sexual abuse prevention/intervention; and available emotional support services to include internal and external victim advocates and community support services. The policy states that comprehensive education includes a copy of the 14-2AA PREA pamphlet, the facility handbook and viewing of the PREA video. A review of the PREA Pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. A review of the Offender Handbook confirmed that pages 41-45 include information on PREA. Additionally, the Offender Handbook covers the opposite gender announcement, the zero tolerance policy, reporting mechanisms (internal and external), victim advocacy information, LEP/disabled accommodations and medical

and mental health services after a report of sexual abuse. The PAQ indicated that 726 inmates received comprehensive PREA education within 30 days of intake, which is 100% of those that arrived in the previous twelve months that stayed longer than 30 days. A review of 31 inmate files of those received in the previous twelve months indicated that twelve received comprehensive PREA education within 30 days. The auditor observed the comprehensive PREA education process. Comprehensive PREA education is conducted one-on-one in an office. The staff member verbally goes over the intake follow-up form (Facts You Should Know), which includes information on the PCM, zero tolerance, definitions, the policy numbers, medical and mental health treatment following an allegation, reporting mechanisms (including internal hotlines, external reporting form, verbal and written), victim advocacy contact information (to include that calls are free and not recorded), ability to anonymously report and how to do that, confidentiality and mandatory reporting related to victim advocates. Staff then quiz the inmates on reporting mechanisms and ask if they understand the zero tolerance policy. Inmates then sign that they received the comprehensive PREA education. Staff ask if the inmate would like a copy of the form with their signature. The interview with the intake staff indicated that inmates are provided information on their right to be free from sexual abuse, their right to be free from retaliation and the facility's policies and procedures in response to an allegation of sexual abuse. The staff stated she verbally goes over this information with each inmate one-on-one in the office. She stated she goes over the information on the PREA Continued Education form, which has all the elements under this provision. She stated this one-on-one is completed around 21 days of arrival. 28 of the 40 inmates interviewed indicated that they were informed of their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's policies and procedures in response to an allegation of sexual abuse and sexual harassment. Inmates stated the information is provided via a video at intake (when they first come in). Inmates also stated they usually go over PREA information once a year verbally and that they show the video on the facility tv channel.

115.33 (c): The PAQ indicated all current inmates at the facility had been educated on PREA within 30 days. Additionally, it stated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 100-40 page 16 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 rights 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. Information provided will include, but not be limited to: CDOC's zero tolerance policy; self-protection; prevention/intervention.; reporting procedures; treatment and

counseling; protection against retaliation and disciplinary actions for making false allegations. Offenders will be shown the PREA Intake Orientation (Male or Female) and Information Video and receive a copy of the "Facts You Should Know" brochure at intake (DRDC/Denver Women's Correctional Facility (DWCF)/YOS). Upon transfer to another facility, offenders will be shown the PREA Refresher Orientation Video. 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training. A review of the PREA Pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. A review of the Offender Handbook confirmed that pages 41-45 include information on PREA. Additionally, the Offender Handbook covers the opposite gender announcement, the zero tolerance policy, reporting mechanisms (internal and external), victim advocacy information, LEP/disabled accommodations and medical and mental health services after a report of sexual abuse. The interview with the intake staff indicated that inmates are provided information on their right to be free from sexual abuse, their right to be free from retaliation and the facility's policies and procedures in response to an allegation of sexual abuse. The staff stated she verbally goes over this information with each inmate one-on-one in the office. She stated she goes over the information on the PREA Continued Education form, which has all the elements under this provision. She stated this one-on-one is completed around 21 days of arrival. A review of a total of 59 inmate files indicated 28 were documented with comprehensive PREA education. Three of the 28 had education completed prior to 2013 when the standards were released.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. 100-40 page 16 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. C DOC will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. CDOC will maintain documentation of offender participation in these education sessions. Policy further states intake staff will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as to offenders who have limited reading skills. Peer Educators may be used after the PREA Intake Orientation is completed to provide additional information about PREA. 14-2 Sexual Abuse Prevention and Response, page 12 states that the facility shall provide resident education at intake in formats accessible to all residents including those who are disabled or LEP. 14-2AA PREA pamphlet is available in English and Spanish. Policy

states that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. Policy also states that interpreters shall be provided (for LEP inmates) who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. The agency has a contract with LanguageLine Solutions which includes translation services for LEP inmates and Insight Video Interpreting for deaf individuals. The facility also has a list of approved staff translator that can be utilized to provide assistance. The facility utilizes the PREA Resource Center's PREA Adult Intake Education Video. The video is available with English and Spanish subtitles. A review of the Offender Handbook, 14-2AA PREA Pamphlet, PREA Posters, Facts You Should Know and AR Forms confirmed that they are available in larger font, bright colors, simple terms and in Spanish. The intake staff member indicated they have staff that can translate information and they also have the Language Line they can use. She stated they document any accommodations on the comprehensive education form. She further stated they have forms in both English and Spanish. Additionally, the intake staff stated for cognitive disabilities they would go slower and reach out to mental health staff if needed. A review of nine disabled inmate records indicated six had received comprehensive PREA education and signed that they understood the training. One of the six had completed the training prior to 2013. A review of five LEP inmate files indicated three had completed comprehensive PREA training and signed that they understood the training (English forms). One of the three had completed PREA education prior to 2013.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 100-40 page 16 states offenders will be required to sign AR Form 850-07A, Offender Orientation Verification acknowledging receipt of this information. A copy of the offender orientation verification form will be maintained in the offender's electronic file. 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees shall sign indicating acknowledgment that they received intake information and the 30 day comprehensive education and this documentation shall be maintained by the facility in the inmate/detainee file. The facility follows CDOC policies and procedures and utilizes AR Form 850-07A - Offender Orientation Verification Form which includes a list of topics covered under orientation, including Prison Rape Elimination Procedures. The form requires the inmate to sign that they received the orientation and that

orientation material were in an understandable format. Additionally, the form has check boxes to illustrate whether the inmate required materials in an accessible format and which accessible formats were utilized (i.e. large print, ASL, other language). A review of 59 inmate files indicated those that completed PREA education had signed the form confirming they received the education (28 of the 59).

115.33 (f): The PAQ stated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. 100-40 page 17 states key information is continuously and readily available or visible to offenders through brochures, posters, policies, offender handbook and the offender PREA resource guide. 14-2 Sexual Abuse Prevention and Response, page 13 indicates that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. A review of documentation confirmed the facility has PREA information via the PREA Pamphlet, Offender Handbook, PREA Posters Facts You Should Know and AR Forms. The auditor observed a plethora of PREA information posted in housing units and in hallways throughout the facility. The postings were observed in both English and Spanish and were on larger size paper with adequate size font. The posted information in the housing units was observed at an elevated level while those in the hallway were at eye level. The postings included information on the zero tolerance policy, the reporting phone numbers and the phone number to the local rape crisis center. In addition to the postings, the auditor observed that information was displayed on the inmate television channel. The information is cycled with additional facility information. The auditor observed the tv included information on zero tolerance, the CDOC policy (AR-100-40), reporting mechanisms (including directions on how to access hotlines through the speed dial numbers), definitions and victim advocacy information (including directions on the speed dial number). Further, the auditor observed the outside entity reporting form (AR-100-40G) in the library. Informal conversation with staff and inmates confirmed that the PREA information had been posted for a while. It should be noted that immediately prior to the audit the facility had transferred to a new phone system (per their contract). As such, the speed dial numbers for reporting sexual abuse and contacting the local rape crisis center changed. The facility had updated 95% of the posted information to include the updated speed dial numbers.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, 14-22A PREA pamphlet, the Offender Handbook, the PREA Posters, the PREA Video, Facts You Should Know, AR Forms, a review of inmate records, observations made during the tour as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to require corrective action. A review of 31 inmate files of those received within the previous twelve months indicated that twelve had received PREA information upon intake. A review of 31 inmate files of those received in the previous twelve months

indicated that twelve received comprehensive PREA education within 30 days. A review of a total of 59 inmate files indicated 28 were documented with comprehensive PREA education. Three of the 28 had education completed prior to 2013 when the standards were released. A review of nine disabled inmate records indicated six had received comprehensive PREA education and signed that they understood the training. One of the six had completed the training prior to 2013. A review of five LEP inmate files indicated three had completed comprehensive PREA training and signed that they understood the training (English forms). One of the three had completed PREA education prior to 2013.

Corrective Action

The facility will need to provide the requested inmate education documentation. The facility will need to ensure all current inmates have received comprehensive PREA education after 2013. The facility will need to re-educate all those who are missing education or have received it prior to 2013. Documentation confirming the updated education will need to be provided to the auditor. The facility will need to identify all LEP inmates and confirm that they received comprehensive PREA education in a format they could understand. All that were not (including the two identified on-site) will need to be re-educated. Copies of the update education will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Inmate PREA Education
2. List of Inmates that Arrived During the Corrective Action Period

The facility indicated that they would not have some of the inmate education records requested. As such, the auditor advised that corrective action would be required as the facility was not conducting education as outlined in policy and procedures, as well as outlined under this standard.

	<p>The facility identified all inmates that were at the facility prior to the release of the PREA standards in 2013. Seventeen inmates were identified and all were provided updated PREA education. Confirmation, via AR Form 850-07A, of receipt of the education was provided to the auditor.</p> <p>The facility provided a list of inmates that arrived from January 2024-March 2024. All had information provided upon intake and all had comprehensive PREA education. Nine of the 29 had the comprehensive PREA education past the 30 days timeframe. As such, an additional list of inmates that arrived March 2024-April 2024 was provided. All fifteen were provided education upon intake and all fifteen had comprehensive PREA education provided. Fourteen of the fifteen had it completed within 30 days. All inmates signed the AR Form 850-07A as confirmation of receipt of the education.</p> <p>Further, the facility provided confirmation that all LEP inmates identified by the auditor that were still at the facility (three) were reviewed to determine if updated education was needed. All three indicated they understood English and did not require accommodations. All were re-educated on PREA during the corrective action period. Further six LEP inmates that arrived during the corrective action period were provided education in Spanish. The acknowledgement forms notated that the education was translated in Spanish via the Spanish PREA video. All signed Spanish acknowledgment forms (the forms had both English and Spanish).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. National Institute of Correction (NIC): Investigating Sexual Abuse in a

Confinement Setting

5. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 100-40 page 10 states investigators will be trained in: conducting investigations of sexual assault/rape, sexual abuse and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements. 14-2 Sexual Abuse Prevention and Detection, page 6 states that in addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences. This training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review documentation indicated the two facility investigators had completed the specialized training. The interview with the facility investigator confirmed that he completed the specialized training. He stated the training went over a lot of information including questioning, video review, guidelines, working with outside law enforcement and how to conduct an investigation from beginning to end. The criminal investigator (CDOC OIG) stated he completed the specialized training which included processing a sexual abuse crime scene and interviews of witnesses, suspects and victims.

115.34 (b): 100-40 page 10 states investigators will be trained in: conducting investigations of sexual assault/rape, sexual abuse and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements. 14-2 Sexual

Abuse Prevention and Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review documentation indicated the two facility investigators had completed the specialized training. The interviews with investigators confirmed that the specialized training they received included all the elements required under this provision.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training. The PAQ indicated one investigator received the training. 100-40 page 10 states documentation verifying completion of the specialized training will be recorded in each investigator's Training Information System (TIS) record. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of twelve investigations indicated they were completed by four facility investigators. Two investigators were documented with the specialized investigators training. The auditor requested documentation for the other two investigators, however they were not received at the issuance of the interim report.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, investigator training records as well as the interviews with the investigators, indicates that this standard appears to require corrective action. A review of twelve investigations indicated they were completed by four facility investigators. Two investigators were documented with the specialized investigators training. The auditor requested documentation for the other two investigators, however they were not received at the issuance of the interim report.

Corrective Action

The facility will need to provide the two requested specialized investigator training

	<p>records.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Investigator Training Records <p>The facility indicated that the two investigators did not complete the training. Both investigators were no longer employed at the facility. Both of these investigators completed an investigation in 2022. The auditor confirmed that the current investigators have the specialized training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic 14-2 Sexual Abuse Prevention and Response 4. National Institute of Corrections (NIC) Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff 5. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 100-40 page 9 states all full-and part-time medical health care professionals and mental health clinicians who work regularly in facilities will be trained in: how to detect and assess signs of sexual assault/rape, sexual abuse and sexual harassment; how to preserve physical evidence; how to respond effectively and professionally to victims of sexual assault/rape, sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual assault/rape, sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 7 states that in addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time qualified health care professionals and qualified mental health care professionals, shall receive specialized training. Training includes; how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to response effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations of sexual abuse and sexual harassment. The training is completed through the NIC Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff curriculum. A review of the training modules confirmed they include: how to detect and assess signs of sexual abuse and sexual harassment (chapter 2), how to preserve physical evidence of sexual abuse (chapter 3), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (chapter 2) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (chapter 4). The PAQ noted that 26 medical and mental health care staff (100%) received the specialized training. A review of six medical and mental health staff training records indicated that five had received the specialized medical and mental health training. Interviews with medical and mental health care staff indicated the medical staff member received specialized training, however the mental health staff member did not complete specialized training. The mental health staff member stated she received annual PREA training but not anything specialized. Further communication indicated the training she was provided included the elements under this provision but she did not know it was specialized training. The medical staff confirmed the training included the elements under this provision and it went over specific direction on what to do when an allegation is reported.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic

exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. The interviews with the medical and mental health care staff confirmed that facility staff do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 100-40 pages 9-10 state medical health care professionals will attend PREA First Responders training and mental health clinicians will attend Trauma Informed Practice training. Documentation of completion of this training will be recorded in each individual's Training Information System (TIS) record. 14-2 Sexual Abuse Prevention and Response, page 7 states that medical and mental health staff are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file. A review of six medical and mental health staff training records indicated that five had received the specialized medical and mental health training and were documented with the training.

115.35 (d): 100-40 page 10 states PREA training will be provided to all employees during the basic training academy. Contract workers, temporary staff, and interns will receive the training through an on-line training system. Volunteers and chaplains will receive the training in the Basic Volunteer Training. 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. It also states that contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. A review of six medical and mental health staff training documents indicated three had completed the contractor PREA training and two had completed the staff PREA training. One was missing staff PREA training under 115.31.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, the PREA Medical and Mental Health Care: A Trauma Informed Approach curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to require corrective action. A review of six medical and mental health staff training records indicated that five had received the specialized medical and mental health training and were documented with the training. A review of six medical and mental health staff training documents indicated three had completed the contractor PREA training and two had

	<p>completed the staff PREA training. One was missing staff PREA training under 115.31.</p> <p>Corrective Action</p> <p>The facility will need to provide the requested specialized training document and staff training document. If documentation does not exist the facility will need to ensure all medical and mental health care staff have appropriate training. A list of the staff will need to be provided as well as corresponding training.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff Training <p>The facility provided the originally requested medical and mental health care training records. All requested had completed the specialized medical and mental health training under this standard as well as the training required under 115.31 and 115.32.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison

Rape Elimination Procedure

3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Sexually Aggressive Behavior (SAB) and Sexually Vulnerability Risk (SVR) Assessment
5. Inmate Assessment and Re-Assessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 100-40 page 10 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. The screening will be in person and conducted in a private location.

Information obtained during the orientation, assessment, and screening process along with the SAB and SVR assessment report will be used to determine appropriate housing, bed, program, and work assignments. Page 11 further states all offenders will be assessed during intake for their risk of being sexually victimized or sexually aggressive 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education and programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. This includes inmates/

detainees who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception and inmates/detainees who have been returned from court, or other leave status. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed one-on-one in the Unit Managers office. Initially the auditor was advised that the paper questions were provided to the inmate to fill out and return to the staff member. The auditor discussed with the PCM that this is typically a verbal process where inmates are asked these questions. As such, the demonstration was of the updated process that the PCM relayed to the risk screening staff after the conversation. The staff had a paper form that had questions including: prior victimization; prior sexual abusiveness; relationship conflicts; sexual preference; gender identity; history of physical or domestic abuse and prior incarcerations. The staff read the questions word for word from the form. The inmate being asked advised he felt uncomfortable with the questions and the staff then explained the reasoning for the questions. The staff then also went over who the PCM was, ways to report and how to obtain mental health/victim advocacy services. After the demonstration, the auditor asked the inmate about his preference related to being verbally asked or being allowed to answer the questions on the form. He advised he would feel more comfortable completing it on a form and providing it to the staff. After the questions were asked the staff took the information to the office where the risk screening system is accessible and entered the information. The paper form was then shredded. The auditor observed that any changes from the prior risk screening requires notes. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and/or abusiveness upon admission to the facility. Interviews with 24 inmates that arrived within the previous twelve months indicated fourteen had an initial risk screening completed the same or following day of arrival.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 100-40 page 10 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. The screening will be in person and conducted in a private location. Information obtained during the orientation, assessment, and screening process along with the SAB and SVR assessment report will be used to determine appropriate housing, bed, program, and work assignments. Page 12 further states the facility intake screening will ordinarily take place within 72 hours of arrival at the facility. 14-2 Sexual Abuse Prevention and Response, page 10 states that inmates/detainees shall be assessed within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. The PAQ stated that 1322 inmates that arrived in the previous twelve months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours, which is 100% of those that arrived in the previous twelve months

and stayed longer than 72 hours. A review of 28 inmate records of those received in the previous twelve months indicated twelve had an initial risk screening completed within 72 hours. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and/or abusiveness within 72 hours. Interviews with 24 inmates that arrived within the previous twelve months indicated fourteen had an initial risk screening completed the same or following day of arrival.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 14-2 Sexual Abuse Prevention and Response, page 10 states that screenings will be completed and documented using an objective screening instrument. The facility utilizes the CDOC risk screening tool. The tool includes a SVR (victimization) section and a SAB (abusiveness) section. There are five criteria levels for each section. Under each criteria are checkboxes that outlines elements that are considered. Criteria on one the SAB outlines two elements, criteria two includes many of the demographic and criminal history elements, criteria three includes elements or more than a certain number of checked elements under criteria two, criteria four and five also have their own elements. Criteria on the SVR is outlined similarly in that criteria one is no indicators, criteria two includes many of the demographic and self -reported information, criteria three, four and five includes sexual victimization criteria or more than a certain number of checked elements under criteria two. The auditor confirmed that the tool was objective and included a tally type system that required a certain number of checked criteria or certain confirmed sexual victimization elements.

