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

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: 12/6/2024 ☐ **N/A**
If no Interim Audit Report, select N/A
Date of Final Audit Report: 4/28/2025

Auditor Information

Name: Ericka Sage	**Email:** erickasage11@yahoo.com
Company Name: PREA Audit Services, LLC	
Mailing Address: PO Box 6644	**City, State, Zip:** [redacted]
Telephone: [redacted]	**Date of Facility Visit:** 10/21/2024- 10/22/2024

Agency Information

Name of Agency: CoreCivic, Inc.			
Governing Authority or Parent Agency *(If Applicable)*: Click or tap here to enter text.			
Physical Address: 5501 Virginia Way, Suite 110		**City, State, Zip:** Brentwood, Tennessee - 37027	
Mailing Address: Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
The Agency Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Damon T. Hininger	
Email: Click or tap here to enter text.	**Telephone:** 615-263-3000

Agency-Wide PREA Coordinator

Name: Heather Baltz	
Email: [redacted]	**Telephone:** [redacted]
PREA Coordinator Reports to: Daren Swenson, Vice President	**Number of Compliance Managers who report to the PREA Coordinator:** 57

Facility Information

Name of Facility: Arapahoe Community Treatment Center

Physical Address: 3265 West Girard Avenue,	**City, State, Zip:** Englewood, Colorado - 80110
Mailing Address (if different from above): Click or tap here to enter text.	**City, State, Zip:** Click or tap here to enter text.

The Facility Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Facility Type:	☐ Prison	☒ Community Confinement

Facility Website with PREA Information: https://www.corecivic.com/facilities/arapahoe-community-treatment-center

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

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

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: [redacted]

[redacted]

Facility Health Service Administrator ☒ N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.	**Telephone:** Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:	120
Current Population of Facility:	75

Average daily population for the past 12 months:	90
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	18-99
Average length of stay or time under supervision:	Click or tap here to enter text.
Facility security levels/resident custody levels:	Low
Number of residents admitted to facility during the past 12 months:	130
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	130
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	122
Does the facility hold youthful residents?	☐ Yes ☒ No
Number of youthful residents held in the facility during the past 12 months: (N/A if the facility never holds youthful residents)	Click or tap here to enter text. ☒ N/A
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☒ Yes ☐ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☒ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☐ N/A
Number of staff currently employed by the facility who may have contact with residents:	19
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	1
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	15
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	15
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

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

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

Investigations

Criminal Investigations

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

Administrative Investigations

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

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	10/21/2024
2. End date of the onsite portion of the audit:	10/22/2024
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Blue Bench
Audited Facility Information	
4. Designated Facility Capacity:	135
5. Average daily population for the past 12 months:	90
6. Number of resident housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	15

Audited Facility Population on Day One of the Onsite Portion of the Audit
Residents/Residents/Detainees

8. Enter the total number of residents housed at the facility as of the first day of the onsite portion of the audit:	75
10. Enter the total number of residents with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	1
12. Enter the total number of residents who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of residents who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of residents who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of residents who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	1
16. Enter the total number of residents who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of residents who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of residents who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of residents who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of residents who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of residents solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. Provide any additional comments regarding the population characteristics of residents 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). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	Click or tap here to enter text.
Staff, Volunteers, and Contractors *Include all full- and part-time staff employed by the facility, regardless of their level of contact with residents/residents/detainees*	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	18

25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with residents:	2
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with residents:	1
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	Due to the limited number of staff at the facility, the auditor interviewed most staff that were working at the facility during the site review. Staff were selected from every shift, and the auditor assured she interviewed staff of a variety of genders, length of employment, and in various roles throughout the facility.
Interviews	
Resident Interviews	
Random Resident/Resident/Detainee Interviews	
28. Enter the total number of RANDOM RESIDENTS who were interviewed:	15
29. Select which characteristics you considered when you selected random residents:	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other (describe) Click or tap here to enter text. ☐ None (explain) Click or tap here to enter text.
30. How did you ensure your sample of random resident interviewees was geographically diverse?	The auditor independently and randomly selected residents housed at the facility. Residents in each housing unit were selected to ensure they were geographically diverse. If an resident was unavailable due to being out of the building, the auditor ensured she selected a replacement. The auditor noted that the random selection included a variety of ages, races, residents with various lengths of time in the facility, and other diversities. All residents interviewed were told that their participation was voluntary, and all were willing to assist in answering the auditor's questions.
31. Were you able to conduct the minimum number of random resident interviews?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the minimum number of random resident interviews:	Click or tap here to enter text.

32. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The minimum random requirement was eight, however, the auditor oversampled in random categories because she was unable to meet the minimum requirement of targeted resident interviews due to the lack of residents that fit into those categories. The auditor conducted all interviews in a private location, ensuring confidentiality. She introduced herself, explained the audit process, and let them know it was voluntary. All residents interviewed were willing to speak with the auditor, and every resident interviewed said the facility is a safe place, and many said they did not believe a PREA issue would occur at the facility. Residents reported staff as being professional and respectful and many residents told the auditor the facility had changed their life for the better and were very grateful for the services provided by the facility.
Targeted Resident/Resident/Detainee Interviews	
33. Enter the total number of TARGETED RESIDENTS who were interviewed: *As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of residents who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted resident/resident/detainee interviews below, remember that an interview with one resident may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted resident protocols.* *For example, if an auditor interviews a resident 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 resident interview categories will exceed the total number of targeted residents who were interviewed.* *If a particular targeted population is not applicable in the audited facility, enter "0".*	3
35. Enter the total number of interviews conducted with residents with a physical disability using the "Disabled and Limited English Proficient Residents" protocol:	0

a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	☒ 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 residents.