115.41 (d): 14-2 Sexual Abuse Prevention and Response, pages 10-11 indicate that the intake screening shall consider, at minimum, the following criteria to assess inmates/detainees for risk of victimization: whether the inmate/detainee has a mental, physical or developmental disability; the age of the inmate/detainee; the physical build of the inmate/detainee; whether the inmate/detainee has previously been incarcerated; whether the inmate/detainee's criminal history is exclusively nonviolent; whether the inmate/detainee has prior convictions for sex offenses against an adult or child; whether the inmate/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the inmate/detainee has previously experienced sexual victimization; the inmate/detainee's own perception of vulnerability and whether the inmate/detainee is detained solely for civil immigration purposes. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. A review the SVR confirmed that all the required elements under this provision are in the tool, including: prior victimization, age, perception of vulnerability, mental disability, physical disability, gender identity, sexual preference, development disability, staff perception of LGBTI, stature, history of physical abuse, history of non-violent crimes, prior incarcerations, language skills and conviction of sexual abuse. The staff who conduct the risk screening stated the screening includes a review of the

inmate's overall appearance, discussion with the inmate and information from the questionnaire they are provided. The staff indicated they have a questionnaire that they ask them to fill out. Staff stated sometimes they do not answer the questions but that they look at the old risk assessments in the system to see if anything changed based on the response they provided. The risk screening staff provided the questionnaire to the auditor and showed the auditor the system that the information is entered into and the auditor confirmed that all required elements under this provision are considered in the risk screening tool. The staff further stated that they do not do any file reviews related to the information, but rather they use what is provided by the inmate on the questionnaire as well as information already in the electronic system (i.e. criminal history) and prior risk screenings.

115.41 (e): 14-2 Sexual Abuse Prevention and Response, page 11 states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. A review of the SAB confirmed the required elements under this provision are in the tool; including: sexual violence codes, convictions for indecent exposure, masturbation and sexual abuse, history of physically abusing others, violent offenses, gang affiliation, history of domestic violence, prior institutional violence, placement in a juvenile facility and charged with a sex crime. The staff who conduct the risk screening stated the screening includes a review of the inmate's overall appearance, discussion with the inmate and information from the questionnaire they are provided. The staff indicated they have a questionnaire that they ask them to fill out. Staff stated sometimes they do not answer the questions but that they look at the old risk assessments in the system to see if anything changed based on the response they provided. The risk screening staff provided the questionnaire to the auditor and showed the auditor the system that the information is entered into and the auditor confirmed that all required elements under this provision are considered in the risk screening tool. The staff further stated that they do not do any file reviews related to the information, but rather they use what is provided by the inmate on the questionnaire as well as information already in the electronic system (i.e. criminal history) and prior risk screenings.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 100-40 page 13 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. 14-2 Sexual Abuse Prevention and Response, pages 11-12 states that within a set period of time not to exceed 30 days from the inmate's arrival at the facility, a

reassessment of the inmate/detainee's risk level of victimization or abusiveness, will be completed utilizing the 14-2B Sexual Abuse Screening Tool, or contracting agency equivalent instrument. Additionally, policy states that the 30-day reassessment will include any additional relevant information received by the facility since the initial intake screening. The facility will maintain a tracking system to ensure that reassessments are not completed beyond 30 days. The PAQ stated 726 inmates received a risk reassessment, which is equivalent to 100% of those that arrived and stayed longer than 30 days. The auditor had staff provide a demonstration of the 30 day reassessment as well. Reassessments are completed through staff observation during that time. Staff stated they informally try to catch up with the inmate and ask them if anything has changed or if there is anything they want to report. The interview with the staff responsible for the risk screening indicated inmates are reassessed within 30 days and then annually thereafter for anyone involved in a PREA or sexual offense. Interviews with 24 inmates that arrived within the previous twelve months indicated six had a reassessment completed. A review of 28 inmate files of those that arrived during the previous twelve months indicated twelve had a reassessment completed within 30 days of arrival.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 100-40 page 14 states an offender's 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, sexual harassment or sexual misconduct or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. 14-2 Sexual Abuse Prevention and Response, page 12 states that a reassessment shall also be completed when warranted, due to referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/detainee's risk of victimization or abusiveness. Additionally, policy states that following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator. A review of twelve sexual abuse investigations indicated six required a reassessment based on the allegation and investigative outcome. Zero of the six were documented with a reassessment. The interview with the risk screening staff confirmed that inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with 24 inmates that arrived within the previous twelve months indicated six had a reassessment completed. A review of 28 inmate files of those that arrived during the previous twelve months indicated twelve had a reassessment completed within 30 days of arrival.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the inmate has previously

experienced sexual victimization; and the inmate's own perception of vulnerability. 100-40 page 10 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. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees may not be disciplined for refusing to answer, or for not disclosing complete information. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): 100-40 page 11 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. 14-2 Sexual Abuse Prevention and Response, page 11 states that the facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the inmate/detainee's detriment by staff or other inmate/detainees. Measures taken shall include, but are not limited to: screening interview shall be conducted with as much privacy as is reasonable given security and safety concerns; an inmate/detainee shall not be permitted to complete his/her own 14-2B form or utilize other assistance from other inmates/detainees to complete the form; inmates/detainees shall not be permitted access to files containing assessment forms belonging to other inmates/detainees; and electronic assessments access is granted only to those staff involved in the assessment process, those making housing and program decisions, medical and mental health staff and staff with a need to know for the safe and secure operations of the facility. Risk assessment information is electronic but is initially collected via paper. Paper records are shredded once entered into the electronic system. The electronic records are only accessible to Case Managers, Unit Managers and the PCM. A review of the electronic system confirmed that only the risk screening designation (SAB/SVA) were accessible to other staff. Investigative files are electronic and paper. The interview with the PC confirmed that there is a policy that outlines who should have access to the inmate's risk screening assessment within the facility in order to protect sensitive information from exploitation. He stated risk assessments (14-2B) and partner agency risk assessments are secured in the inmate's file in the records office where it is controlled to only those who have a need to know, such as Case Managers and treatment personnel. He further stated that the assessments on the computer are protected by passwords that are not accessible by all staff. The PCM stated that risk screening information is only accessible to Shift Supervisor, Unit Managers, administrative staff and investigators. The staff responsible for the risk screening indicated that the agency has implemented appropriate controls of the information so that sensitive information is not exploited. He stated the paper copies are shredded and the electronic system is a CDOC system and only Unit Managers, Case Managers and administrative staff have access to the information.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual

Abuse Prevention and Response, Sexually Aggressive Behavior (SAB) and Sexually Vulnerability Risk (SVR) Assessment, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to require corrective action. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed one-on-one in the Unit Managers office. Initially the auditor was advised that the paper questions were provided to the inmate to fill out and return to the staff member. The auditor discussed with the PCM that this is typically a verbal process where inmates are asked these questions. As such, the demonstration was of the updated process that the PCM relayed to the risk screening staff after the conversation. The staff had a paper form that had questions including: prior victimization; prior sexual abusiveness; relationship conflicts; sexual preference; gender identity; history of physical or domestic abuse and prior incarcerations. The staff read the questions word for word from the form. The inmate being asked advised he felt uncomfortable with the questions and the staff then explained the reasoning for the questions. The staff then also went over who the PCM was, ways to report and how to obtain mental health/victim advocacy services. After the demonstration, the auditor asked the inmate about his preference related to being verbally asked or being allowed to answer the questions on the form. He advised he would feel more comfortable completing it on a form and providing it to the staff. After the questions were asked the staff took the information to the office where the risk screening system is accessible and entered the information. The paper form was then shredded. The auditor observed that any changes from the prior risk screening requires notes. The auditor had staff provide a demonstration of the 30 day reassessment as well. Reassessments are completed through staff observation during that time. Staff stated they informally try to catch up with the inmate and ask them is anything has changed or if there is anything they want to report. Interviews with 24 inmates that arrived within the previous twelve months indicated six had a reassessment completed. A review of 28 inmate records of those received in the previous twelve indicated twelve had an initial risk screening completed within 72 hours. A review of 28 inmate files of those that arrived during the previous twelve months indicated twelve had a reassessment completed within 30 days or arrival. A review of twelve sexual abuse investigations indicated six required a reassessment based on the allegation and investigative outcome. Zero of the six were documented with a reassessment

Corrective Action

The facility will need to revamp their risk assessment process. The initial and reassessment should be completed verbally and in person. Appropriate questions should be asked of the inmate in person. A process memo of the updated risk screening process as well as training with appropriate staff will need to be provided. The facility will need to provide the originally requested risk documents. If they do not exist or review indicates non-compliance, the facility will need to provide a list of

inmates that arrived during the corrective action period their associated dates of arrival, initial risk assessments and reassessments. Further the facility will need to provide the requested reassessments due to incident of sexual abuse. If they do not exist, the facility will need to train appropriate staff on the process and a copy of the training will need to be provided. A list of sexual abuse allegations reported during the corrective action period will need to be provided with corresponding reassessments for victims, and if applicable, perpetrators.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. Memorandum Related to Risk Screening Process
3. List of Inmates that Arrived During the Corrective Action Period
4. List of Sexual Abuse Allegations During the Corrective Action Period
5. Inmate Risk Assessments

The facility provided staff training that was completed that outlined the process for the initial risk assessment and the reassessment. Staff signatures were provided to confirm they received and understood the training. Additionally, a memo was provided that advised that all risk assessments are required to be completed in person with the inmate. Staff training was also provided related to risk reassessment due to incident of sexual abuse. Staff signatures were provided confirming they received and understood the training.

The originally requested documentation was provided related to risk assessments. The documentation provided illustrated that corrective action was necessary (21 of the 33 initial risk assessments were past the 72 hours timeframe and fifteen of the 33 reassessments were past the 30 day timeframe). The facility provided three sets of lists of inmates that arrived during the corrective action period. The first set included 51 examples. 20 of the 50 were past the 72 hours timeframe for the initial risk assessment and five of the 50 were past the 30 day timeframe for reassessments.

	<p>Two inmates were missing an initial risk assessment and three were missing a reassessment. The second set included 24 examples from February through April. All 24 had an initial risk assessment completed within 72 hours. Nineteen of the 24 had a reassessment completed within 30 days, however five of those not completed were not yet due (arrived within last 30 days). A third set of documents were provided for those that arrived in April. All eighteen examples provided had an initial risk assessment completed within 72 hours. None had a reassessment completed as the 30 day timeframe was not yet up.</p> <p>The facility provided a list of sexual abuse allegations during the corrective action period. Of the list provided, five of the victims remained at the facility after the allegation. All five had a reassessment completed due to incident of sexual abuse.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities 5. Sample of Housing Determination Documents 6. 14-9A Transgender/Intersex Assessment and Treatment Plan Form 7. Transgender/Intersex Inmate Biannual Reviews 8. LGBTI Inmate Housing Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ was blank but further communication with the PC indicated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 100-40 page 12 states employees will use information from the SAB/SVR assessments to determine housing, bed, 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. Offenders with SAB and SVR levels of 3 or higher will be reviewed by the facility internal classification committee to determine appropriate facility work, education and programming assignments. The facility will make individual determinations considering the safety of each offender. Offenders with SAB and SVR levels of 3 or higher will be reviewed by designated housing assignment staff to determine appropriate facility housing/bed assignment. The facility will make individual determinations considering the safety of each offender by not generally housing offenders with a SVR level 3 or higher with an offender with an SAB level 3 or higher. SAB and SVR levels are one factor to assist the housing assignment staff in making facility housing, bed, program, or work assignments. 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Page 14 further states that the facility shall use the

information from the 14-2B Sexual Abuse Screening Tool or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments in the consideration of housing, recreation, work, program and other activities. The auditor requested documentation for high risk inmates related to housing, programming and job assignments. At the issuance of the interim report appropriate information had not yet been received. The interview with the PREA Compliance Manager indicated that risk screening information is utilized for housing assignments. He stated they would not place a predator with a vulnerable. He indicated anyone on the SAB 3 or higher list (predator/potential predator) would not be placed with someone who is younger, smaller in stature, LGBTI, etc. He indicated if an individual was previously victimized they would be placed in a smaller housing unit so staff can keep a closer eye on him/her. The PCM further stated they use the risk screening information for job and programming assignments. He stated they would not place a predator in high risk jobs/areas, such as laundry or industries. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized to house individuals appropriately. He stated the SAB and SVR points are taken into consideration as well as age, race, gender identity and stature. He indicated he did not believe the risk screening is utilized for program and job assignments, however further communication with the PCM indicated that the job board team meets and discusses these placements and they look at the SAB and SVR scores as well as other factors when determining assignments.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 100-40 page 12 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. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility shall make individualized case-by-case determinations about how to ensure the safety of each inmate/detainee. The auditor requested documentation for high risk inmates related to housing, programming and job assignments. At the issuance of the interim report appropriate information had not yet been received. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized to house individuals appropriately. He stated the SAB and SVR points are taken into consideration as well as age, race, gender identity and stature. He indicated he did not believe the risk screening is utilized for program and job assignments, however further communication with the PCM indicated that the job board team meets and discusses these placements and they look at the SAB and SVR scores as well as other factors when determining assignments.

115.42 (c): The PAQ indicated the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. 100-40 page 12 states in making facility, cell/unit housing and programmatic

assignments for transgender or intersex offenders the DOC will consider on a case-by-case basis whether the assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems. Page 14 further states living unit supervisor, CO III or equivalent will meet individually with offenders who identify as transgender or intersex at least every six months. The meeting is to review placement and programming assignments and review any threats to safety experienced by the offender. 14-2 Sexual Abuse Prevention and Response, page 14 states that in deciding whether to house a transgender/intersex inmate/detainee in a male or female unit, pod, cell or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such inmates/detainees, the facility shall consider whether the placement would ensure the inmate/detainee's health and safety and whether the placement would present management or security problems. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 6 states that following identification of a transgender or intersex inmate/detainee at intake (or upon identification after intake), the inmate/detainee shall be referred to the SART established by the facility for an assessment using the CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan form. Additionally, page 8 states that CoreCivic facilities shall not base housing placement decisions for transgender or intersex inmates/detainees solely on the identify documents or physical anatomy of the inmate/detainee. The interview with the PCM indicated that transgender and intersex inmate housing and programming assignments are determined on a case-by-case basis. He stated that the internal classification team meets prior to the inmate's arrival at the facility and goes over information such as the PREA score, gender identity, etc. The team will determine the best housing based on these factors. Further the PCM stated that the CDOC makes the male/female housing determination prior to the facility receiving the inmate. Interviews with five transgender inmates indicated one was asked about how she felt about her safety regarding housing and programming. The auditor requested documentation (14-9A) for four transgender inmates related to housing. At the issuance of the interim report the auditor had not received the documentation.

115.42 (d): 100-40 page 14 states transgender and intersex offenders will be reassessed every six months using the SVR assessment to review placement and programming assignments to review any threats to safety experienced by the offender. 14-2 Sexual Abuse Prevention and Response, page 14 indicates placement and programming assignments for each transgender or intersex inmate/detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced the inmate/detainee. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 7-8 state that a reassessment shall be completed any time that additional relevant information becomes known or following any indicating of victimization or threats of safety experienced by the inmate/detainee. At minimum, SART shall consider the following in the reassessment: changes in the transgender inmate/detainee's housing preferences; variations in the inmate/detainee's medical or mental health status;

safety/security of the inmate/detainee, other inmate/detainees, and/or facility staff; any threats to safety experienced by the inmate/detainee; continued availability of housing; and concerns documented by the facility. The auditor requested biannual assessments for four transgender inmates, however at the issuance of the interim report the documentation had not yet been received. The staff responsible for the risk screening confirmed that transgender and intersex inmates would be reassessed at least twice a year. The PCM stated transgender and intersex inmates are reassessed twice a year through mental health care staff.

115.42 (e): 100-40 page 13 states a transgender or intersex offender's own views with respect to their own safety will be given serious consideration. 14-2 Sexual Abuse Prevention and Response, page 14, indicates that transgender and intersex inmate/detainee gender self-identification of safety needs shall be given serious consideration in all housing and programming assignments. The Human Rights Policy Statement indicates on page 1 that CoreCivic policy includes protection for freedom of expression and identity, including freedom from discrimination or harassment based on race, religion, national origin, sex, gender, sexual orientation, disability or political views and freedom of personal grooming. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. Interviews with five transgender inmates indicated one was asked about how she felt about her safety regarding housing and programming.

115.42 (f): 100-40 page 13 states 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. Page 14 further states living unit supervisor or CO III or equivalent will inquire about the offender's opportunity to shower separately from other offenders. 14-2 Sexual Abuse Prevention and Response, page 17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 8 indicate that transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees. Facilities should adopt procedures that will afford transgender and intersex inmate/detainees the opportunity to disrobe, shower and dress apart from other inmate/detainees. During the tour the auditor observed that all showers were single and provided privacy through curtains or metal doors with additional barrier material. The interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are provided the opportunity to shower separately. The PCM stated if the inmate requests a separate shower they are issued a memo and they shower during count time. Interviews with five transgender inmates indicated four have been afforded the opportunity to shower separately from the rest of the inmate population.

115.42 (g): 100-40 page 13 states CDOC 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 with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders. 14-2 Sexual Abuse Prevention and Response, page 15 states that the establishment of a unit, pod or wing solely dedicated to the house of LGBTI and/or gender non-conforming inmates/detainees is strictly prohibited unless required by consent decree, court order or other comparable legal authority. A review of housing assignments for LGBTI inmates indicated they were assigned to different housing units across the facility. The interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that it is contrary to CoreCivic policy to place LGBTI inmates together in one dedicated unit. He stated that housing decisions are made at the facility level using the screening forms to assess risk. Interviews with LGBTI inmates indicated that none of the seven felt that LGBTI inmates were placed in any specific housing unit based on their sexual preference and/or gender identity. It should be noted that the facility does not track LGB inmates.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, a sample of housing determinations, 14-9A Transgender/Intersex Assessment and Treatment Plan forms, transgender/intersex inmate biannual reviews, LGBTI inmate housing documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to require corrective action. The auditor requested documentation for high risk inmates related to housing, programming and job assignments. At the issuance of the interim report appropriate information had not yet been received. The auditor requested documentation (14-9A) for four transgender inmates related to housing. At the issuance of the interim report the auditor had not received the documentation. The auditor requested biannual assessments for four transgender inmates, however at the issuance of the interim report the documentation had not yet been received. Interviews with five transgender inmates indicated one was asked about how she felt about her safety regarding housing and programming.

Corrective Action

The facility will need to provide the requested documentation (high risk lists, biannual assessments, housing determinations). If documentation does not exist the facility will need to train appropriate staff on the use of the 14-9 form and biannual assessments. The facility will need to provide a copy of the training. Further documentation for the four transgender inmates will need to be provided showing the

process was completed during the corrective action period.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. High Risk Victim and High Risk Abuser Lists
2. Staff Training
3. Transgender Housing Determinations
4. Biannual Assessments

The facility provided the originally requested high risk inmate lists with corresponding housing, programming and job assignments. The auditor viewed that high risk victims and high risk abusers were housed in the same housing units. Additionally, the auditor observed a high risk victim in the same cell as a high risk abuser. The auditor advised that corrective action would be required. An updated high risk victim and high risk abuser list was provided to the auditor during the corrective action period. A review indicated one high risk victim was still housed on the same tier in the same housing unit as a high risk abuser. A second updated high risk list was provided to the auditor. The auditor again identified that a high risk victim was housed in the same unit as a high risk abuser. The auditor had a call with facility and agency staff related to this issue. The auditor advised that due to the housing units not being directly supervised, and due to the number of housing units at the facility, high risk victims should not be housed in the same unit as high risk abusers. The auditor advised that appropriate staff would need to be trained on this and updated lists would need to be provided.

The facility conducted training with appropriate staff on assignments for high risk victims and high risk abusers. Staff signatures were provided to confirm they received and understood the training.

An updated list of high risk victims and high risk abusers confirmed that necessary

	<p>moves were made and there were no high risk victims housed with high risk abusers. Additionally, there were no high risk victims working/programming with high risk abusers in unsupervised areas.</p> <p>The facility provided housing determination documentation for all current transgender inmates. All were documented with a housing preference (male or female). The facility indicated that because the agency they contract with determines housing assignments (male and female facility) they would institute a process for transgender housing determinations. They indicated they would review the transgender inmates housing preference and if they determined that female housing was appropriate based on a case-by-case basis they would forward it to the contract agency to make the final determination.</p> <p>The facility conducted biannual assessments for all current transgender inmates. All current transgender inmates at the facility had biannual assessments completed during the corrective action period.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. CoreCivic Policy 10-1 Special Management/Restrictive Housing Unit Management 5. Housing Assignments of Inmates at High Risk of Victimization <p>Interviews:</p>

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interviews with Inmates in Segregation for their Risk of Victimization

Site Review Observations:

1. Observations in the Segregation Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation 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. 100-40, page 24 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 offender in involuntary restrictive housing for less than 24 hours while completing the assessment. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted 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/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. A review of housing assignments for inmates at high risk of victimization indicated that none were placed in segregation due to their risk of victimization. The Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of 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.

115.43 (b): 100-40 page 24 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 limitation. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that inmates/detainees placed in restrictive housing pursuant to section 1.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. During the tour the observed the segregated housing units. The segregated housing unit was a two tiered unit that included single bunked cells. Showers were outside of the cell and were single person with metal doors and additional barrier material. The housing unit had a separate outdoor recreation area. Inmates have out of cell time daily to include showers three times a week and recreation for an hour each day. Inmates in segregated housing have access to the phone once a week for 20 minutes. The phone is a cordless phone that it utilized in cell. Grievances and mail are provided to staff and the third party form is provided by library staff and once the envelope is sealed, it is not opened. PREA reporting information and rape crisis information was observed in the housing unit in both English and Spanish. The interviews with the staff who supervise inmates in segregated housing indicated that they do not typically place high risk inmates in involuntary segregated housing however if they did they would be provided access to programs, privileges, education and work opportunities to the extent possible. The staff confirmed that any restrictions would be documented. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (c): 100-40 page 24 states the facility will assign such offenders to involuntary removal from population(RFP) housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of 30 days. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated they would hopefully not have to segregate a high risk inmate, but if they had to it would be for the minimum amount of time possible. He stated he could not think of a case where they would have to involuntarily segregate as they would more than likely move the inmate to another facility to keep him/her safe. The interview with the staff who supervise inmates in segregated housing indicated that an inmate would only be involuntarily segregated until they could find

alternative housing. The staff stated they typically try to place the abuser or potential abuser in segregated housing as they do not want to punish the victim. The staff stated the longest she has seen someone involuntarily segregated was for less than 48 hours as it was over the weekend. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): 100-40 page 24 states if an 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. 14-2 Sexual Abuse Prevention and Response, page 15 states if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged. There were no inmates at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 100-40 page 25 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. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/ Restrictive Housing Unit Management, page 18, state that every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The interview with the staff who supervise inmates in segregated housing confirmed that inmates in segregated housing would be reviewed at least every 30 days. The staff stated CDOC has a maximum segregation time of fifteen days for inmates and as such none would be over 30 days.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, 10-1 Special Management/Restrictive Housing Unit Management, housing assignments for inmates at high risk of victimization, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.

115.51	Inmate reporting
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. AR Form 100-40G – Outside Agency Reporting Form
5. Facts You Should Know (AR Form 100-40A)
6. Offender Handbook
7. PREA Posters
8. The Ethics Line Poster
9. 14-2AA PREA Pamphlet

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with Random Staff
3. Interview with Random Inmates

Site Review Observations:

1. Observation of PREA Reporting Information in all Housings Units

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 100-40 page 18 states offenders 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: tell a DOC employee, contract worker or volunteer; call the CIPS pre-programmed number; mail a letter to the PREA Administrator; send a Request for Interview (kite) or give a note directly to any CDOC employee, contract worker, or volunteer; request to talk to mental health or medical; send a note or letter in a sealed envelope to the facility investigator, intelligence officer, or administrative head; call the PREA reporting line at CIPS 06; and through using AR Form 100-40G, Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency. 14-2 Sexual Abuse Prevention and Response, page 17 states that inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy further states that inmates/detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: verbally to any employee, including the facility Chaplain; submitting a request to meet with medical or mental health staff and/or reporting to medical staff during sick call; calling the facility 24 hour toll free phone number; forwarding a letter, sealed and marked confidential to the Warden or any other employee; calling or writing someone outside the facility who can notify facility staff; contacting the facility PCM and electronically reporting allegations to the PREA mailbox in the CORES system (where available). A review of additional documentation to include the Inmate Handbook, 14-2AA, PREA Posters, Facts You Should Know and AR Forms indicate that they inform inmates of numerous reporting mechanisms. The Offender Handbook advises offender they can report verbally to staff, by calling the CDOC tips line, by calling the PREA Reporting Line, in writing through a letter to PREA Administration and Compliance Services or the CoreCivic Managing Director, in writing to any staff member, through health services and in writing through a grievance. The PREA Pamphlet also advises inmates they can report to any staff, volunteer, contractor, chaplain, medical or mental health staff, by telling a family member, friend or anyone else outside the facility who can report on their behalf by calling the facility, by calling the PREA hotline number, by calling the number posted to an agency outside of the facility (you can remain anonymous upon request) and by reporting on someone's behalf or someone at the facility can report on their behalf. A review of the Facts You Should Know confirms it includes reporting mechanism including verbally, through the CDOC tips line, through the CIPS line, in writing to the PREA Administrator, in writing via a kite, in writing to any other staff and through the outside reporting entity via the AR form (100-40G). The document stated that the tips line is checked daily for messages and that the CIPS number is an outside agency that will report the information to the OIG. It further states the PREA reporting line (CIPS) is free to call and not monitored or recorded. The PREA Posters confirmed that they advise offenders of the multiple reporting mechanism including: verbally to staff, through the CDOC tips line, via the CIPS PREA Reporting Line, in writing to the PREA Administration and Compliance Services, in writing to the CoreCivic Managing Director, in writing to the external PREA Reporting via the AR Form 100-40G and in writing via a note, letter, request or grievance. The auditor observed a plethora of

PREA information posted in housing units and in hallways throughout the facility. The postings were observed in both English and Spanish and were on larger size paper with adequate size font. The posted information in the housing units was observed at an elevated level while those in the hallway were at eye level. The postings included information on the zero tolerance policy, the reporting phone numbers and the phone number to the local rape crisis center. In addition to the postings, the auditor observed that information was displayed on the inmate television channel. The information is cycled with additional facility information. The auditor observed the tv included information on zero tolerance, the CDOC policy (AR-100-40), reporting mechanisms (including directions on how to access hotlines through the speed dial numbers), definitions and victim advocacy information (including directions on the speed dial number). Further, the auditor observed the outside entity reporting form (AR-100-40G) in the library. It should be noted that immediately prior to the audit the facility had transferred to a new phone system (per their contract). As such, the speed dial numbers for reporting sexual abuse and contacting the local rape crisis center changed. The facility had updated 95% of the posted information to include the updated speed dial numbers. During the tour the auditor tested the internal reporting mechanisms. The auditor had an inmate assist with calling two of the hotline numbers provided (CDOC 855 phone number and CDOC TIPS line speed dial). The CDOC TIPS line required pressing one for English or two for Spanish. Inmates then press one for a collect call and then enter their ID number and pin. The CDOD TIPS line requires inmates to leave a message. The auditor left a message on September 26, 2023. The auditor also called the CDOC 855 phone number. The same initial process is required (press one for English or two for Spanish then one for a collect call, etc.). The number then prompts inmates to press one for sexual abuse or two for any other reason. The CDOC 855 numbers is answered by a live person who works for an answering service. The answering service staff advised that they take the report and then forward the information to CDOC via email. The auditor asked the answering service staff to complete a test report to confirm functionality. On September 26, 2023 the facility provided confirmation (in writing) that both calls were received by CDOC and were forwarded to the facility. Interviews with 40 inmates indicated all 40 knew at least one method to report an allegation of sexual abuse or sexual harassment. Inmates stated they could report through staff, via the hotline, through a kite and to the Washington Department of Corrections. The thirteen random staff interviewed stated that inmates can report through the hotline, in writing, via their family and verbally to staff.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. 100-40 page 18 indicates offenders can report by calling the PREA reporting line at 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 CDOC who will report the information provided to the OIG. Calls are recorded by the PREA reporting line answering service. Policy further states offenders can report sexual abuse, sexual assault or sexual harassment to an agency that is not part of CDOC. 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 CDOC PREA administrator. Offenders can remain anonymous by not identifying themselves on the form. Correspondence addressed to this address will be treated as confidential. 14-2 Sexual Abuse Prevention and Response, pages 18-19 state that each facility shall provide at least one way for inmates/detainees to report abuse or harassment to a public entity or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the inmate/detainee to remain anonymous upon request. A review of additional documentation to include the Inmate Handbook, 14-2AA, PREA Posters, Facts You Should Know and AR Forms indicate that they inform inmates of numerous reporting mechanisms, including the outside reporting entities. A review of the Offender Handbook confirmed it advises offenders they can report through the PREA Reporting Line (CIPS) which is answered by a private entity outside of CoreCivic and CDOC. Offenders can remain anonymous when reporting to this entity. Additionally, it advises offenders they can report in writing through the AR 100-40G. The Offender Handbook states this is a private entity outside of CoreCivic and CDOC. A review of one of the PREA Posters confirmed they include the two external reporting mechanisms, the PREA Reporting Line (CIPS) and the PREA Reporting AR Form 100-40G. Both mechanisms are identified on the PREA Posters as an outside entity and both advise that offender can remain anonymous. A review of the Facts You Should Know confirms it includes reporting mechanism including the external reporting mechanisms. The document notes that the PREA Reporting Line (CIPS) is an outside agency that can report the information to the OIG. It states the PREA Reporting Line is free to call and is not monitored or recorded. Additionally, the documents states that a second external reporting entity is available through writing to an outside agency via the AR Form (100-40G). The document states that offenders can remain anonymous by not identifying themselves on the AR form. It provides the address to send the form. AR Form 100-40G lists reporting mechanisms on one side and then provides a space to report to the outside entity. The form states that the offender can remain anonymous by not identify oneself on the outgoing envelope and that a signature is not required. The form also states offenders do not have to put any identifying information in the document. The form provides instructions and advises that once the form is submitted it would be forwarded to the DOC PREA Administrator who will refer it to the CDOC OIG for investigation. In addition, the form advises that outgoing mail addressed to the PREA Reporting Agency will not be subject to search and may be sealed prior to inspection and is not required to have a return address. The auditor observed a plethora of PREA information posted in housing units and in hallways throughout the facility. The postings were observed in both English and Spanish and were on larger size paper with adequate size font. The posted information in the housing units was observed at an elevated level while those in the hallway were at eye level. The postings included information on the zero tolerance policy, the reporting phone numbers and the phone number to the local rape crisis center. In addition to the postings, the auditor observed that information was displayed on the inmate television channel. The information is cycled with additional

facility information. The auditor observed the tv included information on zero tolerance, the CDOC policy (AR-100-40), reporting mechanisms (including directions on how to access hotlines through the speed dial numbers), definitions and victim advocacy information (including directions on the speed dial number). Further, the auditor observed the outside entity reporting form (AR-100-40G) in the library. It should be noted that immediately prior to the audit the facility had transferred to a new phone system (per their contract). As such, the speed dial numbers for reporting sexual abuse and contacting the local rape crisis center changed. The facility had updated 95% of the posted information to include the updated speed dial numbers. The auditor observed the comprehensive PREA education process. The staff verbally discussed reporting mechanisms and outlined both the internal methods and the external method. During the tour the auditor observed that inmates are able to place outgoing mail in the drop box outside food service. They also can provide mail to the staff. The drop box was not specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and all inmates receive financial compensation during incarceration. The external reporting entity form, AR-100-40G is available in the library and can be requested through library staff for those in segregated housing. The interview with the mailroom staff indicated that outgoing mail is picked up by the mailroom staff. The mail is separated and any mail from those on the "watch list" is provided to the investigator. All other mail is left sealed and is not opened. Incoming regular mail is separated and scanned/read by mail room staff. All incoming mail is copied and the inmate is provided the copy. The original document is maintained for a week and is then destroyed. Legal mail is processed and is not opened. A list is placed on the bulletin board for inmates that have legal mail. An appointment is made by the inmate for the next day and the mail is opened in front of staff to check for contraband. The envelope is copied and the inmate receives the copy of the envelope and the original contents. The mailroom staff advised that they were not familiar with the AR-100-40G form and how that is handled. The staff stated all mail requires a return name and address and postage. The auditor tested the external reporting entity by completing AR-10-40G, Outside Agency Reporting Form. The auditor retrieved the form from the library (available in English and Spanish) and completed the form. An envelope was provided by the facility and was sent out via the mailroom on September 26, 2023. Staff advised that inmates would have to purchase an envelope and stamp, however all inmates receive financial compensation while incarcerated so all inmates have money. On October 5, 2023 the facility provided confirmation (in writing) that the CDOC received the form sent by the auditor and the information was forwarded to the facility on the same date. The interview with the PCM indicated inmates can report to an outside entity by writing to PREA Reporting Center in Olympia, Washington. He stated inmates can obtain an outside entity reporting form through the library and they can also write the organization without the form. He indicated the address is on the posters and the handouts provided to the inmates. The PCM stated in his experience the CDOC PREA Coordinator receives the information from the external reporting entity. The CDOC PC provides it to the CDOC OIG at the facility who then will provide it to the facility (via the PCM and ADO staff). Interviews with 40 inmates indicated sixteen were aware of the outside reporting mechanism and 28 knew they could report anonymously.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately and complete an incident statement immediately as well. 100-40 page 19 states CDOC employees, contract workers and volunteers will accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports and will immediately and confidentially report to their supervisor or the shift commander. 14-2 Sexual Abuse Prevention and Response, page 17 states that inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy further states that inmates/detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: verbally to any employee, including the facility Chaplain; submitting a request to meet with medical or mental health staff and/or reporting to medical staff during sick call; calling the facility 24 hour toll free phone number; forwarding a letter, sealed and marked confidential to the Warden or any other employee; calling or writing someone outside the facility who can notify facility staff; contacting the facility PCM and electronically reporting allegations to the PREA mailbox in the CORES system (where available). Interviews with 40 inmates confirmed that 39 knew they could report verbally and/or in writing to staff and 37 knew they could report through a third party. Interviews with thirteen staff indicate inmates can report verbally, in writing, anonymously and through a third party. Staff stated any verbal reports would be documented (via a 5-1C) immediately. A review of twelve investigative reports indicated four were verbally reported to staff. All four were documented via an incident report. Additionally during the tour, the auditor had staff demonstrate how they document verbal reports. Staff illustrated that they document verbal reports via an incident report (5-1C Form). Staff indicated they fill out the necessary information on the form and they print it and sign it. The form is then provided to the supervisor via chain of command. Staff confirmed they can skip the chain of command and provide it privately to any other level supervisor.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ stated that staff can report through the CoreCivic Ethics Hotline and through the CDOC hotline. 100-40 page 20 states if a CDOC 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. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment to the CoreCivic 24-hour Ethics line. Interviews with thirteen staff indicate all thirteen were aware that they can privately report sexual abuse and sexual harassment of inmates.

	<p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, AR Form 100-40G – Outside Agency Reporting Form, Facts You Should Know (AR Form 100-40A), Offender Handbook, PREA Posters, the Ethics Line Poster, 14-2AA PREA Pamphlet, observations from the facility tour and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.</p> <p>Recommendation</p> <p>While the facility has information on the outside reporting entity in the Inmate Handbook, which is provided to each inmate upon arrival, and is discussed during the comprehensive PREA education, the auditor recommends this information be posted around the facility. Further the auditor recommends that the facility issue one AR-100-40G form and one pre-addressed envelope with paid postage to each inmate upon arrival at the facility.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 850-04 – Grievance Procedure 3. Grievance Log 4. Sexual Abuse Grievance <p>Findings (By Provision):</p> <p>115.52 (a): The PAQ indicated that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual</p>

abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy. While CoreCivic does not have a grievance procedure for dealing with sexual abuse and sexual harassment, the CDOC does. 850-04 is the Administration Regulation that outlines the grievance process for CDOC and since the facility follows CDOC policies and procedure per their contract, this policy is utilized for sexual abuse grievances.

115.52 (b): The PAQ indicated that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. It further stated that agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 850-04 page 2 states offenders alleging sexual abuse are not required to use the informal resolution process prior to receiving a grievance. Page 8 further states that there is no time limit on when an offender can file a grievance regarding the allegation of sexual abuse.

115.52 (c): The PAQ indicated the agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated the agency's policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 850-04 page 3 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.