	☐ The residents in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	The size of the facility is very small, and the facility reported there were no residents that fit into this category. The auditor did not identify anyone who fit into this category in conversations with staff, residents, contractors, or volunteers or during documentation review.
36. Enter the total number of interviews conducted with residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Residents" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	☐ 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 residents. ☐ The residents in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	Click or tap here to enter text.
37. Enter the total number of interviews conducted with residents who are Blind or have low vision (visually impaired) using the "Disabled and Limited English Proficient Residents" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	☒ 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 residents. ☐ The residents in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	The size of the facility is very small, and the facility reported there were no residents that fit into this category. The auditor did not identify anyone who fit into this category in conversations with staff, residents, contractors, or volunteers or during documentation review
38. Enter the total number of interviews conducted with residents who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Residents" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	☒ 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 residents. ☐ The residents in this targeted category declined to be interviewed.

b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	The size of the facility is very small, and the facility reported there were no residents that fit into this category. The auditor did not identify anyone who fit into this category in conversations with staff, residents, contractors, or volunteers or during documentation review.
39. Enter the total number of interviews conducted with residents who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Residents" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	☒ 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 residents/residents/detainees. ☐ The residents/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	The size of the facility is very small, and the facility reported there were no residents that fit into this category. The auditor did not identify anyone who fit into this category in conversations with staff, residents, contractors, or volunteers or during documentation review.
40. Enter the total number of interviews conducted with residents who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents" protocol:	2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	☐ 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 residents/residents/detainees. ☐ The residents/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	Click or tap here to enter text.
41. Enter the total number of interviews conducted with residents who identify as transgender or intersex "Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	☒ 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 residents. ☐ The residents in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	The size of the facility is very small, and the facility reported there were no residents that fit into this category. The auditor did not identify anyone who fit into this category in conversations with staff, residents, contractors, or volunteers or

	during documentation review. The auditor did speak with several staff who conducted PREA risk screenings, and all said there were no transgender or intersex residents that were housed at the facility at that time.
42. Enter the total number of interviews conducted with residents who reported sexual abuse in this facility using the "Residents who Reported a Sexual Abuse" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	☒ 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 residents. ☐ The residents in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	The facility reported there were no residents that had reported sexual abuse that were currently housed at the facility. The auditor verified through review of PREA risk screenings and the PREA Log that there were no residents who had reported sexual abuse at the time of the auditor who were housed at the facility.
43. Enter the total number of interviews conducted with residents who disclosed prior sexual victimization during risk screening using the "Residents who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	☒ 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 residents. ☐ The residents in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).	The size of the facility is very small, and the facility reported there were no residents that fit into this category. The auditor did not identify anyone who fit into this category in conversations with staff, residents, contractors, or volunteers or during documentation review.
44. Enter the total number of interviews conducted with residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Residents Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	☒ 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 residents. ☐ The residents in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the	The size of the facility is very small, and the facility reported there were no residents that fit into this category. The auditor did not identify

PAQ; documentation reviewed onsite; and discussions with staff and other residents).	anyone who fit into this category in conversations with staff, residents, contractors, or volunteers or during documentation review. The facility does not have a segregated housing unit, which the auditor verified during the site review.
45. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The minimum number of random residents that were required were 8 based on the population size, however, the audit oversampled random residents since the auditor was unable to interview the full 8 target residents that were required to be interviewed. Instead, the auditor interviewed 3 targeted and 15 random, to ensure the overall minimum of 18 resident interviews were completed.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
46. Enter the total number of RANDOM STAFF who were interviewed:	12
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (describe) Click or tap here to enter text. ☐ None (explain) Click or tap here to enter text.
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	☐ Too many staff declined to participate in interviews ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other (describe) Click or tap here to enter text.
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	The minimum required random staff was 12, which the auditor was able to complete, including almost every staff that was working at the facility during the two-day site review. There was a good sampling of housing unit staff who work each of the three shifts, as well as staff who work in other areas of the facility. The auditor was impressed with how professional and knowledgeable the staff were during the interviews. Each interview was conducted in a private office and was

	voluntary. There were no staff who refused to speak with the auditor.
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The auditor interviewed security staff, including staff who work in intake, food services staff, case managers, and support staff.
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 interview would satisfy multiple specialized staff interview requirements.*	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
51. Were you able to interview the Agency Head?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Click or tap here to enter text.
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (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 residents (if applicable) ☐ Education and program staff who work with youthful residents (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 residents 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 ☒ Other (describe) food services, case managers
56. Did you interview VOLUNTEERS who may have contact with residents in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	☒ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
57. Did you interview CONTRACTORS who may have contact with residents in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	☐ Security/detention ☒ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The facility said they have one contractor and two volunteers. There were no volunteers or contractors at the facility during the onsite visit, so the auditor contacted them after the audit on the telephone. All were well-versed in PREA and remembered their PREA training. They were able to describe how they would respond to a PREA incident if one were to occur. There were no staff who had acted as a first responder at the time of the onsite, so the auditor asked every member of staff who was interviewed about first responder duties in addition to random questions. The auditor utilized the standard protocol questions in interviewing all staff, contractors, and volunteers,

	and additional questions when needed. All interviews were completed in a private location, without others being able to overhear. The auditor took the time to explain what the PREA audit process was, and every member of staff, contractor and volunteer chose to participate in the interview.