115.52 (d): The PAQ indicated the agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. It further stated in the past twelve months there was one allegation of sexual abuse and the grievance reached a final decision within 90 days after being filed. The PAQ stated the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. 850-04 page 8 states the Step 1 grievance response to alleged sexual abuse allegation 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 an allegation of sexual abuse will not exceed 90 days. If no response or requested delay is received within the above state time frames, the grievance will be deemed denied at that level. Policy further states CDOC 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. A review of the sexual abuse grievances indicated it was not sexual abuse and the allegation did not meet the definition of sexual abuse or sexual harassment. An additional review of the grievance log confirmed there were zero sexual abuse allegations filed via a grievance. The interview with the inmate who reported sexual abuse indicated she did not know whether she is to be informed of the outcome of the investigation. She stated she had not been advised any information yet, but that she did not report through a grievance.

115.52 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. The PAQ noted there were zero grievances alleging sexual abuse in which the inmate declined third party assistance. 850-04 page 2 states third parties, to include other offenders, employees, family members, attorneys and other outside advocates may assist offender in requesting grievance forms for allegation of sexual abuse and will also be permitted to file such requests on behalf of the offenders. A review of the sexual abuse grievances indicated it was not sexual abuse and the allegation did not meet the definition of sexual abuse or sexual harassment. An additional review of the grievance log confirmed there were zero sexual abuse allegations filed via a grievance.

115.52 (f): The PAQ indicated the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Additionally, the PAQ stated there were zero emergency grievances alleging substantial risk of imminent sexual abuse. 850-04 page 8 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. The initial response to such an emergency grievance 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 whether the offender is in substantial risk of sexual abuse and the action taken in response to the emergency grievance. A review of the sexual abuse grievances indicated it was not sexual abuse and the allegation did not meet the definition of sexual abuse or sexual harassment. An additional review of the grievance log confirmed there were zero sexual abuse allegations filed via a grievance.

	<p>115.52 (g): The PAQ indicated the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. It further stated there were zero grievances alleging sexual abuse that resulted in disciplinary action. 850-04 page 8 states CDOC may discipline an offender for filing a grievance related to alleged sexual abuse or sexual assault only where CDOC demonstrates that the offender filed the grievance in bad faith.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 850-04, 14-2 Sexual Abuse Prevention and Response, sexual abuse grievance and grievance log, indicates that this provision is compliant.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Memorandum of Understanding with Arkansas Valley Resource Center 5. Facts You Should Know (AR Form 100-40A) 6. 14-2AA PREA Pamphlet 7. Offender Handbook 8. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Inmates 2. Interview with Inmates who Reported Sexual Abuse 3. Interview with Victim Advocate

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving inmates mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. 100-40, page 28 states the facility will provide offenders with access to outside victim advocates for emotional support service. The PREA Resource Guide, which contains contact information for statewide, national and local rape crisis centers, is available in the library, through the PREA Compliance Manager, or case manager. Offenders can contact the rape crisis 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 crisis 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 crisis hotline will be reported to the OIG by the rape crisis advocate and may result in disciplinary action. Disciplinary action may include, but is not limited to, blocking of calls to the rape crisis line and/or COPD charges. 14-2 Sexual Abuse Prevention and Response, page 9 states that inmates shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. The MOU with Arkansas Valley Resource Center (executed October 15, 2020) states that the Arkansas Valley Resource Center will maintain available a 24 hour a day/seven days a week crisis counseling through Center's Crisis and Support Line and provide immediate advocacy, support, and crisis intervention to inmate survivors of sexual assault via Center's Crisis and Support Line. A review of the Inmate Handbook, 14-2AA Pamphlet, Facts You Should Know and PREA Poster indicated they provide information on victim advocacy services. The Offender Handbook advises offenders if they are in need of counseling, emotional support, victim advocacy and education they can contact the Rape Crisis Center Hotline (CIPS #5) or they can write to Arkansas Valley Resource Center (mailing address provided). A review of the PREA Posters confirmed that they include the speed dial and toll-free number for the local rape crisis center. They indicate the number is for counseling or emotional support services. One PREA Posters further advises that the number is for advocacy and emotional support only to advocates outside of CDOC. The Poster further states that call are not recorded. A review of the Facts You Should Know indicated that offenders are advised they can call the Rape Crisis Hotline (through CIPS 05) and that the calls are answered by an outside agency who can offer victim advocacy, crisis counseling and referral services. The document states that the hotline is free to call and not monitored or recorded. The document provides the speed dial as well as the toll free hotline number. The auditor observed a plethora of

PREA information posted in housing units and in hallways throughout the facility. The postings were observed in both English and Spanish and were on larger size paper with adequate size font. The posted information in the housing units was observed at an elevated level while those in the hallway were at eye level. The postings included information on the zero tolerance policy, the reporting phone numbers and the phone number to the local rape crisis center. In addition to the postings, the auditor observed that information was displayed on the inmate television channel. The information is cycled with additional facility information. The auditor observed the tv included information on zero tolerance, the CDOC policy (AR-100-40), reporting mechanisms (including directions on how to access hotlines through the speed dial numbers), definitions and victim advocacy information (including directions on the speed dial number). It should be noted that immediately prior to the audit the facility had transferred to a new phone system (per their contract). As such, the speed dial numbers for reporting sexual abuse and contacting the local rape crisis center changed. The facility had updated 95% of the posted information to include the updated speed dial numbers. During the tour the auditor observed that inmates are able to place outgoing mail in the drop box outside food service. They also can provide mail to the staff. The drop box was not specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and all inmates receive financial compensation during incarceration. The external reporting entity form, AR-100-40G is available in the library and can be requested through library staff for those in segregated housing. The interview with the mailroom staff indicated that outgoing mail is picked up by the mailroom staff. The mail is separated and any mail from those on the "watch list" is provided to the investigator. All other mail is left sealed and is not opened. Incoming regular mail is separated and scanned/read by mail room staff. All incoming mail is copied and the inmate is provided the copy. The original document is maintained for a week and is then destroyed. Legal mail is processed and is not opened. A list is placed on the bulletin board for inmates that have legal mail. An appointment is made by the inmate for the next day and the mail is opened in front of staff to check for contraband. The envelope is copied and the inmate receives the copy of the envelope and the original contents. The staff also confirmed they were unfamiliar with how mail to and from Ark Valley Resource Center would be treated. The staff stated all mail requires a return name and address and postage. During the tour the auditor had an inmate assist with contacting the local rape crisis center via the phone number provided (speed dial 005). The inmate explained the process and advised that he was prompted to press one for English or two for Spanish and then to press one for a collect call or two for a personal call. He indicated he pressed one and one again. He was then prompted to enter his ID number and his pin. The auditor attempted to contact the local rape crisis center on numerous occasions during the audit. The auditor received an automated message advising that the party called was unable to be reached. It indicated the call went through but the call was not accepted and could be due to an answering service. The facility indicated the issue may be due to the recent phone system switch. The auditor made numerous other attempts during the on-site portion of the audit to double check the functionality and was not able to reach the rape crisis center on any of the attempts. Interviews with 40 inmates, including those who reported sexual abuse, indicated nine were aware of

outside emotional support services and nineteen were provided a mailing address and telephone number to a local, state or national rape crisis center. Inmates stated they were not familiar with specifics on the rape crisis center but they have seen the information on the wall, on the television and on a pencil they were given. It should be noted that while inmates stated they were not provided this information, this information is provided in the Offender Handbook, is on the information posted around the facility and is discussed during comprehensive PREA education. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 100-40, page 28 states the facility will provide offenders with access to outside victim advocates for emotional support service. The PREA Resource Guide, which contains contact information for statewide, national and local rape crisis centers, is available in the library, through the PREA Compliance Manager, or case manager. Offenders can contact the rape crisis 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 crisis 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 crisis hotline will be reported to the OIG by the rape crisis advocate and may result in disciplinary action. Disciplinary action may include, but is not limited to, blocking of calls to the rape crisis line and/or COPD charges. 14-2 Sexual Abuse Prevention and Response, page 9 state that inmates shall be informed, prior to giving them access, of the extent to which such communication shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. If further states that consistent with applicable laws and emotional support services provider policy, information shall be reported to the facility without the inmate's consent, in the event the inmate 1) threatens suicide or to commit other harm to self; 2) threatens to harm another person; 3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or 4) threatens the security of the facility or to escape. The MOU with Arkansas Valley Resource Center (executed October 15, 2020) states that the Arkansas Valley Resource Center will maintain confidentiality as outlined in Center's informed consent form for survivors of sexual assault who are incarcerated and staff at facility. A review of the Inmate Handbook, 14-2AA PREA Pamphlet, Facts You Should Know and PREA Poster indicate they have information on victim advocacy services. The Offender Handbook page 32 outlines that the victim advocacy line (CIPS #05) is a confidential toll-free call. Additionally, page 22 outlines the process for incoming and outgoing legal mail. It should be noted that Arkansas Valley Resource Center is not specifically named or outlined as legal mail. The 14-2AA PREA Pamphlet states "calls made to community agency/rape crisis center PREA Hotline numbers are not

monitored or recorded. Information that you provide to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. There are, however, certain situations and conditions under which staff from those agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. If confidential information must be disclosed, information will not be shared beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law. If you are concerned about the extent to which community agencies forward reports of sexual abuse to law enforcement or the facility, you should discuss this with that agency when you place the call.” . A review of the Facts You Should Know indicated that offenders are advised they can call the Rape Crisis Hotline (through CIPS 05) and that the calls are answered by an outside agency who can offer victim advocacy, crisis counseling and referral services. The document states that the hotline is free to call and not monitored or recorded. The document provides the speed dial as well as the toll free hotline number. A review of the PREA Posters confirmed that they include the speed dial and toll-free number for the local rape crisis center. They indicate the number is for counseling or emotional support services. One PREA Posters further advises that the number is for advocacy and emotional support only to advocates outside of CDOC. The Poster further states that call are not recorded. The auditor observed a plethora of PREA information posted in housing units and in hallways throughout the facility. The postings were observed in both English and Spanish and were on larger size paper with adequate size font. The posted information in the housing units was observed at an elevated level while those in the hallway were at eye level. The postings included information on the zero tolerance policy, the reporting phone numbers and the phone number to the local rape crisis center. In addition to the postings, the auditor observed that information was displayed on the inmate television channel. The information is cycled with additional facility information. The auditor observed the tv included information on zero tolerance, the CDOC policy (AR-100-40), reporting mechanisms (including directions on how to access hotlines through the speed dial numbers), definitions and victim advocacy information (including directions on the speed dial number). It should be noted that immediately prior to the audit the facility had transferred to a new phone system (per their contract). As such, the speed dial numbers for reporting sexual abuse and contacting the local rape crisis center changed. The facility had updated 95% of the posted information to include the updated speed dial numbers. During the tour the auditor observed that inmates are able to place outgoing mail in the drop box outside food service. They also can provide mail to the staff. The drop box was not specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and all inmates receive financial compensation during incarceration. The external reporting entity form, AR-100-40G is available in the library and can be requested through library staff for those in segregated housing. The interview with the mailroom staff indicated that outgoing mail is picked up by the mailroom staff. The mail is separated and any mail from those on the “watch list” is provided to the investigator. All other mail is left sealed and is not opened. Incoming regular mail is separated and scanned/read by mail room staff. All incoming mail is

copied and the inmate is provided the copy. The original document is maintained for a week and is then destroyed. Legal mail is processed and is not opened. A list is placed on the bulletin board for inmates that have legal mail. An appointment is made by the inmate for the next day and the mail is opened in front of staff to check for contraband. The envelope is copied and the inmate receives the copy of the envelope and the original contents. The staff also confirmed they were unfamiliar with how mail to and from Ark Valley Resource Center would be treated. The staff stated all mail requires a return name and address and postage. During the tour the auditor had an inmate assist with contacting the local rape crisis center via the phone number provided (speed dial 005). The inmate explained the process and advised that he was prompted to press one for English or two for Spanish and then to press one for a collect call or two for a personal call. He indicated he pressed one and one again. He was then prompted to enter his ID number and his pin. The auditor attempted to contact the local rape crisis center on numerous occasions during the audit. The auditor received an automated message advising that the party called was unable to be reached. It indicated the call went through but the call was not accepted and could be due to an answering service. The facility indicated the issue may be due to the recent phone system switch. The auditor made numerous other attempts during the on-site portion of the audit to double check the functionality and was not able to reach the rape crisis center on any of the attempts. Interviews with 40 inmates, including those who reported sexual abuse, indicated nine were aware of outside emotional support services and nineteen were provided a mailing address and telephone number to a local, state or national rape crisis center. Inmates stated they were not familiar with specifics on the rape crisis center but they have seen the information on the wall, on the television and on a pencil they were given. It should be noted that while inmates stated they were not provided this information, this information is provided in the Offender Handbook, is on the information posted around the facility and is discussed during comprehensive PREA education.

115.53 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide inmates with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. 14-2 Sexual Abuse Prevention and Response, page 8 states that CoreCivic shall maintain, or attempt to enter into, Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide inmates with confidential emotional support services. Additionally, it states that all MOUs must be reviewed and approved by the CoreCivic Legal Department prior to signature. The facility and Legal shall maintain copies of the MOUs. A review of documentation confirmed the facility has an MOU with Arkansas Valley Resource Center that was executed October 15, 2020.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the MOU with Arkansas Valley Resource Center, Facts You Should Know (AR Form 100-40A), 14-2AA PREA Pamphlet, Offender

Handbook, PREA Posters, observations from the facility tour and information from interviews with random inmates and inmates who reported sexual abuse this standard appears to require corrective action. During the tour the auditor had an inmate assist with contacting the local rape crisis center via the phone number provided (speed dial 005). The inmate explained the process and advised that he was prompted to press one for English or two for Spanish and then to press one for a collect call or two for a personal call. He indicated he pressed one and one again. He was then prompted to enter his ID number and his pin. The auditor attempted to contact the local rape crisis center on numerous occasions during the audit. The auditor received an automated message advising that the party called was unable to be reached. It indicated the call went through but the call was not accepted and could be due to an answering service. The facility indicated the issue may be due to the recent phone system switch. The auditor made numerous other attempts during the on-site portion of the audit to double check the functionality and was not able to reach the rape crisis center on any of the attempts.

Corrective Action

The facility will need to alleviate the issue connecting to the rape crisis center via the inmate phones. The facility will need to complete a test call to the victim advocacy organization and provide confirmation that the call was completed.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Functional Test of Victim Advocacy Hotline

The facility provided a signed document from an inmate advising that he tested the victim advocacy number on November 19, 2023 and reached a named staff member at the rape crisis center. This documentation confirmed the phone issue was alleviated during the corrective action period.

Based on the documentation provided the facility has corrected this standard and as

	such appears to be compliant.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. The Ethics Line Poster <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ indicated the method is through the CoreCivic website or the CDOC website. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteer, and interested parties may report allegation of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics Line at 1-800-461-9330 or through www.corecivic.com/ethicsline. A review of the agency’s website confirms that third parties can report via the phone number or the weblink above. The agency website and third party reporting information and direction is found at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea. The auditor testing the third party reporting mechanism by completing a report through the ethics line website. The auditor immediately received an email from the Director of Ethics and Compliance indicating that the report was received. The auditor was copied on an email to the facility leadership related to the test. The facility leadership responded indicating they received the test report. The Director of PREA Compliance and Investigations also responded and indicated that she would track the case and schedule a call to discuss the investigation. During the tour the auditor viewed the CoreCivic Ethics Line Poster in the front entrance and the administration area. The poster was in both English and Spanish on letter size paper with adequate font. The auditor did not observe any posted information in visitation. During the on-site portion of the audit, the facility posted the CoreCivic Ethics Line Poster in visitation. The auditor observed the information posted prior to departing the facility.</p>

	Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Ethics Line Poster and the agency's website this standard appears to be compliant.
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 100-40 pages 19-20 indicate staff, contractors and volunteers report: 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</p>

employees, contract workers or volunteers who reported such incidents; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 14-2 Sexual Abuse Prevention and Response, page 19 and the Policy Change Notice state that in accordance with this policy, all staff, including employees, contractors and volunteers are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are to report all such incidents whether or not they occurred in a facility that is part of CoreCivic. Interviews with thirteen staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 100-40 page 20 states CDOC 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 supervisors, investigators and designated officials. Such information will be limited to information necessary to make treatment, investigation, and other security and management decisions. 14-2 Sexual Abuse Prevention and Response, page 19 states that apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse reported to anyone other than to the extent necessary and as specified in policy, to make treatment, investigation and other security and management decision. Interviews with thirteen staff confirmed that they would immediately report the information to their supervisor (Captain, Administrative Duty Staff and/or Investigator).

115.61 (c): 100-40 page 21 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. 14-2 Sexual Abuse Prevention and Response, page 19 states that unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outline in policy. At the initiation of providing medical care, both medical and mental health professionals will inform inmates/detainees of their professional duty to report and the limitations of confidentiality. A review of investigative reports indicated none were reported to medical or mental health care staff. Interviews with medical and mental health care staff confirm that they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion and

information related to sexual abuse and sexual harassment that occurred in an institutional setting. Additionally, one of the two staff indicated they had previously become aware of such incidents and immediately reported the information to security.

115.61 (d): 100-40 page 21 states if the alleged victim is under the age of 18 or considered a vulnerable adult in accordance with C.R.S. 18-6.5-103 Crimes Against At-Risk Adults and At-Risk Juveniles - Classification, DOC will report the allegation to the designated state or local services agency under applicable mandatory reporting laws. 14-2 Sexual Abuse Prevention and Response, page 19 states that If an alleged victim is under the age of eighteen or is considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency or applicable contracting governmental agency. The interview with the PC indicated that each state has its own laws and reporting requirements. He stated in most of the facilities a notification to law enforcement and a partner agency triggers the notification to any other agency as required. The interview with the Warden indicated if an allegation of sexual abuse was reported by a youthful inmate or vulnerable adult they would follow whatever protocol the state required. He stated they have not had any of these allegation as their contract does not allow youthful inmates or vulnerable adults. The Warden stated that all allegations of sexual abuse though are reported to the CDOC Office of Inspector General.

115.61 (e): 100-40 page 20 states the shift commander will notify the appointing authority or designee, the PREA Compliance Manager and the facility OIG investigator. 14-2 Sexual Abuse Prevention and Response, page 19 states that in accordance with policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility. Additionally, page 19 states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports and treat them as if the allegation is credible. The interview with the Warden confirmed that all allegations of sexual abuse or sexual harassment would be reported to the facility investigator and to CDOC's Office of the Inspector General. A review of twelve investigations indicated four were reported verbally to staff, two were reported via Warden to Warden notification, one was reported via the hotline, one was observed by staff, two were reported in writing, one was anonymously reported and two were reported by a third party (third party verbally reported one to staff and was included in the above verbal reports too). All allegations were reported to the facility investigator.

Based on a review of the PAQ, CDOC Administrative Regulation, 14-2 Sexual Abuse Prevention and Response, investigative report and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate

that this standard appears to be compliant.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. First Responder Card
5. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 100-40 page 6 states if any employee, contract worker or volunteer learns that an offender is subject to a substantial risk of imminent sexual abuse or sexual assault/rape, that person will take immediate action to protect the offender. 14-2 Sexual Abuse Prevention and Response, pages 19 and 21 state that when it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee. The PAQ noted that there have been zero inmates were subject to substantial risk of imminent sexual abuse within the previous twelve months. A review of the First Responder Card and PREA Overview Facilitator Guide training indicates that staff are provided information on responding to sexual abuse and sexual harassment, including

	<p>what protective actions to take (i.e. separating the individuals). A review of documentation indicated there were zero inmates deemed at imminent risk. The interview with the Agency Head Designee indicated that staff take immediate action when they learn that an inmate is subject to substantial risk of imminent sexual abuse. He stated staff would protect inmates by removing the inmate from the area and/or individuals where risk may be stemming from and an investigation would be immediately initiated. The interview with the Warden indicated that if an inmate is at imminent risk of sexual abuse they remove the threat, whether that be by removing the victim or isolating the potential perpetrator. He stated staff complete threshold questions to determine if there is something they need to be concerned about and that they would separate the necessary parties, taking into account the PREA risk screening scores for housing. Interviews with thirteen staff confirmed that if an inmate was at imminent risk of sexual abuse they would take actions including: reporting to the supervisor, taking the inmate to the supervisor, removing the inmate from the area and/or moving the inmates housing unit.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, First Responder Card, investigative reports and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 100-40 page 21 states upon receiving an allegation that an 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. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Compliance Manager, OIG investigator, and mental health staff at the facility where the incident was reported will also be notified. The administrative head that receives any such notification will ensure that the allegation is investigated. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. The PAQ noted there were zero allegations received that an inmate was abused while confined at another facility. A review of documentation indicated the last allegation reported to the facility that occurred at another facility was in 2021. The Warden to Warden notification was made within 72 hours and documented via email. The auditor did not identify any other reports during documentation review.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 100-40 page 21 states upon receiving an allegation that an 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. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Compliance Manager, OIG investigator, and mental health staff at the facility where the incident was reported will also be notified. The administrative head that receives any such notification will ensure that the allegation is investigated. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. A review of documentation

indicated the last allegation reported to the facility that occurred at another facility was in 2021. The Warden to Warden notification was made within 72 hours and documented via email. The auditor did not identify any other reports during documentation review.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 100-40 page 21 states upon receiving an allegation that an 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. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Compliance Manager, OIG investigator, and mental health staff at the facility where the incident was reported will also be notified. The administrative head that receives any such notification will ensure that the allegation is investigated. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. A review of documentation indicated the last allegation reported to the facility that occurred at another facility was in 2021. The Warden to Warden notification was made within 72 hours and documented via email. The auditor did not identify any other reports during documentation review.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 100-40 page 21 states upon receiving an allegation that an 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. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Compliance Manager, OIG investigator, and mental health staff at the facility where the incident was reported will also be notified. The administrative head that receives any such notification will ensure that the allegation is investigated. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the inmate/detainee was previously confined at the facility, the facility shall record the name of the agency making the notification and any information that may assist in determining whether an investigation was conducted. If the allegation was not reported and/or not investigated facility staff shall initiate reporting and investigations procedures in accordance with policy. The incident shall be reported through the 5-1 incident report. The PAQ noted there were two

allegations of sexual abuse received from other facilities. The interview with the Agency Head Designee indicated this occurs 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 the incident system and the PREA protocols are initiated. The Agency Head Designee further stated that if an allegation was alleged to have occurred at another facility, the Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was an incident of sexual abuse allegedly occurring within a CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified. He confirmed there are examples of such allegations and that the most common examples are allegations inmates make during their intake process. He stated that the CoreCivic staff obtain as much information as possible from the inmate and provide this to the Warden at the other facility as part of the notification. The interview with the Warden indicated that if they receive a Warden to Warden notification it is referred to the facility investigator and CDOC's Office of the Inspector General. He stated they had one example of this where an inmate reported he was sexually abused at the facility in 2018 and it was investigated by the facility investigator. A review of investigative reports and the investigative log indicated two were reported via Warden to Warden notification and both had an investigation completed by facility staff.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, a review of investigations, and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. PREA Response Plan Checklist for Sexual Assault or Sexual Abuse Incidents 5. 14-2C Sexual Abuse Incident Checklist 6. First Responder Card

7. Investigative Reports

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 100-40, page 22 states appropriate security procedures will include, at a minimum: separate the perpetrator and victim; secure the crime scene, isolate and cordon off the crime scene until further direction from the OIG investigator; instruct the suspect and request the victim not to shower, wash, brush their teeth, urinate, defecate, eat, drink, and change clothing or anything else that might destroy evidence and notify the shift commander who will follow their facility PREA response plan for an incident of sexual assault or sexual activity. 14-2 Sexual Abuse Prevention and Response, page 21 states that upon learning of sexual abuse, the first security responder is required to complete the following; separate the alleged victim from the alleged abuse and when the alleged abuser is an inmate/ detainee, he/she shall be secured in a single cell to facilitate the collection of evidence; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; ensure that the alleged victim is taken to the facility Health Services Department; and notify the highest supervisory authority on-site. Policy also states that while in the Health Services Department, and if the abuse occurred within a time period that allows for the collection of physical evidence, responding staff shall, to the best of their ability, request that the victim not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. Additionally, policy states that if the abuse occurred within a time period that allows for the collection of physical evidence and when the alleged abuser is an inmate/detainee, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/ her teeth. A review of the PREA Response Plan Checklist for Sexual Assault or Sexual

Abuse Incidents confirmed that it outlines first responder duties as required under this provision. The PREA Overview Facilitators Guide confirmed that all staff are trained on first responder duties, including ensuring the victim does not shower, change clothes, use the restroom or consume fluids; notifying the highest ranking supervisor on site; securing the alleged perpetrator in a cell, file an incident report form, keep the information confidential, and secure the crime scene. An additional review of the Sexual Abuse Incident Check Sheet confirmed that first responder duties are listed on the checklist for staff to ensure they complete, if appropriate. The PAQ indicated there were ten sexual abuse allegations and in all ten instance the victim and alleged perpetrator were separated. The PAQ stated eight of the ten were reported within a timeframe that still allowed for evidence collection and involved securing a crime scene and requesting/instructing the victim/perpetrator to not take any action to destroy physical evidence. A review of twelve allegations indicated staff separated individuals when appropriate through housing changes, however none involved the need for immediate separation. None of the allegations were reported within the timeframe that still allowed for evidence collection. None of the allegations involved securing a crime scene, however some allegations involved evidence collection through a review of video monitoring technology. The security first responder stated that first responder duties include separating the individuals, not allowing them to take action to destroy evidence (shower, change clothes, etc.), securing the scene with tape and contacting the Captain, CDOC OIG and Warden. The non-security staff first responder stated that first responder duties include the same guidelines as staff and reporting to the Captain or Shift Supervisor immediately. The interview with the inmate who reported sexual abuse indicated she reported verbally at first but nothing happened so then she reported over the phone. She indicated after reporting via the phone the PCM came to talk to her within 24 hours and handled the situation professionally. She stated the other inmate was moved from the dorm the same day the PC spoke to her.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 100-40, page 22 states appropriate security procedures will include, at a minimum: separate the perpetrator and victim; secure the crime scene, isolate and cordon off the crime scene until further direction from the OIG investigator; instruct the suspect and request the victim not to shower, wash, brush their teeth, urinate, defecate, eat, drink, and change clothing or anything else that might destroy evidence and notify the shift commander who will follow their facility PREA response plan for an incident of sexual assault or sexual activity. 14-2 Sexual Abuse Prevention and Response, page 21 states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not taken any action that could destroy physical evidence, and then shall notify security staff. The PAQ indicated there was one allegation that involved a non-security first responder and the non-security first responder requested the victim not to take any action to destroy evidence and notified security staff of the incident. The auditor reviewed

	<p>twelve allegations and confirmed none involved a non-security first responder. The security first responder stated that first responder duties include separating the individuals, not allowing them to take action to destroy evidence (shower, change clothes, etc.), securing the scene with tape and contacting the Captain, CDOC OIG and Warden. The non-security staff first responder stated that first responder duties include the same guidelines as staff and reporting to the Captain or Shift Supervisor immediately. Interviews with thirteen random staff indicated most were knowledgeable of first responder duties.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the 14-2C Sexual Abuse Incident Checklist, First Responder Card, a review of investigative reports and interviews with random staff, staff first responders and inmate who reported sexual abuse, this standard appears to be compliant.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Bent County Correctional Facility Coordinated Response Plan 3. 14-2C Sexual Abuse Incident Check Sheet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The Bent County Correctional Facility Coordinated Response Plan outlines duties for first responders, supervisor, CDOC OIG and medical and mental health care staff. Staff review the plan and notate the time and who completed the action on the</p>

	<p>form. Additionally, 13-79A Sexual Assault Response Protocol and 14-2C Sexual Abuse Incident Check Sheet contain the requirements for an allegation of sexual abuse as it relates to first responders, Health Services, Shift Supervisors, victim advocates, SANE/SAFE, investigators and the PCM. The Warden confirmed that the facility has a coordinated response plan and that it includes all the required components.</p> <p>Based on a review of the PAQ, Bent County Correctional Facility Coordinated Response Plan, 14-2C and the interview with the Warden, this standard appears to be compliant.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Collective Bargaining Agreement with the International Union Security, Police, Fire Professionals of American and it's Amalgamated Local 60 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. Documentation indicated that Bent County Correctional Facility is not subject to collective bargaining. 14-2 Sexual Abuse Prevention and Response, pages 31-32 state that neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreements or other agreements that limits the company's ability to remove alleged employee sexual abusers from contact with any inmate/detainee pending the</p>

outcome of an investigation or of a determination of whether to what extent discipline is warranted. The interview with the Agency Head Designee confirmed that CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 20, 2012. He stated that the agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action. The facility does not have a collective bargaining agreement, however a review of another agency facility agreement confirmed that page 9 states that the rights reserved to and retained by the Company (CoreCivic) under this Agreement include, but are not limited to: the right to maintain order and efficiency, to discipline, suspend, or discharge for just cause; to relieve employees of duties.

115.66 (b): The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Collective Bargaining Agreement and the interview with the Agency Head Designee, this standard appears to be compliant.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Investigative Reports 5. 14-2C Sexual Abuse Incident Check Sheet 6. 14-2D PREA Retaliation Monitoring Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden

3. Interview with Designated Staff Member Charged with Monitoring Retaliation

4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 100-40 page 6 states the CDOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers and volunteers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations. 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 PREA Compliance Manager. The OIG offender victim's rights 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 PREA Compliance Manager. For employees, contractors, and volunteers who report sexual assault or sexual abuse retaliation monitoring will be done by the PREA Compliance Manager 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. If a case is determined to be unfounded the retaliation monitoring will be stopped. 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that inmates/detainees and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other inmates/detainees or staff. Policy states that the position that will serve as the designated staff person conducting staff 30/50/30 day monitoring is the Chief of Unit Management or the PCM. It further states that the position that will serve as the designated staff person conducting inmate/detainee 30/60/90 day monitoring is the Mental Health Coordinator. The PAQ noted that the facility has designated staff responsible for monitoring for retaliation.

115.67 (b): 100-40 page 6 states the CDOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers and volunteers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations. 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 PREA Compliance Manager. The OIG offender victim's rights 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 PREA Compliance Manager. For employees, contractors, and volunteers who report sexual assault or sexual abuse retaliation monitoring will be done by the PREA Compliance Manager 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. If a case is determined to be unfounded the retaliation monitoring will be stopped. 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, it states that ADO staff, or the Warden/Facility Administrator will determine, on a case by case basis, whether or not placement of a staff member in a non-contact role with the victim and/or other inmates/detainees is warranted. This determination will take into account the gravity and credibility of the allegation. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated for both inmates and staff who have reported allegations of sexual abuse, the agency provides monitoring on a 30/60/90 day period (longer if needed) to ensure no retaliation has occurred. He stated the reviews are documented on an attachment to the 14-2 policy. He stated the reviews take into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates and shift changes, evaluations, etc. for staff. He indicated that these reviews also occur for victims of sexual harassment/sexual abuse. Policies and practice prohibit retaliation for any reason and that they include this expectation in training with staff. He stated any violation would be acted upon accordingly. The interview with the Warden indicated the facility separates the individuals to prevent retaliation. He stated they reassure the individual that retaliation is not allowed and that the allegation will be investigated. The Warden stated they have a zero tolerance policy for retaliation and that if there was suspected retaliation they would conduct an investigation. He indicated if they find it occurred, if it was staff, they would no longer have employment at the facility. The Warden confirmed that the facility can take protective

measures to protect against retaliation through housing changes, facility transfers, removal of staff abusers and emotional support services. The interview with the staff responsible for monitoring indicated his role is to check with the individual fairly quickly after the allegation and look for signs of retaliation during the process. He stated he is looking for other staff or inmates that may be retaliating whether that be through housing changes or withholding commissary. He stated he meets with the inmate and asks about retaliation and advises them to contact him if they want any victim advocacy services. He confirmed that they can take protective measures including separating the individuals, through housing changes, transfers or removal of staff. The interview with the inmate who reported sexual abuse indicated she is 50/50 on feeling safe and protected from retaliation. She stated she has been through a lot and is hyper-vigilant.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days or longer, if needed, and that the agency/facility acts promptly to remedy any such retaliation. The PAQ further stated that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 100-40 page 6 states the CDOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers and volunteers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations. 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 PREA Compliance Manager. The OIG offender victim's rights 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 PREA Compliance Manager. For employees, contractors, and volunteers who report sexual assault or sexual abuse retaliation monitoring will be done by the PREA Compliance Manager 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. If a case is determined to be unfounded the retaliation monitoring will be stopped. 14-2 Sexual Abuse Prevention and Response, pages 24-25 indicate that for at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates/detainees who reported sexual abuse and inmate/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates/detainees or staff. Policy states that the facility shall employ multiple protective measures to monitor retaliation

against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, policy states that for at least 90 days (30/60/90) following a report of sexual abuse the agency shall monitor the conduct and treatment of staff who reported sexual abuse to see if there are any changes that may suggest possible retaliation by inmates/detainees or other staff. All monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60-90) or contracting agency equivalent form. Retaliation monitoring for staff shall include, but is not limited to, monitoring negative performance reviews, disciplinary reports and reassignments. Additionally, emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The PAQ stated there were zero incidents of retaliation that occurred in the past twelve months. 14-2 Sexual Abuse Prevention and Response also states that the facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need and that the obligation to monitor shall terminate if the facility determines that the allegation is unfounded. The Warden stated they have a zero tolerance policy for retaliation and that if there was suspected retaliation they would conduct an investigation. He indicated if they find it occurred, if it was staff, they would no longer have employment at the facility. The interview with the staff member responsible for retaliation for retaliation indicated monitoring is conducted at minimum for 90 days or up until the investigation is deemed unfounded. The staff stated if he suspected retaliation there is no maximum time limit to monitor. He stated he could monitor the whole time the inmate was the facility. The staff stated when he monitors for retaliation he looks for comment that may be made toward the inmate or staff, if they are not being allowed to go places such as recreation or chow, if they are being searched more frequently and if the Shift Commander is posting them on assignments that they normally wouldn't be posted. A review of twelve sexual abuse allegations indicated eleven had monitoring for retaliation completed and one was not at the facility at the time of the report. All eleven included monitoring for 90 days or until the inmate was transferred from the facility. All included periodic in-person status checks, however none indicated any of the required checks (housing, programming, discipline) were reviewed as required.

115.67 (d): 100-40 page 6 states the CDOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers and volunteers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations. 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 PREA Compliance Manager. The OIG offender victim's rights 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 PREA Compliance Manager. For employees, contractors, and volunteers who report sexual assault or sexual abuse retaliation monitoring will be done by the PREA Compliance Manager 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. If a case is determined to be unfounded the retaliation monitoring will be stopped. 14-2 Sexual Abuse Prevention and Response, page 24 states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; periodic status checks; and monitoring disciplinary reports, housing and housing or program changes. A review of twelve sexual abuse allegations indicated eleven had monitoring for retaliation completed and one was not at the facility at the time of the report. All eleven included monitoring for 90 days or until the inmate was transferred from the facility. All included periodic in-person status checks. The interview with staff who monitoring for retaliation confirmed that he meets the same day of the allegation or the following day and then conducts periodic in person status checks typically at the 30 day, 60 day and 90 day mark. He stated he typically likes to check with the individual at least twice a month.

115.67 (e): 100-40 page 6 states the CDOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers and volunteers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations. 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 PREA Compliance Manager. The OIG offender victim's rights 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 PREA Compliance Manager. For employees, contractors, and volunteers who report sexual assault or sexual abuse retaliation monitoring will be done by the PREA Compliance Manager 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. If a case is

determined to be unfounded the retaliation monitoring will be stopped. 14-2 Sexual Abuse Prevention and Response, page 25 states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head Designee indicated that this is handled as described in provision (b). He stated agency policies and practices prohibit retaliation for any reason and they include this expectation in training with staff. He stated any violations would be acted upon accordingly. The interview with the Warden indicated the facility separates the individuals to prevent retaliation. He stated they also advised that they reassure the individual that retaliation is not allowed and that the allegation will be investigated. The Warden stated they have a zero tolerance policy for retaliation and that if there was suspected retaliation they would conduct an investigation. He indicated if they find it occurred, if it was staff, they would no longer have employment at the facility. The Warden confirmed that the facility can take protective measures to protect against retaliation through housing changes, facility transfers, removal of staff abusers and emotional support services.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, investigative reports, 14-2Cs, 14-2Ds and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to require corrective action. A review of twelve sexual abuse allegations indicated eleven had monitoring for retaliation completed and one was not at the facility at the time of the report. All eleven included monitoring for 90 days or until the inmate was transferred from the facility, whichever was sooner. All included periodic in-person status checks, however none indicated any of the required checks (housing, programming, discipline) were reviewed as required.