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 residents to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.	
59. Did you have access to all areas of the facility?	☒ Yes ☐ No
a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	☒ Yes ☐ No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	☒ Yes ☐ No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.
62. Informal conversations with residents during the site review (encouraged, not required)?	☒ Yes ☐ No
63. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The majority of residents at the facility have their own cell phones and can report a PREA incident through that. The auditor did note there was a pay phone that is available to residents, which costs 50 cents to make a call. The auditor was told that residents have access to a phone by the front desk if they should need it. The residents would not need to say they wanted to report a

	PREA incident to make this call, and it would be free and confidential /unmonitored by staff. The auditor tested each reporting option. Once contacted, the information is immediately forwarded to supervisors to ensure someone can interview the resident and/or follow up with the investigation. The PCM was able to immediately forward the information for the test call to the auditor for review.

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; resident education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The auditor requested a list of all residents who entered the facility within the past twelve months. Upon review, the auditor independently selected 20 files to review. The auditor also requested to see files for all eighteen residents she interviewed, for a total of 38 files reviewed. This included a sample of residents from every housing unit/room. Additionally, the auditor reviewed several files throughout the corrective action period. The auditor reviewed new hire documents for all 8 staff who were hired in the twelve-month period, as well as other relevant documents for every staff member, contractor, and volunteer, since there were so few.

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 "resident" in the following questions. Auditors should provide information on resident, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Resident-on-resident sexual abuse	0	0	0	0
Staff-on-resident sexual abuse	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	The facility reported there had been no PREA allegation in the twelve months preceding the audit. The auditor requested copies of any investigation that has occurred since the last PREA audit and was told there had been one. The auditor was provided with the investigative packet for that allegation. At the time of the onsite review, the auditor received an allegation from a resident, which prompted an immediate investigation. The auditor requested a copy of the completed investigation. The auditor received a copy of the investigative packet. The investigation was complete in a prompt, thorough and objective manner.

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

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

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	The facility reported there had been no PREA allegation in the twelve months preceding the audit. The auditor requested copies of any investigation that has occurred since the last PREA audit and was told there had been one. The auditor was provided with the investigative packet for that allegation. At the time of the onsite review, the auditor received an allegation from a resident, which prompted an immediate investigation. The auditor requested a copy of the completed investigation. The auditor received a copy of the investigative packet. The investigation was complete in a prompt, thorough and objective manner.

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 "resident" in the following questions. Auditors should provide information on resident, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Resident-on-resident sexual abuse	0	0	0	0	0
Staff-on-resident sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Resident-on-resident sexual abuse	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Staff-on-resident sexual abuse	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	The facility reported there had been no PREA allegation in the twelve months preceding the audit. The auditor requested copies of any investigation that has occurred since the last PREA audit and was told there had been one. The auditor was provided with the investigative packet for that allegation. At the time of the onsite review, the auditor received an allegation from a resident, which prompted an immediate investigation. The auditor requested a copy of the completed investigation. The auditor received a copy of the investigative packet. The investigation was complete in a prompt, thorough and objective manner.

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 "resident" in the following questions. Auditors should provide information on resident, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Resident-on-resident sexual harassment	0	0	0	0	0
Staff-on-resident	0	0	0	0	0

sexual harassment					
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	The facility reported there had been no PREA allegation in the twelve months preceding the audit. The auditor requested copies of any investigation that has occurred since the last PREA audit and was told there had been one. The auditor was provided with the investigative packet for that allegation. At the time of the onsite review, the auditor received an allegation from a resident, which prompted an immediate investigation. The auditor requested a copy of the completed investigation. The auditor received a copy of the investigative packet. The investigation was complete in a prompt, thorough and objective manner

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Resident-on-resident sexual harassment	0	0	0	0
Staff-on-resident sexual harassment	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	The facility reported there had been no PREA allegation in the twelve months preceding the audit. The auditor requested copies of any investigation that has occurred since the last PREA audit and was told there had been one. The auditor was provided with the investigative packet for that allegation. At the time of the onsite review, the auditor received an allegation from a resident, which prompted an immediate investigation. The auditor requested a copy of the completed investigation. The auditor received a copy of the investigative packet. The investigation was complete in a prompt, thorough and objective manner

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual abuse investigation files:	The facility reported there had been no PREA allegation in the twelve months preceding the

	audit. The auditor requested copies of any investigation that has occurred since the last PREA audit and was told there had been one. The auditor was provided with the investigative packet for that allegation. At the time of the onsite review, the auditor received an allegation from a resident, which prompted an immediate investigation. The auditor requested a copy of the completed investigation. The auditor received a copy of the investigative packet. The investigation was complete in a prompt, thorough and objective manner
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any sexual abuse investigation files)
Resident-on-resident sexual abuse investigation files	
75. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:	0
76. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files)

77. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files)
Staff-on-resident sexual abuse investigation files	
78. Enter the total number of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files)
80. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	The facility reported there had been no PREA allegation in the twelve months preceding the audit. The auditor requested copies of any investigation that has occurred since the last PREA audit and was told there had been one. The auditor was provided with the investigative packet for that allegation. At the

	time of the onsite review, the auditor received an allegation from a resident, which prompted an immediate investigation. The auditor requested a copy of the completed investigation. The auditor received a copy of the investigative packet. The investigation was complete in a prompt, thorough and objective manner
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any sexual harassment investigation files)
Resident-on-resident sexual harassment investigation files	
83. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files)
85. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files)
Staff-on-resident sexual harassment investigation files	
86. Enter the total number of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:	1
87. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files)
88. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The facility reported there had been no PREA allegation in the twelve months preceding the audit. The auditor requested copies of any investigation that has occurred since the last PREA audit and was told there had been one. The auditor was provided with the investigative packet for that allegation. At the time of the onsite review, the auditor received an allegation (staff on resident sexual harassment) from a resident, which prompted an immediate investigation. The auditor requested a copy of the completed investigation. The auditor received a copy of the investigative packet. The investigation was complete in a prompt, thorough and objective manner

Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? *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
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	0
Non-certified Support Staff	
91. 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
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	0
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	☒ The audited facility or its parent agency ☐ My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) ☐ A third-party auditing entity (e.g., accreditation body, consulting firm) ☐ Other

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

115.211 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- Position Description of the Senior Director, PREA Programs and Compliance
- Agency Organizational Chart
- Q & A with PREA Coordinator
- Memorandum Appointment of PREA Coordinator (PC)
- Q & A with CoreCivic PREA Coordinator
- Arapahoe Organizational Chart
- Memorandum describing the PREA Compliance Manager

Interviews Conducted:

- PREA Coordinator
- PREA Compliance Manager
- Agency Head Designee
- Random Staff
- Random Residents
- Contractor
- Volunteers

115.211 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response is a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It states, "CoreCivic is committed to protecting residents in community corrections facilities from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment. Sexual abuse in correctional institutions, including community confinement facilities, is a public safety issue that can impact facility order and security. It victimizes vulnerable residents, causes psychological trauma, can increase the spread of communicable diseases, and can elevate the risk of violence and tension. CoreCivic has zero tolerance toward all forms of sexual abuse and sexual harassment."

CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response outlines the agency's approach to preventing, detecting, and responding to such conduct. The policy covers zero tolerance, hiring and promotion, training, supervision, and monitoring /staffing plans, upgrades to facilities and technologies, external emotional support services, resident screening, resident orientation, and education, housing and program assignments, limits to cross-gender viewing and searches, reporting sexual abuse and/or sexual harassment, coordinated response/ Sexual Abuse Response Team (SART), response procedures, administrative investigations, criminal investigations, post investigation review, incident classification, resident notifications, disciplinary procedures, collection and use of data and audits. The policy is comprehensive and addresses each PREA standard within it.

Interviews with staff, contractors, volunteers, and residents verified that the agency and facility reinforce the zero-tolerance policies, and each interviewee understood the importance of preventing, detecting, and responding to allegations of sexual abuse and sexual harassment.

The agency has strategically discussed the zero-tolerance policy in education, training, and materials that are provided. The auditor observed several areas where the zero-tolerance policy was clearly posted throughout the facility so residents, staff, volunteers, contractors, and employees could be reminded.

115.211 (b) Core Civic employs Heather Baltz, an upper-level and agency-wide PREA Coordinator (PC).

CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response defines the PC as "an upper-level management FSC employee designated to develop, implement and oversee CoreCivic's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program. He/she provides supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy."

The position description provided for PC Baltz states his position is Senior Director of PREA Programs and Compliance. It states the PC "…develops and oversees the implementation of PREA-related policies and procedures to ensure compliance with PREA standards and audit requirements."

The position description essential functions list several duties, including developing/overseeing the implementation of PREA-related policies/procedures, liaison, and resources for management and partners, coordinators implementation plans and actions, coordinating training as required by the standards, collecting and maintaining data, and prepares annual reports, analyzes data to assess and improve the effectiveness of the PREA program.

A Q&A with PC was provided to the auditor, which is an overview of the answers to the interview protocol questions for the PREA Coordinator. This documents that the PC does have the time to manage all of their PREA-related responsibilities. It also explains that if the PC identifies issues with complying with the PREA standards they will assist the facility with corrective action plans, revise policies if needed, provide technical assistance, and can involve CoreCivic Managing Directors and VPs to elevate concerns that need to be addressed. The Q&A did not replace the interview conducted with the PC.

A copy of a memorandum was provided to the auditor, dated May 31, 2024, which explains the appointment of Heather Baltz to the position of PC.

The organizational chart provided shows PC Baltz as reporting to the Vice President of Core Services, who is also designated as the Agency Head Designee for the purpose of conducting the PREA interview. The auditor interviewed Steven Conry who was leaving the position, as well as Daren Swenson, who was taking over the position.

The interview with the PC and the Agency Head Designee reinforced Ms. Baltz had the time and authority to complete her duties as the agency PC. Ms. Baltz reports there is another full-time agency-level position that assists her in ensuring statewide compliance with the PREA standards, which was noted as reporting to the PC on the Organizational Chart provided to the auditor. The position is titled Agency Director of PREA Compliance and Investigations, and she was onsite during the audit on behalf of the Agency PREA Coordinator. While onsite and afterward, the auditor was able to observe the PREA coordinator's level of authority, as evident when the Director of PREA Compliance and Investigations was able to let the facility know of issues, on her behalf and that they would need to change to become PREA compliant. The facility understood she had the authority to direct those changes.

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

A Q&A with the CoreCivic VP (on behalf of the Agency Head) was provided to the auditor, which is an overview of the answers to the interview protocol questions for the Agency Head.

Although not specifically required by community confinement PREA standards, the facility provided a memorandum that states that Victoria Longstrom is the PREA Compliance Manager (PCM) at the facility. Her position is listed as Facility Director. Ms. Longstrom was responsive prior to, during, and after the on-site review. She was able to provide documents to the auditor and clearly had a good understanding of PREA requirements.

CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Each CoreCivic facility has a designated PREA Compliance Manager to coordinate efforts at the facility level to comply with the PREA Standards”. Additionally, the PCM is defined in the policy as: “a manager appointed by the Facility Director who maintains responsibility for the facility Sexual Abuse Response and Prevention Program.”

Interviews with staff and others at the facility indicated that it was known that Ms. Longstrom was designated as the PREA Compliance Manager. The auditor was also able to observe her ability to immediately address compliance issues without resistance from others. Both staff and residents explained that Ms. Longstrom was approachable, and they believed they could bring concerns to her, and she would immediately respond to it.

Conclusion:

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

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

- Does the agency enter into contracts with entities that fail to comply with these standards, only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed? ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· Memorandum Regarding 115.212

Interviews Conducted:

· PREA Coordinator
· Contract Monitor
· PREA Compliance Manager

115.212 (a) The agency reported on the PAQ that they have not entered into or renewed a contract for the confinement of residents since the last PREA Audit.

CoreCivic is a private entity, and other governmental agencies contract with them for the confinement of their residents.

A memorandum was provided from the Facility Director that states "Arapahoe Community Treatment Center does not contract with another agency for the confinement of residents.

115.212 (b) The PAQ explained that since they do not contract for confinement, they do not require an agency to monitor the contractor's compliance with PREA standards. The facility understood that if they were to contract for confinement, monitoring the contractor's compliance with PREA standards would be required.

115.212 (c) The PAQ explained that since August 20, 2012, the agency has not entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard. The agency does not contract with others for the confinement of their residents.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Physical layout of the facility? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Composition of the resident population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated

incidents of sexual abuse? ☒ Yes ☐ No

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

115.213 (b)

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

115.213 (c)

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

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

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to: the resources the facility has available to commit to ensure adequate staffing levels

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- 2024 PREA Staffing Plan
- 2023 PREA Staffing Plan
- 2022 PREA Staffing Plan
- Facility Schedule
- Staffing Logs
- Facility Camera Layout
- Colorado Community Corrections Standards
- Memorandum regarding meeting Colorado Community Corrections Standards

Interviews Conducted:

- Facility Director/PREA Compliance Manager
- PREA Coordinator

115.213 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, states “CoreCivic shall develop and annual staffing plan for each facility that provides for adequate levels of staffing to protect residents against sexual abuse. The location of video monitoring systems shall be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration.

a. The physical layout of each facility;

b. The composition of the resident population;

c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

d. Any other relevant factors.”

The policy also outlines that the facility PCM will complete form 14-21 CC Annual PREA Staffing Plan Assessment and forward it to the Facility Director for review. Upon completion, the Facility Director forwards the form to the PREA Coordinator for review.

The Annual PREA Staffing Plan Assessment for 2022, 2023 and 2024 was provided to the auditor as documentation. The staffing plan considers all enumerated factors 1-4 as outlined in the policy and explains any changes since the last staffing plan. The staffing plan form is a checkbox-type document, but also includes space to list other relevant factors that are considered, and what changes have been made since the last staffing plan. It would be recommended that the form include sections to explain how the facility is considering each factor, in addition to a yes/no checkbox.

When reviewing the staffing plan, it appears there is a minimum requirement of three security staff on each shift, seven days a week. Two of those staff are Monitor 1, and one is a Senior Monitor. As of the date of the staffing plan, it reported there were 82 male residents located at the facility.

The auditor was provided with a copy of the facility's camera layout. This layout showed screen prints of camera footage that showed different angles and areas cameras had been placed. The facility reported there were 37 total cameras, strategically placed throughout the facility. The auditor noted that the facility was small and had exceptional camera coverage. Cameras were placed in areas that are considered blind spots.

The PREA Compliance Manager and Facility Director were interviewed regarding this provision. They both were able to explain that this staffing plan is reviewed on an annual basis and ensures all the required factors are considered.

The auditor was provide with a copy of the Colorado Community Standards for staffing, which states that "residential programs shall provide an acceptable staffing pattern that ensures adequate client supervision and provision of services. At a minimum, at least two staff members, whose primary shift duties are for client supervision, must be present in the facility at all times. At no time shall the central supervision office be let unless there is an emergency, at which time the office must be locked. Staffing shall be increased as necessary during the facility's busiest hours to ensure sufficient coverage to adequately oversee clients and perform all required duties."

Throughout the site review, the auditor had informal conversations with staff and residents to discuss staff supervision, blind spots, and other concerns. There were very few concerns, including one closet that had paper blocking viewing into the area. The facility addressed this immediately by removing the paper.

115.213 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility shall make its best effort to comply, on a regular basis, with the approved PREA Staffing Plan and shall document and justify all deviations. The facility Operations Supervisor is responsible for reviewing the PREA Staff Plan in conjunction with the daily shift roster. Deviations shall be reported in accordance with the CoreCivic Policy 5-1 CC Incident Reporting."

If a position identified on the Staffing Plan is vacated for a shift, the Operations Supervisor shall notify the facility PREA Compliance Manager of the deviations. "The PREA Compliance Manager shall document and describe the deviation along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation."

The PAQ noted there were no deviations from the staffing plan in the past twelve months.

A memorandum was provided to the auditor from the Facility Director that said, "Arapahoe Community Treatment Center meets the standard for the Colorado Community Standards for staffing."