Corrective Action

The facility will need to train appropriate staff on the required checks under this standard. A copy of the training will need to be provided. A list of sexual abuse allegations reported during the corrective action period and associated monitoring documents will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Monitoring for Retaliation Documents

The facility provided staff training that included the PREA Resource Center's Standards in Focus for this standard. Staff signed that they received and understood the training.

A list of sexual abuse allegations during the corrective action period was provided as well as corresponding monitoring for retaliation documents. Six documents were provided illustrating that monitoring was initiated (one was for a victim who reported sexual harassment). Two of the six went the full 90 days, while the others were either on-going or the victim had transferred. All monitoring documentation illustrated that staff conducted periodic status checks and reviewed housing and job assignments (through contacting that inmates work supervisor). Staff asked the individual during the periodic status check about any housing or job changes and any discipline.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

Recommendation

The auditor highly recommends that in addition to asking the individual being monitored and other staff (i.e. work supervisor) that the staff conduct a file review of discipline, housing assignments, job assignments and program assignments to determine if retaliation is occurring.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Inmate Victim Housing Documents

Interviews:

1. Interview with the Warden
2. Interview with Staff Who Supervise Inmates in Segregated Housing
3. Interview with Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Special Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 100-40 pages 24-25 indicate 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 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, or work opportunities, the facility will document the opportunities limited, the reason for such limitations, and the duration of the limitation. The facility will assign such offenders to involuntary removal from population(RFP) housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of 30 days. If an 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. 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. 14-2 Sexual Abuse Prevention and Response, page 15 states that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted 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/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. It also states inmates/detainees placed in restrictive housing pursuant to section I.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. Additionally, it indicates that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days and if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged. The PAQ and the memo indicated that zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour the observed the segregated housing units. The segregated housing unit was a two tiered unit that included single bunked cells. Showers were outside of the cell and were single person with metal doors and additional barrier material. The housing unit had a separate outdoor recreation area. Inmates have out of cell time daily to include showers three times a week and recreation for an hour each day. Inmates in segregated housing have access to the phone once a week for 20 minutes. The phone is a cordless phone that it utilized in cell. Grievances and mail are provided to staff and the third party form is provided by library staff and once the envelope is sealed, it is not opened. PREA reporting information and rape crisis information was observed in the housing unit in both English and Spanish. A review of housing documentation for twelve victims of sexual abuse indicated seven remained in the same housing assignment, one was moved to a different general population housing unit, one was not at the facility, two were placed in segregated housing due to discipline related to an incident

prior to reporting and one was placed in segregated housing for an unknown reason. The auditor requested documentation related to the inmate placed in segregated housing for an unknown reason, however at the issuance of the interim report the documentation had not yet been received. The Warden confirmed that the agency has a policy that prohibits placing inmates who report sexual abuse 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. He indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He further stated they would hopefully not have to place an inmate who reported sexual abuse in involuntary segregated housing but if they did it would be for the shortest amount of time possible. He indicated he could not think of a case where they would have to use involuntary segregated housing and that they would typically move the inmate to keep him/her safe. He stated they have not had to involuntarily segregated an inmate who reported sexual abuse but they did place an inmate in segregated housing not knowing the allegation involved sexual abuse, but once they found out the inmate was a victim of sexual abuse they immediately released him to general population. The interviews with the staff who supervise inmates in segregated housing indicated that they do not typically place inmates who report sexual abuse in involuntary segregated housing however if they did they would be provided access to programs, privileges, education and work opportunities to the extent possible. The staff confirmed that any restrictions would be documented. The staff who supervise inmates in segregated housing indicated that an inmate would only be involuntarily segregated until they could find alternative housing. The staff stated they typically try to place the abuser or potential abuser in segregated housing as they do not want to punish the victim. The staff stated the longest she has seen someone involuntarily segregated was for less than 48 hours as it was over the weekend. Further the staff who supervise inmates in segregated housing confirmed that inmates in segregated housing would be reviewed at least every 30 days. The staff stated CDOC has a maximum segregation time of fifteen days for inmates and as such none would be over 30 days.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, housing assignments for inmate victims of sexual abuse and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to require corrective action. A review of housing documentation for twelve victims of sexual abuse indicated seven remained in the same housing assignment, one was moved to a different general population housing unit, one was not at the facility, two were placed in segregated housing due to discipline related to an incident prior to reporting and one was placed in segregated housing for an unknown reason. The auditor requested documentation related to the inmate placed in segregated housing for an unknown reason, however at the issuance of the interim report the documentation had not yet been received.

	<p>Corrective Action</p> <p>The facility will need to provide the requested documentation. If the inmate was placed in segregated housing due to report of sexual abuse additional documentation is needed. If that documentation is not available the facility will need to provide a list of sexual abuse allegations during the corrective action period and associated victim housing before and after the allegation was made.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. List of Sexual Abuse Allegations During the Corrective Action Period 2. Victim Housing Documentation <p>The facility was unable to provide the originally requested documentation. As such, further documentation during the corrective action period was requested in order to determine compliance.</p> <p>The facility provided a list of sexual abuse allegations reported during the corrective action period. Seven allegations were provided, two of which had victims that were not at the facility at the time of the reported allegation. Of the five that were at the facility, all remained in the same housing status (general population). This confirmed none were involuntarily segregated.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. CoreCivic Policy 5-1 Incident Reporting
5. CoreCivic Records Retention Schedule
6. Investigator Training Records
7. Investigative Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 100-40 page 26 states investigation into allegations, including third-party and anonymous reports, will be conducted promptly, thoroughly, and objectively. Investigations will be completed in accordance with AR 1150-07, Crime Scene Management and Criminal Evidence Handling, AR 1150-15 Responsibility and Authority of the Office of the Inspector General, AR 1150-04 Professional Standards Investigation and C.R.S. 18-3-401 thru 18-3-415.5. 14-2 Sexual Abuse Prevention and Response, page 27 states that facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA incidents by supervisory level employee, to be determined by the ADO, not involved in the

incident. 208.06, page 15 also states that an administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potential criminal behavior will be referred for investigation to OPS. This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation. A review of twelve investigations indicated all twelve had an administrative investigation completed. All were initially referred to CDOC for investigation. CDOC then determined they would conduct a criminal investigation for one staff-on-inmate investigation. All twelve investigations were prompt. Eight of the twelve investigations were thorough and objective. Four investigations were missing information and/or steps, including interviews. One investigation was missing an outcome and one was missing a description of what was done during the investigation. The review illustrated that the CDOC OIG and facility investigator work together on investigation and that the facility investigator utilizes information obtained by CDOC OIG. Therefore, in some reports information was not firsthand and may be why information was missing from reports. The interview with the facility investigator indicated that they typically initiate an investigation immediately and it takes a few days to a few weeks to complete the investigation. The interview with the criminal investigator indicated he initiates an investigation immediately as they are on-site Monday through Friday and are on call to respond if the allegation is emergent. Both investigators stated that third party and anonymous reports are investigated through the same process as an allegation reported through any other means.

115.71 (b): 100-40 page 10 states investigators will be trained in: conducting investigations of sexual assault/rape, sexual abuse and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements. 14-2 Sexual Abuse Prevention and Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of twelve investigations indicated they were completed by four facility investigators. Two investigators were documented with the specialized investigators training. The auditor requested documentation for the other two investigators, however they were not received at the issuance of the interim report. The interviews with investigators confirmed that the specialized training they received included all the elements required under this provision.

115.71 (c): 100-40 page 26 states investigations will be completed in accordance with AR 1150-07, Crime Scene Management and Criminal Evidence Handling, AR 1150-15 Responsibility and Authority of the Office of the Inspector General, AR 1150-04 Professional Standards Investigation and C.R.S. 18-3-401 thru 18-3-415.5. 14-2 Sexual Abuse Prevention and Detection, page 27 states investigators shall gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data. Investigators shall interview alleged victims, suspected perpetrators and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of twelve investigative reports indicated ten involved interviews and five included evidence collection. Two investigations did not document whether interviews were completed with key individuals in the investigation. Additionally, one investigation did not document what a review of the evidence showed. None of the twelve had documentation related to reviewing prior complaints. The interview with the facility investigator indicated when he receives an allegation he first reviews the incident reports and notes and then contacts the CDOC OIG. He indicated they decide together who will conduct the interviews. He stated he would interview the victim first and then interview any staff involved. He stated he would then review video and other evidence and document all the information. The facility investigator stated he does not collect evidence, rather CDOC OIG does. Further communication indicated he would collect video evidence for CDOC OIG and would conduct interviews. He confirmed he reviews prior complaints of the alleged perpetrator. The interview with the criminal investigator indicated that his first steps would be to ensure the crime scene is secured and then determine who the victim and suspect are and conduct interviews. He stated if there is video he would look at that. The criminal investigator stated he would talk to any witnesses and would put everything together in a report. The criminal investigator stated he would be responsible for collecting any physical evidence, testimony, statements and video. He confirmed he would review prior complaints by the perpetrator.

115.71 (d): 14-2 Sexual Abuse Prevention and Detection, page 28 states that when the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of twelve investigations indicated none involved any compelled interviews. The interview with the facility investigator indicated the CDOC OIG conducts compelled interviews. The criminal investigator stated he would consult with prosecutors before conducting compelled interviews, however they typically do not conduct compelled interviews.

115.71 (e): 100-40 page 26 states the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will 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. 14-2 Sexual Abuse Prevention and Detection, page 28 states that 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 an inmate/detainee or staff. Additionally, it indicates that no agency shall require an inmate/detainee to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation. The facility investigator stated that he does not judge credibility and that everything is based on the facts. He further stated that he may require the victim to take a polygraph or truth telling device test and it would depend on the circumstances. The criminal investigator indicated credibility is based on the evidence. He stated he would never require the victim to take a polygraph or truth telling device test. The interview with the inmate who reported sexual abuse confirmed that she was not required to take a polygraph or truth telling device test.

115.71 (f): 14-2 Sexual Abuse Prevention and Detection, page 27 states that administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report and shall detail the following components: investigative facts, physical evidence, testimonial evidence, reasoning behind credibility assessments, investigative findings and an explanation as to how the conclusion of the investigations was reached. A review of twelve allegations confirmed that all twelve were documented in a written investigative report. Nine of the twelve included information on the initial allegation, interviews, evidence collected (if any), any other relevant facts and an investigative outcome. Three were missing key elements of the investigation including a description of interviews and evidence. The facility investigator stated that all administrative investigations are documented in a written report. He stated the report includes: incident reports, victim notifications, monitoring for retaliation document, the sexual abuse incident review, threshold questions, medical documents, interview notes, the parties involved, findings and details of the investigation and the conclusion. The facility investigator further stated that during the course of the investigation he determines if staff actions or failure to act contributed to the sexual abuse through interviews and asking about post orders and if they conducted their job duties.

115.71 (g): 100-40 page 26 states criminal investigations will be documented in a written report containing a thorough description of physical, testimonial and documentary evidence with copies of all documentary evidence attached where feasible. 14-2 Sexual Abuse Prevention and Detection, page 29 states that criminal investigations shall 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. A review of twelve investigations indicated

one was investigated by CDOC OIG. The investigation was still open during the on-site portion of the audit. Additionally, the auditor reviewed two prior substantiated criminal investigation completed by CDOC OIG. The investigative reports included information on the allegation, interviews, evidence, facts and findings. The interview with the criminal investigator indicated that criminal investigations are documented in a written report. The report includes the basic information of the allegation, narrative of the investigation (play-by-play), what steps were taken through the investigation, evidence collected and interviews conducted.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 100-40 page 27 states after completing an investigation of sexual abuse, sexual assault, sexual harassment or retaliation for reporting such behavior in a correctional setting that was substantiated, the OIG investigator will submit the findings to the district attorney with jurisdiction over the facility in which the alleged behavior or retaliation for reporting such behavior occurred for prosecution, per established district attorney guidelines. 14-2 Sexual Abuse Prevention and Detection, page 29 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ did not note the number of cases referred for prosecution. A review of twelve investigations indicated one was substantiated and was referred to the District Attorney for prosecution. Further, the auditor reviewed two other substantiated investigations that were outside the audit period that were referred for prosecution. The interview with the facility investigator indicated he does not determine if allegations are referred for prosecution. He stated the CDOC OIG does this once they prove beyond a reasonable doubt that it happened. The criminal investigation stated they refer cases for prosecution when they have probable cause that a crime has occurred they believe it can be proven in court beyond a reasonable doubt.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 14-2 Sexual Abuse Prevention and Detection, page 29 states that the agency shall retain all investigative reports into allegations of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The CoreCivic Record Retention Schedule confirmed that PREA investigative files are retained for five years after inmate release or post-employment of alleged abuser. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): 100-40 page 27 states the departure of the suspect or victim from the employment or control of the facility or agency will not provide a basis for terminating an investigation. 14-2 Sexual Abuse Prevention and Detection, page 27 states that the departure of the alleged abuser or victim from employment control of the facility

or agency shall not provide a basis for terminating an investigation. The facility investigator and criminal investigator stated that they would still fully investigate in both circumstances. The departure of the staff and/or departure of the inmate would not change the investigative process.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): 100-40 page 26 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. 14-2 Sexual Abuse Prevention and Detection, page 29 states that the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PC stated that each facility develops its own relationship with local law enforcement and must follow-up on cases. He indicated that where CoreCivic has more than one facility, the partner agency OIG is often consulted about the status of investigations. The interview with the Warden indicated that when an outside agency conducts an investigation they are informed through weekly meetings and informal conversation. He stated he asks them where they are with the investigation and remains updated on the progress. The PCM stated that when an outside agency (OIG) conducts an investigation they remained informed of the progress through back and forth conversation with the OIG as the OIG staff has an office at the facility. The facility investigator stated that if an outside agency conducts an investigation he assists them with the investigation.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, 5-1 Incident Reporting, CoreCivic Records Retention Schedule, Investigator Training Records, Investigative Reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager, the facility investigator and inmates who reported sexual abuse, this standard appears to require corrective action. A review of twelve investigations indicated all twelve had an administrative investigation completed. All were initially referred to CDOC for investigation. CDOC then determined they would conduct a criminal investigation for one staff-on-inmate investigation. All twelve investigations were prompt. Eight of the twelve investigations were thorough and objective. Four investigations were missing information and/or steps, including interviews. One investigation was missing an outcome and one was missing a description of what was done during the investigation. The review illustrated that the CDOC OIG and facility investigator work together on investigation and that the facility investigator utilizes information obtained by CDOC OIG. Therefore, in some reports information was not firsthand and may be why information was missing from reports. A review of twelve investigations indicated they were completed by four facility investigators. Two investigators were documented with the specialized investigators

training. The auditor requested documentation for the other two investigators, however they were not received at the issuance of the interim report. A review of twelve investigative reports indicated ten involved interviews and five included evidence collection. Two investigations did not document whether interviews were completed with key individuals in the investigation. Additionally, one investigation did not document what a review of the evidence showed. None of the twelve had documentation related to reviewing prior complaints. A review of twelve allegations confirmed that all twelve were documented in a written investigative report. Nine of the twelve included information on the initial allegation, interviews, evidence collected (if any), any other relevant facts and an investigative outcome. Three were missing key elements of the investigation including a description of interviews and evidence. The facility investigator stated that he does not judge credibility and that everything is based on the facts. He further stated that he may require the victim to take a polygraph or truth telling device test and it would depend on the circumstances.

Corrective Action

The facility will need to develop a process to ensure that administrative investigations are separate from CDOC OIG criminal investigations. The facility will need to conduct an in-depth training with the investigative staff on PREA investigations and the requirements under this standard (investigative process, documenting interviews, documenting evidence, review of prior complaints, credibility assessments, written report requirements, etc.). A copy of the training will need to be provided. The facility will need to provide a list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigations. Further the facility will need to provide documentation confirming the two investigators that completed facility investigations in 2022 completed the specialized investigator training.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigator Training
2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective

	<p>Action Period</p> <p>3. Investigative Reports</p> <p>The facility provided a training process email that outlined that an administrative investigation will be completed by the facility investigator for all allegations of sexual abuse and sexual harassment. The email advises that CDOC OIG will be notified of any potential criminal allegations and facility staff will inquire with them if proceeding with an administrative investigation will interfere with their criminal investigation. If they indicate it will not, the facility investigator will proceed with the administrative investigation. The training email included a flow chart and the investigative template that identifies actions to take and what information is required to be included in the investigative report. In addition, the investigators were trained via the PREA Resource Center’s Standards in Focus and the PREA Investigative Narrative Template Instructions.</p> <p>The facility provided the list of sexual abuse and sexual harassment allegations reported during the corrective action period and associated investigations. A review of the four completed administrative investigations confirmed all were documented in a written investigative report and were timely, thorough and objective. All included necessary interviews and applicable evidence collection. The investigative reports detailed the interviews and evidence. Additionally, all noted a review of prior complaints.</p> <p>The facility indicated that the two investigators did not complete the training. Both investigators were no longer employed at the facility. Both of these investigators completed an investigation in 2022. The auditor confirmed that the current investigators have the specialized training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 100-40 page 27 states CDOC 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. 14-2 Sexual Abuse Prevention and Response, page 27 states that in any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place. A review of twelve administrative investigations indicated one did not have an investigative outcome in the investigative report but the remaining had the outcome. One was substantiated and eleven were unsubstantiated or unfounded. The one investigation that was substantiated was based on a preponderance of evidence. One investigation was deemed unsubstantiated but should have been substantiated due to a preponderance of evidence. The interview with the facility investigator indicated the evidence required to substantiate a case is proof beyond a reasonable doubt. The criminal investigator stated for administrative investigations they utilize a preponderance of the evidence but to pursue criminal charges they would need probable cause. During a review of investigation and interviews with investigators the auditor observed that the facility conducts an administrative investigation when the CDOC OIG conducts a criminal investigation, however the facility utilizes the information gathered from the CDOC OIG and uses the same level of evidence.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, investigative reports and information from the interview with the facility investigator indicated that this standard appears to be

compliant. One investigation was deemed unsubstantiated but should have been substantiated due to a preponderance of evidence. The interview with the facility investigator indicated the evidence required to substantiate a case is proof beyond a reasonable doubt. During a review of investigation and interviews with investigators the auditor observed that the facility conducts an administrative investigation when the CDOC OIG conducts a criminal investigation, however the facility utilizes the information gathered from the CDOC OIG and uses the same level of evidence.

Corrective Action

The facility will need to provide training with investigators related to level of evidence to substantiated an administrative investigation. A copy of the training will need to be provided. Additionally, the training should include information on the policy and procedure related to the separate (non CDOC) investigative process for administrative investigations at the facility level. The facility will need to provide a list of sexual abuse and sexual harassment allegations during the corrective action period and associated administrative investigations.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigator Training
2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
3. Investigative Reports

The facility provided a training process email that outlined that an administrative investigation will be completed by the facility investigator for all allegations of sexual abuse and sexual harassment. The email advises that CDOC OIG will be notified of any potential criminal allegations and facility staff will inquire with them if proceeding with an administrative investigation will interfere with their criminal investigation. If they indicate it will not, the facility investigator will proceed with the administrative

	<p>investigation. The training email included a flow chart and the investigative template that identifies actions to take and what information is required to be included in the investigative report. In addition, the investigators were trained via the PREA Resource Center’s Standards in Focus and the PREA Investigative Narrative Template Instructions.</p> <p>The facility provided the list of sexual abuse and sexual harassment allegations reported during the corrective action period and associated investigations. A review of the four completed administrative investigations confirmed all were documented in a written investigative report and were timely, thorough and objective. All included necessary interviews and applicable evidence collection. The investigative reports detailed the interviews and evidence. Additionally, all noted a review of prior complaints. Based on the information in the investigative report all appeared to utilize a preponderance of the evidence.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Investigative Reports 5. 14-2E Inmate PREA Allegation Status Notifications <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Investigative Staff

3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 100-40 page 28 states following an investigation into an offender's allegation that they have suffered sexual abuse (excluding sexual harassment and sexual misconduct in a DOC or private prison or community confinement facility, the OIG offender victim rights coordinator will inform the offender in writing as to whether their allegation has been determined to be substantiated, unsubstantiated, or unfounded. 14-2 Sexual Abuse Prevention and Response, page 30 states that following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee. The PAQ stated there were ten sexual abuse investigations completed and nine had a victim notification. One victim released prior to the completion and they attempted to notify him but were unable to do so. A review of twelve investigations confirmed eleven had a victim notification provide. The one that did not was reported via a Warden to Warden notification and as such a notification was not provided. The interviews with the Warden and investigators confirmed that inmates are informed of the outcome of the investigation into their allegation. The interview with the inmate who reported sexual abuse indicated she was unsure if she was to be informed of the outcome of the investigation. She stated she had not yet been told anything related to the investigation or the outcome.

115.73 (b): The PAQ indicated that this provision is not applicable as an outside agency does not conduct investigations. Further communication indicated that CDOC conducts investigations, which is an agency other than CoreCivic and as such the facility requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. 100-40 page 28 states if CDOC did not conduct the investigation, DOC will request the relevant information from the investigative agency in order to inform the offender. 14-2 Sexual Abuse Prevention and Response, page 30 states if the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of twelve investigations indicated one was investigated by an outside agency (CDOC OIG). The investigation was still open as the investigation was referred for

prosecution. The inmate was provided notification of the substantiated administrative investigation by the facility.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 30 states following an investigation into an inmate/detainee's allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ stated there were substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate in the previous twelve months. It further stated that the inmate was informed whenever: the staff member was no longer posted within the inmate's unit; the staff member was no longer employed at the facility; the agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility. A review of twelve investigations indicated one involved a staff member that was placed on administrative leave and then was terminated. The inmate victim was advised of the termination via written notification. The interview with the inmate who reported sexual abuse indicated her allegation was against another inmate and as such this provision does not apply.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 30 states following an inmate/detainee's allegation that he/she has been sexually abused by another inmate/detainee, the facility shall 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 or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of twelve investigations indicated none involved a substantiated inmate-on-inmate sexual abuse allegation with a conviction or indictment. As such no notification were required under this provision. The interview with the inmate who reported sexual

abuse indicated her allegation was against another inmate and she had not been informed anything about the other inmate or anything on the investigation in general.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. 100-40 page 28 states following an investigation into an offender's allegation that they have suffered sexual abuse (excluding sexual harassment and sexual misconduct in a DOC or private prison or community confinement facility, the OIG offender victim rights coordinator will inform the offender in writing as to whether their allegation has been determined to be substantiated, unsubstantiated, or unfounded. 14-2 Sexual Abuse Prevention and Response, page 30 states all inmate/detainee notifications or attempted notification shall be documented on the 14-2E Inmate/Detainee Allegation Status Notification. The inmate/detainee shall sign the 14-2E, verifying that such notification has been received. The PAQ stated there were nine victim notifications made and ten notifications were documented. A review of twelve investigations confirmed eleven had a victim notification provide. The one that did not was reported via a Warden to Warden notification and as such a notification was not provided. A review of twelve investigations indicated one involved a staff member that was placed on administrative leave and then was terminated. The inmate victim was advised of the termination via written notification.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, CDOC Administrative Regulation, 14-2 Sexual Abuse Prevention and Response, investigative reports, victim notifications and information from interviews with the Warden, facility investigator and inmates who reported sexual abuse, this standard appears to be compliant.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure

3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

4. Investigative Reports

Findings (By Provision):

115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 100-40 page 7 states employees, contract workers and volunteers in state owned prisons, private prisons and community confinement facilities may be criminally charged under C.R.S. 18-7-701 with Sexual Conduct in a Correctional Institution or any other statutory provision. Employees, contract workers and volunteers may be subject to corrective and/or disciplinary sanctions up to and including termination for violating department policies, post orders and clinical standards. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies.

115.76 (b): The PAQ indicated there were two staff members who violated the sexual abuse and sexual harassment policies and both staff had been terminated for violating the sexual abuse or sexual harassment policies. 100-40 page 7 states employees, contract workers and volunteers in state owned prisons, private prisons and community confinement facilities may be criminally charged under C.R.S. 18-7-701 with Sexual Conduct in a Correctional Institution or any other statutory provision. Employees, contract workers and volunteers may be subject to corrective and/or disciplinary sanctions up to and including termination for violating department policies, post orders and clinical standards. 14-2 Sexual Abuse Prevention and Response, page 31 states that termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. A review of investigations indicated there was one staff-on-inmate substantiated investigation during the previous twelve months. The staff member was placed on administrative leave and subsequently terminated. The criminal investigation is still ongoing and has been referred for prosecution. Further, the auditor reviewed two additional substantiated staff-on-inmate sexual abuse investigations from the audit cycle (prior to last twelve months). One staff resigned during the investigation and later took a plea after the case was referred for prosecution. The second staff member was terminated and plead guilty to unlawful sexual contact.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions

imposed for comparable offense by other staff members with similar histories. 100-40 page 8 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) will be 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. 14-2 Sexual Abuse Prevention and Response, page 31 states that disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were no staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigations indicated there was one staff-on-inmate substantiated investigation during the previous twelve months. The staff member was placed on administrative leave and subsequently terminated. The criminal investigation is still ongoing and has been referred for prosecution. Further, the auditor reviewed two additional substantiated staff-on-inmate sexual abuse investigations from the audit cycle (prior to last twelve months). One staff resigned during the investigation and later took a plea after the case was referred for prosecution. The second staff member was terminated and plead guilty to unlawful sexual contact.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 100-40 page 8 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 to any relevant licensing bodies unless the activity was clearly not criminal. 14-2 Sexual Abuse Prevention and Response, page 31 states all employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there were two staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months who were reported to law enforcement or relevant licensing bodies. A review of investigations indicated there was one staff-on-inmate substantiated investigation during the previous twelve months. The staff member was placed on administrative leave and subsequently terminated. The criminal investigation is still ongoing and has been referred for prosecution. Further, the auditor reviewed two additional substantiated staff-on-inmate sexual abuse investigations from the audit cycle (prior to last twelve months). One staff resigned during the investigation and later took a plea after the case was referred for prosecution. The second staff member was terminated and plead guilty to unlawful

	<p>sexual contact.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, investigative reports and termination documentation indicates that this standard appears to be compliant.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. CoreCivic Policy 22-1 Volunteer Services and Management 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 100-40 page 7 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</p>

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. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/detainees and removal from the facility. 22-1 Volunteer Services and Management, page 5 also addresses this provision. It states that volunteers are expected to abide by CoreCivic and applicable government agency policy, procedures, regulations and prevailing law. Failure to do so may result in immediate termination or removal from the Volunteer Roster. The PAQ indicated that there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed that there were zero sexual abuse or sexual harassment allegations against a contractor or volunteer.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 100-40 page 7 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. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/detainees and removal from the facility. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by a contractor or volunteer would result in the allegation being referred to the CDOC Office of the Inspector General. He stated contractors and volunteers are held to the same standards as staff and they go through the same training. He confirmed they would prohibit contact with inmates and that if it was substantiated they would be terminated and/or disciplined, just like staff.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual

	Abuse Prevention and Response, 22-1 Volunteer Services and Management, investigative reports and information from the interview with the Warden, this standard appears to be compliant.
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 150-01 - Code of Penal Discipline (COPD) 4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. 150-01 page 11 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, neck, buttocks, anus, or breast of another person. Contact can be with or without clothing being worn by one or both parties. 14-2 Sexual Abuse Prevention and Response, page 30 states that inmates/detainees shall be subject to disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that an inmate/detainee engaged in</p>

inmate/detainee on inmate/detainee sexual abuse or following a criminal finding of guilt for inmate/detainee on inmate/detainee sexual abuse. 209.01 Offender Discipline, page 25 states that if guilty of the charged offense(s), a sanction(s) shall be imposed as provided by these procedures. Record the information in the offender's institutional file may be reviewed by the Disciplinary Hearing Officer only after a finding of guilty to assist in determining an appropriate sanction(s). The PAQ indicated there were zero criminal or administrative finding of guilt. A review of investigative reports indicated there were zero substantiated inmate-on-inmate sexual abuse allegations.

115.78 (b): 150-01 page 21 states sanctions will be commensurate with the nature and circumstances of the offense committed, the offender's disciplinary history, and the sanctions imposed for the comparable offenses by other offenders with similar disciplinary histories. 14-2 Sexual Abuse Prevention and Response, page 30 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/detainee's disciplinary history and sanctions imposed for comparable offenses by inmates/detainees with similar histories. The interview with the Warden indicated the facility follows the CDOC's disciplinary process, which outlines guidelines for the administrative process. He indicated the CDOC OIG would handle the criminal process and referring allegations to the District Attorney, if appropriate. He further stated that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates. A review of investigative reports indicated there were zero substantiated inmate-on-inmate sexual abuse allegations.

115.78 (c): 150-01 page 20 states the disciplinary process will consider whether an offender's mental disabilities or mental illness contributed to their behavior when determining what type of sanctions, if any, will be imposed. 14-2 Sexual Abuse Prevention and Response, page 30 states that the disciplinary process shall consider whether and inmate/detainee's mental disability or mental illness contributed to his/her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Warden confirmed that an inmates' mental disability or mental illness would be considered in the disciplinary process.

115.78 (d): The PAQ indicated that the facility offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and they consider whether to require the inmate perpetrator to participate in these services in order to gain access to any other benefits or services. 100-40 page 15 states SOTMP will consider whether to require the offender to participate in such treatment, while incarcerated and/or in the community. 14-2 Sexual Abuse Prevention and Response, page 30 states that if the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or

motivations for the abuse and the facility considers whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. The interviews with medical and mental health care staff indicated that they offer treatment and services designed to correct and address underlying reasons or motivations for sexual abuse, however they do not require participation in services.

115.78 (e): 100-40 page 7 states offenders may only be disciplined for engaging in sexual assault/rape, sexual abuse or sexual harassment with an employee, contract worker or volunteer upon a finding that the employee, contract worker or volunteer was forced, threatened, or did not consent to such behavior. 14-2 Sexual Abuse Prevention and Response, page 30 indicates that an inmate/detainee may be disciplined for sexual conduct within an employee only upon a finding that the employee did not consent to such conduct. The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 100-40 page 19 states reports of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. 14-2 Sexual Abuse Prevention and Response, page 30 states that inmates/detainees who deliberately allege false claims of sexual abuse may be disciplined. For the purpose of a disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the 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.

115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 100-40 page 7 states all sexual activity including sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment between offenders is prohibited and will be referred to the OIG. If appropriate, the OIG will refer such cases to the district attorney for prosecution. Offenders may also be disciplined and/or criminally charged for such activity pursuant to AR 150-01, Code of Penal Discipline (COPD), Colorado Revised Statute (C.R.S.) 18-3-401 through 18-3-414.4 or AR 250-41, Responding to Parole Violations through the Colorado Violation Decision Making Process. 14-2 Sexual Abuse Prevention and Response, page 30 states that sexual activity between inmates/detainees is prohibited in all CoreCivic facilities, and inmates/detainees may be disciplined for

	<p>such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, CDOC Administrative Regulation 150-01, 14-2 Sexual Abuse Prevention and Response, investigative reports, and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Informed Consent Form 5. Inmate Risk Screening Documents 6. Medical/Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Medical and Mental Health Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area <p>Findings (By Provision):</p>

115.81 (a): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 100-40 page 11 states if the initial SAB/SVR assessment 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. Page 14 further states if the staff member conducting the assessment receives information that 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 a SOTMP clinician to occur within 14 days. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ stated 114% of those who disclosed victimization were offered a follow up meeting with mental health. Further communication indicated there were 114 total individuals who disclosed prior sexual victimization and 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ further indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The auditor requested documentation for nine inmates who disclosed prior sexual victimization during the risk screening, however at the issuance of the interim report the auditor had not received the documentation. The interview with staff responsible for the risk screening indicated that when an inmate discloses prior sexual victimization he asks if the information was previously reported. If it has, at that point the individual already saw medical and/or mental health. He stated mental health also screens individuals when they first arrive at the facility and they can disclose it to them at that point for services. Interviews with inmates who disclosed prior victimization during the risk screening indicated neither were offered a mental health follow-up.

115.81 (b): The PAQ indicated all inmates at the facility who are identified with prior sexual abusiveness during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 100-40 page 11 states if the initial SAB/SVR assessment 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. Page 14 further states if the staff member conducting the assessment receives information that 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 a SOTMP clinician to occur within 14 days. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ noted 4% of those identified with prior sexual abusiveness were offered a follow up with mental health. Further communication indicated there were four total inmates who were identified with prior sexual abusiveness and 100% of those inmates who were seen within fourteen days by medical or mental health practitioners. The PAQ further indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The auditor requested documentation for five inmates who were identified with prior sexual abusiveness, however at the issuance of the interim report the documentation had not yet been received. The interview with staff responsible for the risk screening indicated that when an inmate is identified with prior sexual abusiveness they do not refer the individual for a follow-up with mental health.

115.81 (c): The facility is a prison and as such this provision is not applicable.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The PAQ stated that information is only shared with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. 100-40 page 11 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 and management decisions, including housing, bed, work, education, and program assignments or as otherwise required by law. Inmate medical and mental health records are electronic. Electronic records are accessible to medical and mental health care staff only. Paper medical records are scanned into the system and then shredded. The records staff confirmed that medical records are not provided to anyone that does not have a need to know. Risk assessment information is electronic but is initially collected via paper. Paper records are shredded once entered into the electronic system. The electronic records are only accessible to Case Managers, Unit Mangers and the PCM. A review of the electronic system confirmed that only the risk screening designation (SAB/SVA) were accessible to other staff. Investigative files are electronic and paper. Paper investigations are maintained in the investigators locked office. Electronic investigative records are only accessible to investigative staff via the investigative database.

15.81 (e): The PAQ indicated that 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 eighteen. 14-2 Sexual Abuse Prevention and Response, page 12 states that medical and mental health practitioners shall obtain informed consent from inmates/detainees prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate/detainee was under eighteen. The interview with the mental health staff member confirmed she would obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. The medical staff member stated she would have to ask about that as she assumed she would have to report because she a nurse and a mandated reporter. Both staff stated they do not house anyone under eighteen.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the informed consent form, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to require corrective action. The medical staff member stated she would have to ask about that as she assumed she would have to report because she a nurse and a mandated reporter. The interview with staff responsible for the risk screening indicated that when an inmate discloses prior sexual victimization he asks if the information was previously reported. If it has, at that point the individual already saw medical and/or mental health. He stated mental health also screens individuals when they first arrive at the facility and they can disclose it to them at that point for services. The interview with staff responsible for the risk screening indicated that when an inmate is identified with prior sexual abusiveness they do not refer the individual for a follow-up with mental health. The auditor requested documentation for nine inmates who disclosed prior sexual victimization during the risk screening, however at the issuance of the interim report the auditor had not received the documentation. The auditor requested documentation for five inmates who were identified with prior sexual abusiveness, however at the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the requested documentation. The facility will need to train staff on the policy and procedure under this standard, to include the requirement of offering mental health follow-ups for those who disclose prior sexual victimization and those who are identified with prior sexual abusiveness. Additionally, appropriate staff should be trained on mandatory reporting, including that informed

consent is required prior to reporting sexual abuse that occurred outside a correctional setting. A copy of the training will need to be provided. The facility will need to provide the list of inmates who disclosed prior sexual victimization or were identified with prior sexual abusiveness. The auditor will select a sample for the facility to provide associated mental health follow-up documentation.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. Warden's Directive on Mental Health Follow-Ups
3. List of Inmates that Arrived During the Corrective Action Period
4. Medical and Mental Health Documentation
5. Mental Health Referral Form

The facility provided staff training that confirmed they received and understood training related to the requirements under this standard. The PREA Resource Center's Standard in Focus was utilized for the training. Additionally, advanced training was provided related to the required mental health follow-ups under standard 115.81. A Warden's Directive was sent out to staff that advised all inmates who disclose prior sexual victimization during the risk screening are required to have a mental health referral from completed and forwarded to mental health on the same. It further states that mental health will meet with the inmate that same week. The facility advised that the process they were previously using was not adequate as they were unaware that the system did not automatically generate a mental health referral. As such, by utilizing the hand written mental health referrals the facility corrected the process error.

The facility provided the majority of the originally requested documentation, which further confirmed the process for mental health follow-ups was inadequate. Most had mental health notes prior to the risk screening. All inmates meet with medical/mental health upon arrival at the facility.