During the auditor's interview with the Facility Director it was explained she explained deviations would be documented. She also explained that if the facility could not comply with the minimum staffing requirements, that staff would be required to work overtime to ensure minimum staffing levels are met. The auditor was able to verify this by reviewing staffing logs while onsite.

115.213 (c) CoreCivic Policy CC 14-2 Sexual Abuse Prevention and Response states that "whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to the staffing plan established pursuant to section (D1). The following shall be considered as part of the assessment:

a. Prevailing staffing patterns;

b. The facility deployment of video monitoring systems/other monitoring technologies; and

c. The resources the facility has available to commit to ensure adequate staffing levels."

The staffing plan is completed on an annual basis, and examples for 2022, 2023, and 2024 was provided to the auditor as documentation. The PREA Coordinator was a reviewer on the staffing plan which describes the staffing plan pursuant to paragraph (a) of this section, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan.

The PREA Coordinator and the PCM understood this requirement and described the process for reviewing annually. Included in this review are the staffing plan, video monitoring system, and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. They explained this is an ongoing review that occurs post-incident as well.

Conclusion:

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

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

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

115.215 (c)

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

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

115.215 (d)

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

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

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

115.215 (e)

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

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

115.215 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

· PREA Overview Curriculum

· PREA Overview Facilitator Guide

· Training Hours Report

· Search Procedure Facilitator Guide

· Search Procedures Training Document Roster

Interviews Conducted:

· Random Staff

· Random Residents

115.215 (a) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “strip searches of any resident may be conducted only if authorized by partner agency policy. Cross-gender resident searches (male staff on female residents or, female staff on male residents) shall not be conducted except in exigent circumstances.”

The PAQ stated that there had been no cross-gender strip or cross-gender visual body cavity searches of residents.

The PREA Overview Curriculum includes cross gender pat search procedures, and the facility provided the Search Procedure Facilitator Guide and the Search Procedures Training Document Roster. The training explains that cross gender strip searches are not permitted absent “exigent circumstances”.

The auditor asked staff and residents specifically about cross gender strip searches or cross gender visual body cavity searches, and they said the facility did not conduct either. Residents are pat searched by same-gender staff and female staff would use a wand on the resident to check for contraband . Additionally, urinalysis observation is done by same gender staff. Female staff stand outside the door when urinalysis is completed.

115.215 (b) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Pat searches of female residents by male staff are prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order). The facility shall not restrict female resident access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.”

The PAQ said that there had been no pat-down searches of female residents that were conducted by male staff. The facility is a male designated facility.

115.215 (c) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Policy states “whenever a cross-gender pat search of a female resident or a cross-gender strip search of any resident does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in an incident report in accordance with CoreCivic Policy 5-1 CC

Incident Reporting. Details of the exigent circumstances must be included in all log entries and incident reports."

The facility is designated for male residents; therefore this provision is not applicable.

Interviews with residents and staff indicated that there had not been cross gender strip or body cavity searches, but staff understood that if there was a cross-gender search on a female resident, it would always be documented. There were no examples of this occurring for the auditor to review, or any indication it had occurred in the past. This facility reports they do not routinely conduct strip or body cavity searches.

115.215 (d) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Policy states "Residents may 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 living quarter checks."

CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Policy also states "staff of the opposite gender are required announce their presence when entering an resident housing unit. Where a larger housing unit is broken into several smaller individual units such as pods, cell-blocks, dorms, etc. the staff member must announce as he/she enters each of smaller individual units. (115.15 (d))

a. A verbal announcement upon arrival is required only when the status quo of the gender supervision on the housing unit changes from exclusively same-gender, to mixed- or cross-gender supervision. For example, a female Security Monitor entering a male housing unit is not required to announce if there is already a female Security Monitor in the unit.

b. In the event multiple opposite gender staff enter a housing unit simultaneously, only one of the opposite gender staff need make the announcement.

c. Announcements are required for both security and non-security staff.

d. Staff roving from one pod/dormitory to another inside of a larger unit must re-announce each time they enter

e. Staff are not required to make announcements when responding to temporary and unforeseen circumstances that require immediate action in order to combat a threat to safety or security (e.g. fire alarms, or contraband detection)."

The auditor spoke with eighteen male residents. All reported that they had the ability to shower, perform bodily functions, and change their clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, unless incidental to a routine cell check. They also indicated that staff of the opposite gender announce their presence when entering a housing unit.

Both security, non-security, and management staff who were interviewed said that opposite-gender staff announce their presence when entering a housing unit and only may see an resident in a state of undress if it was incidental to a routine living quarter check. All staff understood their responsibility to limit cross-gender viewing to only exigent circumstances or when incidental to a routine living quarter.

The auditor conducted a thorough site review of the facility. The auditor observed opposite gender announcements taking place by female staff announcing they were entering the living quarter and announcing their gender. Staff and residents indicated they do this at all hours, even during the graveyard. The auditor interviewed both graveyard staff that were available at the time of the audit, and they said they would announce themselves when entering a resident's living quarters.

The auditor was able to view the shower and bathroom areas during the site review. Bathroom and shower areas have stalls or curtains that limit opposite-gender viewing of breasts, buttocks, and genitalia. Staff and residents both verified that female staff never enter these areas when in use, unless there was an emergency. If female staff are doing security checks in the area, they announce themselves so residents can cover up.

115.215 (e) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Policy states "The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner."

The PAQ noted that such searches have not occurred in the past twelve months.