	<p>The facility provided documentation indicating that all inmates identified by the auditor from documentation provided under 115.41 who disclosed prior sexual victimization (who accepted the follow-up mental health services) were scheduled to be seen by April 23, 2024. This was to catch up all inmates who did not have this mental health services due to the previously inadequate process. The facility further provided documentation for eighteen inmates that arrived after the newly implemented process was initiated. Three of the inmates were identified with prior sexual victimization and all three accepted services. All three were provided services within fourteen days. All had the new follow-up form completed (mental health referral). Three inmates were identified with prior sexual abusiveness. Two accepted the mental health follow-up. Both were provided a mental health follow-up within fourteen days. Both had the new follow-up form completed (mental health referral).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 13-79 Sexual Assault Response 4. 13-79A Sexual Assault Response 5. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with Inmates who Reported Sexual Abuse 3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 100-40 page 23 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 crisis intervention services, the nature and scope of which will be determined by clinical services according to their professional judgment . 13-79 Sexual Assault Response, page 2 states that the Health Services Department shall designate medical representatives to be appointed to the facility Sexual Abuse Response Team (SART). The medical representative(s) shall assess the alleged victim's acute medical needs and explain the medical need to the victim for a forensic exam if appropriate. The victim of sexual assault has the right to decline the forensic exam. The medical representative shall ensure that the facility medical staff responded appropriately and medically stabilized the victim before assessment by a community medical provider, if medically indicated (refer to CoreCivic Policy 14-2 Sexual Abuse Prevention and Response). During the tour the auditor observed the health service area. The health services area included a reception space, exam rooms, treatment rooms and four observation rooms. The reception area was a small space with benches and the exam and treatment rooms had doors with windows and curtains. The auditor requested documentation for twelve inmates who reported sexual abuse. At the issuance of the interim report documentation was not provided. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical staff stated they would provide services immediately and mental health care staff. indicated they would provide services within 24-48 hours. Both staff confirmed the services they provide are based on their professional judgment. The interview with inmate who reported sexual abuse confirmed she was provided follow-up mental health services after the reported allegation.

115.82 (b): The facility has a Health Services Department that is staffed 24 hours a

day, seven days a week. Inmates are treated at the facility unless they are required to be transported to a local hospital. 100-40 page 22 states appropriate security procedures include notifying 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 and the on-call mental health clinician for immediate response. The security first responder stated that first responder duties include separating the individuals, not allowing them to take action to destroy evidence (shower, change clothes, etc.), securing the scene with tape and contacting the Captain, CDOC OIG and Warden. The non-security staff first responder stated that first responder duties include the same guidelines as staff and reporting to the Captain or Shift Supervisor immediately.

115.82 (c): The PAQ states that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 100-40 page 23 states victims of sexual assault while incarcerated will be offered timely information from clinical services about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. 13-79 Sexual Assault Response, pages 3 and 4 state that inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (115.82 (c), 115.83 (f)) Inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. (115.83 (e)) Should a pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. The auditor requested documentation for twelve inmates who reported sexual abuse. At the issuance of the interim report documentation was not provided. The interview with the inmate who reported sexual abuse indicated her allegation did not involve an incident that would warrant information under this provision. Interviews with medical and mental health staff indicated that inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis.

115.82 (d): 100-40 page 24 states treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or

cooperates with any investigation arising out of the incident. 13-79 Sexual Assault Response, pages 3-4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 13-79 Sexual Assault Response, 13-79A, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to require corrective action. The auditor requested documentation for twelve inmates who reported sexual abuse. At the issuance of the interim report documentation was not provided.

Corrective Action

The facility will need to provide the requested documentation. If documentation is not available, then staff will need to be trained on the requirements under this standard. A copy of the training will need to be provided. The facility will then need to provide a list of sexual abuse allegations during the corrective action period and associated medical and mental health documents for the victim.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Medical and Mental Health Documentation

The facility provided staff training that confirmed they received and understood training related to the requirements under this standard. The agency policy was utilized for the training.

	<p>The facility provided a list of sexual abuse allegations reported during the corrective action period. Documentation was provided confirming that all victims, with the exception of two who were not at the facility when the allegation was reported, were provided medical and mental health services after the reported incident.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 13-79 Sexual Assault Response 4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 5. Investigative Reports 6. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with Inmates who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 100-40 page 23 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. 13-79 Sexual Assault Response, page 4 states that the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates/detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. During the tour the auditor observed the health service area. The health services area included a reception space, exam rooms, treatment rooms and four observation rooms. The reception area was a small space with benches and the exam and treatment rooms had doors with windows and curtains. Medical services are provided 24/7. Inmates have access to routine medical services on-site and emergency services are provided at the local hospital. The auditor requested documentation for twelve inmates who reported sexual abuse. At the issuance of the interim report documentation was not provided. The auditor requested documentation for nine inmates who disclosed prior sexual victimization during the risk screening, however at the issuance of the interim report the auditor had not received the documentation.

115.83 (b): 100-40 page 23 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. 13-79 Sexual Assault Response, page 4 states the evaluation and treatment of such victims shall 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. The auditor requested documentation for twelve inmates who reported sexual abuse. At the issuance of the interim report documentation was not provided. The interview with inmate who reported sexual abuse indicate she was offered follow-up services with medical and/or mental health. Interviews with medical and mental health care staff confirmed that inmates would be provided follow-up services including counseling, labs, treatments plans and therapy.

115.83 (c): 13-79 Sexual Assault Response, page 4 states the facility shall provide such victims with medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The auditor requested documentation for twelve inmates who reported sexual abuse. At the issuance of the interim report documentation was not provided. Interviews with medical and mental health care staff confirm that the

services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated this provision does not apply as the facility houses adult male inmates.

115.83 (e): The PAQ indicated this provision does not apply as the facility houses adult male inmates

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 100-40 page 23 states acute trauma care will be provided to victims of sexual assault including but not limited to: prophylactic measures, testing for sexually transmitted diseases including Human Immunodeficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS), and treatment of injuries. When appropriate, prophylactic therapy will immediately be administered for infectious disease exposures. 13-79 Sexual Assault Response, pages 3 and 4 state that inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (115.82 (c), 115.83 (f)) Inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. (115.83 (e)) Should a pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. The auditor requested documentation for twelve inmates who reported sexual abuse. At the issuance of the interim report documentation was not provided. The interview with the inmate who reported sexual abuse indicated her allegation did not involve an incident that would warrant information under this provision.

115.83 (g): The PAQ stated that treatment services are provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 100-40 page 24 states treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 13-79 Sexual Assault Response, page 4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy

indicates that bureau policies related to co-pays do not apply to sexual abuse victims. The interview with the inmate who reported sexual abuse stated she did not have to pay for her medical and mental health services after the reported allegation.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 100-40 page 15 states 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 offer treatment when deemed appropriate. 14-2 Sexual Abuse Prevention and Response, page 12 indicates that a mental health evaluation shall be completed of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. A review of investigations indicated the one substantiated was against a staff member and as such no inmates required a mental health evaluation. The additional two substantiated allegations from 2020 to 2023 were also against staff. The interviews with the medical and mental health care staff indicated that they did not believe they offered services to the abuser but they were not sure.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, a review of medical and mental health documents, observations made during the tour and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to require corrective action. The auditor requested documentation for twelve inmates who reported sexual abuse. At the issuance of the interim report documentation was not provided. The auditor requested documentation for nine inmates who disclosed prior sexual victimization during the risk screening, however at the issuance of the interim report the auditor had not received the documentation. The interviews with the medical and mental health care staff indicated that they did not believe they offered services to the abuser but they were not sure.

Corrective Action

The facility will need to provide the requested documentation. The facility will need to train staff on the policy and procedure under this standard, to include the requirement of offering mental health follow-ups for those who disclose prior sexual victimization and those who are identified with prior sexual abusiveness. Additionally, appropriate staff should be trained on mandatory reporting, including that informed consent is required prior to reporting sexual abuse that occurred outside a correctional setting. A copy of the training will need to be provided. The facility will need to provide the list of inmates who disclosed prior sexual victimization or were

identified with prior sexual abusiveness. The auditor will select a sample for the facility to provide associated mental health follow-up documentation. The facility will need to provide the requested documentation. If documentation is not available, then staff will need to be trained on the requirements under this standard. A copy of the training will need to be provided. The facility will then need to provide a list of sexual abuse allegations during the corrective action period and associated medical and mental health documents for the victim. Further the facility will need to train appropriate staff on the requirement of a mental health evaluation on all known inmate-on-inmate abusers. A copy of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. Warden's Directive on Mental Health Follow-Ups
3. List of Sexual Abuse Allegations During the Corrective Action Period
4. List of Inmates that Arrived During the Corrective Action Period
5. Medical and Mental Health Documentation
6. Mental Health Referral Form

The facility provided staff training that confirmed they received and understood training related to the requirements under this standard. The agency policy as well as the PREA Resource Center's Standards in Focus were utilized for the training. Additionally, advanced training was provided related to the required mental health follow-ups under standard 115.81. A Warden's Directive was sent out to staff that advised all inmates who disclose prior sexual victimization during the risk screening are required to have a mental health referral from completed and forwarded to mental health on the same. It further states that mental health will meet with the inmate that same week. The facility advised that the process they were previously using was not adequate as they were unaware that the system did not automatically generate a mental health referral. As such, by utilizing the hand written mental health referrals the facility corrected the process error.

	<p>The facility provided a list of sexual abuse allegations reported during the corrective action period. Documentation was provided confirming that all victims, with the exception of two who were not at the facility when the allegation was reported, were provided medical and mental health services after the reported incident.</p> <p>The facility provided documentation indicating that all inmates identified by the auditor from documentation provided under 115.41 who disclosed prior sexual victimization (who accepted the follow-up mental health services) were scheduled to be seen by April 23, 2024. This was to catch up all inmates who did not have this mental health services due to the previously inadequate process. The facility further provided documentation for eighteen inmates that arrived after the newly implemented process was initiated. Three of the inmates were identified with prior sexual victimization and all three accepted services. All three were provided services within fourteen days. All had the new follow-up form completed (mental health referral).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Investigative Reports 5. 14-2F Sexual Abuse or Assault Incident Review Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden

2. Interview with the PREA Compliance Manager

3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 100-40 page 29 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. 14-2 Sexual Abuse Prevention and Response, page 29 states that the Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The PAQ indicated there were five sexual abuse investigations completed, excluding those that were unfounded. A review of twelve sexual abuse investigations indicated seven required a sexual abuse incident review. All seven were documented with a sexual abuse incident review within 30 days of completion of the investigation.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 100-40 page 29 states the PREA Incident Review will ordinarily occur within 30 days of the conclusion of the investigation. 14-2 Sexual Abuse Prevention and Response, page 29 states that sexual abuse incident reviews shall occur within 30 days of the conclusion of the investigation. The PAQ indicated five sexual abuse incident reviews were completed within 30 days of the conclusion of the investigation. A review of twelve sexual abuse investigations indicated seven required a sexual abuse incident review. All seven were documented with a sexual abuse incident review within 30 days of completion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 100-40 page 29 states the PREA Incident Review Team will include upper-level management officials, with input from line supervisors, investigators, medical or mental health practitioners/SOTMP, case manager supervisors, and intelligence officers. 14-2 Sexual Abuse Prevention and Response, page 29 states the incident review team shall include the PREA

Compliance Manager, upper-level facility management, and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The interview with the Warden confirmed that the facility has a sexual abuse incident review team that includes upper level management officials, line supervisors, investigators, medical and mental health care staff. A review of the seven completed sexual abuse incident reviews indicated they were completed by the sexual abuse incident review team, which included staff required under this provision.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 100-40 pages 29-30 state the PREA Incident Review Team will meet and: consider whether the allegation or investigation indicates a need to change policy or practice; 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; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable sexual abuse or sexual assault; 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 and 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 head, director, and deputy director of Prison Operations and PREA administrator. 14-2 Sexual Abuse Prevention and Response, page 29 states the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise cause by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Interviews with the Warden, PCM and sexual abuse incident review team member confirmed that these reviews are completed and they include all the required elements under this provision. The Warden stated that the information from the sexual abuse incident reviews is utilized in the staffing plan review process as well as to determine if there are vulnerabilities, a need for cameras, a need for physical plant modifications, a need for training and a need for policy/procedure updates. The PCM confirmed that sexual abuse incident reviews are completed and he is part of the team. He stated has not noticed any trends but that in a recent review they identified a co-worker saw warning signs prior to the incident. The PCM stated after the report is submitted they make any changes, complete any training or make modifications based on any

recommendations. A review of seven sexual abuse incident reviews confirmed that they were completed via the 14-2F, which has all the elements under this provision, however the forms did not include any narrative information related to the incidents. The forms included only a checkbox indicating the elements were discussed.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 100-40 page 30 states the facility will implement the recommendations for improvement, or will document its reasons for not doing so. 14-2 Sexual Abuse Prevention and Response, page 29 states all findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. A review of the seven sexual abuse incident reviews indicated the 14-2F includes a section for recommendation and staff completed the section on all reviews. None of the seven had any recommendations noted.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, it appears this standard appears to require corrective action. A review of seven sexual abuse incident reviews confirmed that they were completed via the 14-2F, which has all the elements under this provision, however the forms did not include any narrative information related to the incidents. The forms included only a checkbox indicating the elements were discussed.

Corrective Action

The facility will need to train appropriate staff on the requirement for sexual abuse incident reviews. The facility can utilize the PREA Resource Center's FAQ on sexual abuse incident reviews to assist with training. A copy of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations reported during the corrective action period and associated sexual abuse incident reviews. The documentation should include investigation outcome and date the investigation was completed.

Verification of Corrective Action Since the Interim Audit Report

	<p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staff Training 2. List of Sexual Abuse Allegations During the Corrective Action Period 3. Sexual Abuse Incident Reviews <p>The facility provided staff training that confirmed they received and understood training related to the requirements under this standard. The facility utilized the PREA Resource Center’s Standards in Focus as a training curriculum.</p> <p>The facility provided a list of sexual abuse allegations reported during the corrective action period. There were six sexual abuse allegations reported. All six were completed within 30 days of conclusion of the investigation and included incident specific narrative for elements required under provision (d).</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Annual PREA Report 4. Survey of Sexual Victimization

Findings (By Provision):

115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department. A review of CoreCivic Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 14-2 Sexual Abuse Prevention and Response,

page 32 states that CoreCivic shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e): The PAQ indicated that the agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency is a private for profit agency and houses other agency’s inmates and does not contract with private facilities.

115.87 (f): The PAQ indicated this was not applicable however further communication with the PC indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department. A review of documentation confirmed that CoreCivic completed the 2021 SSV which was submitted in 2022.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Annual PREA Reports and the Survey of Sexual Victimization, this standard appears to be compliant.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Annual PREA Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee

2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews 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 and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 14-2 Sexual Abuse Prevention and Detection, page 32 states that the FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training to include, identifying problems areas and taking corrective action on an ongoing basis. Additionally it states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of Annual Reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head Designee confirmed that he reviews and approves annual reports. He stated that a review of the PREA data is made on a daily, monthly and annual basis. He indicated that incident data is provided daily to select staff in a daily PREA report. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff, video coverage or procedures would minimize the risks of incidents in those areas. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. He stated that files and information relative to investigations of PREA allegations are retained in the Incident Report Database which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules. He further confirmed that the agency takes corrective action on an ongoing basis and that the agency prepares a report of findings from the annual data review. The PCM stated that facility data it utilized to determine any anomalies and to track patterns of reported allegations. He stated the data is used to make recommendations and change policy, procedure and/or operations.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 14-2 Sexual Abuse Prevention and Detection, page 32 states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of Annual Reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The reports also includes corrective action. The reports compares the data from the current year with the previous years.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 14-2 Sexual Abuse Prevention and Response, page 32 states that the CoreCivic Annual report shall be approved by the company Chief Correctional Officer and made available to the public through the CoreCivic website. The interview with the Agency Head Designee confirmed that the report is completed annually and that he approves the report. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report is available to the public online.

115.88 (d): The PAQ indicated when the agency does not redact material from an annual report for publication as information in the report is not information that requires redaction. 14-2 Sexual Abuse Prevention and Response, page 32 states that specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated. A review of the Annual Report confirmed that no personal identifying information was included in the report nor any security related information. The reports did not contain any redacted information. The interview with the PC confirmed that the reports do not contain personal identifiers and/or medical information belonging to inmates or staff.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the CoreCivic Annual PREA Report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Record Retention Schedule
4. CoreCivic Annual PREA Reports

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 14-2 Sexual Abuse Prevention and Response, page 33 states all case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate/detainee information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-5 Retention of Records. The interview with the PREA Coordinator confirmed that files and information relative to investigations of PREA allegations are retained in the IRD which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules.

115.89 (b): The PAQ states that the agency will 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 through other means. 14-2 Sexual Abuse Prevention and Response, page 33 states the CoreCivic Annual Report shall be approved by the company Chief Corrections Office and made available to the public through the CoreCivic website. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report, which includes aggregated data, is available to the public online.

	<p>115.89 (c): 14-2 Sexual Abuse Prevention and Response, page 32 and the PAQ indicated that before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.</p> <p>115.89 (d): 14-2 Sexual Abuse Prevention and Response, page 33 and the PAQ indicates that the agency shall maintains sexual abuse data collected pursuant to 115.87 for at least ten years after the date of initial collection unless Federal, State or local law requires otherwise. A review of historical annual reports indicated that aggregated data is available from 2013 to present.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Retention Schedule, CoreCivic annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year.</p> <p>115.401 (b): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year. The facility is being audited in the second year of the three-year cycle.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p>

	<p>115.401 (n): The auditor observed the audit announcement in each housing unit vestibule at adequate height. The audit notices were printed on letter size paper and were in English and Spanish. Additionally, the auditor observed the audit announcement displayed over the facility tv channel. Further observation of the announcement indicated the address on the notices was incorrect. The facility immediately took corrective action and replaced the audit announcements with the correct mailing address. The facility confirmed they would keep the announcements up for six weeks following the on-site portion of the audit. Further the facility added a note to the audit announcement that indicated they could send a letter or they could contact the facility PCM to assist with getting in touch with the auditor. The audit notice advised the inmates that correspondence with the auditor would remain confidential unless the inmate reported information such as sexual abuse, harm to self or harm to others. The inmates were able to send correspondence confidentially. It should be noted that the facility received a letter that was returned to sender due to the incorrect address and the letter was provided to the auditor. The letter was written anonymously and as such there was no identifying information for the auditor to conduct an interview.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): A review of the agency website confirmed that the agency has uploaded final reports for audited facilities during the current audit cycle and prior audit cycles.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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.)	
115.13 (a)	Supervision and monitoring	
	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?	yes
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	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
	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	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
	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
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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
115.35 (d)	Specialized training: Medical and mental health care	
	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
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	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
	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
	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
	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
	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
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	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
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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
	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
	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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
115.43 (c)	Protective Custody	

	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	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.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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.	no
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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	yes

	this standard.)	
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	

	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
	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of	yes

	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?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	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
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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.)	na
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

(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, there has never been a Final Audit Report issued.)	yes