Staff who were interviewed indicated that they would never search a transgender or intersex resident for the sole purpose of determining their genital status. Staff do not conduct unclothed searches on any resident, and would not on a transgender or intersex resident.

There was no indication in any of the file reviews conducted that this has occurred at this facility in the past.

Search Procedure Facilitator Guide was provided to the auditor, explaining that “staff may not conduct strip searches for the sole purpose of identifying a residents gender. If an resident's genital status is unknown, an agency can determine it through conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.”

It also explains that searches of transgender or intersex residents should be carried out in accordance with the resident's gender identity and by asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search. Residents who are suspected of changing gender identity and search preferences or both to evade security screening procedures should be reported to supervisory personnel. Staff should never conduct "dual gender" pat searches, where the staff of one gender searches the top half of the resident and the staff of the other gender searches the bottom half of the resident.”

There were no transgender or intersex residents at the facility at the time of the site review, therefore, the auditor was not able to conduct interviews.

115.215 (f) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Policy states “in addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in a manger that is professional, respectful, and the least intrusive possible while being consistent with security needs.”

The PAQ explains that one hundred percent of security staff have received training on conducting ross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

The auditor verified through training records that staff who conduct searches have taken this training, as required. Since there were such few staff at this facility, the auditor reviewed training records for every staff person.

The auditor was provided with a copy of the Search Procedure Facilitator Guide, which shows the training staff received. This training covers physical body searching and includes practical exercises. The training includes PREA search considerations, including utilizing the back or blade of the hand to search breast areas, regardless of gender. The training also explains that strip searches are to be conducted by the same sex as the resident getting the search, except in exigent circumstances and in a private area. It explains that if an resident is transgender or intersex, the same-gender search will be conducted in accordance with the gender they identify as.

The Search Procedure Facilitator Guide also states that “Cross-gender searches, and searches of transgender and intersex residents, should be conducted professionally and respectfully, and in the least intrusive manner possible, consistent with security needs.”

There were no transgender or intersex residents at the facility at the time of the site review, therefore, the auditor was not able to conduct interviews.

Conclusion:

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

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

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

115.216 (a)

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

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

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

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

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

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

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

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

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

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

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

115.216 (b)

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

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

· Memorandum Regarding Translation Services and Hearing-impaired Services

- Intake Pamphlet 14.2 AA in Spanish
- Intake Pamphlet 14.2 AA in English
- Voyce Services Agreement
- Welcome to CoreCivic Arapahoe Community Treatment Center Document
- CoreCivic PREA Handbook in Spanish
- CoreCivic PREA Handbook in English
- Voyce Activation Email
- Voyce OPI Access Instructions
- Muti-Need Offender Training Rosters

Interviews Conducted:

- PREA Coordinator
- PREA Compliance Manager
- Agency Head Designee
- Residents with Disabilities, including Hard of Hearing, Deaf, Blind, or Low Vision
- Residents with Disabilities, including Intellectual, Psychiatric, or Speech
- Residents who are Limited English Proficient
- Risk Screening Staff
- Intake Staff

115.216 (a) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “The facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to respond to sexual abuse and sexual harassment.

a. Residents 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 resident shall be provided when simple written or oral communication is not effective.

b. The facility will ensure that information is effectively communicated orally, on an individual basis, to residents with limited reading skills residents who are blind or have low vision, and those who may have difficulty understanding provided information due to intellectual deficiencies, mental health concerns, or speech disabilities."

The facility provided the auditor with a memorandum, which states "in the event Arapahoe Community Treatment Center receives a hearing-impaired resident, we would contact an agency for the communication with this individual".

The facility reported there were no hard of hearing or deaf residents at the facility. They explained they would be able to utilize a sign language interpreter video relay system that the staff had available. The Voyce Services Agreement shoed that American Sign Language was available for the facility to use.

The facility reported there were no blind or limited vision residents at the facility at the time of the onsite audit, so the auditor was unable to interview them. The facility explained that they would ensure they were able to verbally explain all PREA-related information to anyone who was blind.

The auditor interviewed one resident with cognitive disabilities. They were able to explain that they had received all PREA-related information in a way they could understand and felt safe to report an incident, should one occur. There were no residents with physical disabilities available at the time of the audit. The auditor did not see any residents who may have a visible physical disability during the onsite audit. Staff who participate in various PREA processes understood that they would ensure the information was provided on a case-by-case basis, depending on the resident's abilities and needs.

115.216 (b) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "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 auditor was provided with a copy of an email that was dated May 7, 2024 that explains that the facility will transition translation services from Language Line to Voyce Enterprise Translation Services. The email also included Voyce OPI Access instructions, which were also provided to the auditor. The auditor reviewed the Voyce Services Agreement that explains language translation services are available by video or telephone, and they also can provide translation services in writing.

The auditor was provided with the PREA Handbook and Intake Pamphlet in both English and Spanish. It was reported to the auditor that Spanish is the primary second language at the facility. If a resident spoke another language, they would contact Voyce to ensure someone was able to appropriately translate the information. The auditor observed several PREA postings throughout the facility in Spanish.

The facility reported there were no residents who were LEP at the time of the audit. The auditor did not find any evidence that an LEP resident was at the facility through document review or in interviews with staff and residents.

115.216 (c) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility will not rely on residents 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 resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations."

Interviews with staff verified the facility does not rely on resident interpreters, resident readers, or other types of resident assistants for PREA-related conversations unless there is an exigent circumstance. There was no indication that this had ever been done in the past at the facility.

Conclusion:

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

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

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

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

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

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

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

115.217 (b)

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

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

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

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

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

115.217 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- 5 Year Background Documentation
- New Hire Packets
- 14-2H Self Declaration of Sexual Abuse/Sexual Harassment
- 3-20-2B PREA Questionnaire for Prior Institutional Employers
- Memorandum Regarding Criminal History Checks
- Tracking Sheet for Background Checks

Interviews Conducted:

- PREA Coordinator
- PREA Compliance Manager
- Human Resources

115.217 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response B Hiring and Promotions states “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 residents and who has:

a. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

b. Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

c. Been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.a., b.”

The PAQ noted that there were eight staff hired in the twelve months preceding the audit. The auditor was provided with a list of all staff hired, and the auditor selected and reviewed all eight new hire packets, to include information required in this provision.

Interviews with Human Resources staff indicated that all newly hired staff will complete the application that includes this information. All applicants are asked specifically about these issues, and contractor records are reviewed prior to entry into the facility.

115.217 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states “any incident of sexual harassment shall be considered in determining whether to hire or promote any individual or to enlist the services of any contractor, who may have contact with residents.”

An interview with Human Resources indicated that the agency/facility would consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, who may have contact with residents. The auditor selected all eight

employee files for employees who had been hired or promoted in the twelve months preceding the audit, that supported compliance with this provision.

115.217 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response B Hiring and Promotions states "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."

Additionally, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states "The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form was provided as documentation. It asked the applicable questions. The auditor was able to review new hire records for employees hired in the past twelve months with prior institutional experience and the applicable form was completed and in their file. The Human Resources Manager explained this is completed every time there is a new hire.

The PAQ noted that there were eight staff hired in the twelve months preceding the audit. The auditor was provided with a list of all staff hired, and the auditor reviewed all eight new hire packets, to include information required in this provision. The auditor reviewed several criminal history checks for employees and contractors as well.

The Human Resources staff were interviewed and understood the requirement to complete a criminal history check and check with previous institutional employers to ensure there had not been previously substantiated PREA allegations. She said this is completed prior to every new hire.

The auditor reviewed all eight staff who had been hired during the twelve months preceding the audit. Of those eight, four had prior institutional experience. The auditor reviewed copies of the 3-20-2B PREA Questionnaire for Prior Institutional Employers for each of the four employees.

115.217 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states “Before hiring new employees or enlisting the service of any contractor who may have contact with residents, CoreCivic shall ensure that a criminal history record check has been conducted.”

The PAQ noted that there were no new contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.

The auditor was told there was one contractor that was working for the facility. The auditor reviewed the criminal history check for that contractor.

The Human Resources staff were interviewed and understood the requirement for contractors to have a criminal history check prior to contact with residents. He explained this is always completed prior to them entering the facility.

115.217 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states “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 residents, or, have in place a system for otherwise capturing such information.”

The auditor reviewed criminal history check information for all staff, and for the only contractor. The auditor was provided with the documentation that they have received criminal history checks within the past five years for all employees, except one. That employee’s criminal history check was over five years old. It was reported to the auditor that these are ran by the Colorado Department of Corrections. It was reported that they got behind during the Covid 19 pandemic and had been catching these up. The auditor requested additional information; to include proof they had received the criminal history check, and a memorandum explaining why it wasn’t ran. The memorandum provided to the auditor explained that a process recently changed, and the agency had system issue, which is now corrected. They stated they have a checks and balance process so the system will automatically notify HR that an employee is due for a 5-year background check. HR will also maintain a file for all employees and at the beginning of every month the HR assistants will review the list, and ensure the checks are ran.

The employee's background was ran on 10/21/2024 and the auditor also reviewed newly hired staff to ensure there's was ran, as required.

The auditor was provided with a tracking mechanism for every employee, including their hiring date and date of the last background check. This showed every employee was now up to date. With these changes made, the auditor is satisfied that the facility has rectified the issue.

115.217 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states "The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by employees as part of the promotional process including both inter-facility promotions and intra-facility promotions. The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by current employees and contractors on an annual basis to serve as verification of the fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. The annual signature shall be in lieu of having the form completed as part of an annual review process. The completed 14-2H form shall be retained in each employee's personnel file".

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

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

115.217 (g) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "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."

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

115.217 (h) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "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 former employee has applied to work."

The facility Human Resources reported there were no examples of this information being requested; however, they were also aware of the requirement and would comply.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard. Although one criminal history check was past due, the facility immediately implemented corrective action measures with checks and balances to ensure criminal history checks will be conducted at least every five years. The auditor is satisfied that this has been institutionalized, based on the documentation provided and processes implemented.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- Camera Layout
- Form 07-01B1 PREA Physical Plant Considerations

Interviews Conducted:

- Agency Head
- Facility Director
- PREA Coordinator
- PREA Compliance Manager

115.218 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "when designing or acquiring any new facility and in planning any substantial expansion or modification

of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect residents from sexual abuse. Considerations for modifications and renovations shall be documented on form 7-1B PREA Physical Plant Considerations."

The pre audit questionnaire states that there had been no new substantial expansions or modifications to the facility since the last PREA audit. The auditor did not see any areas where there had been expansions or modifications during the site review.

The form 07-01B1 PREA Physical Plant Considerations was submitted as documentation. The form discusses the considerations for the project and asks to consider how technology may enhance the agency's ability to protect a resident from sexual abuse. The form indicates the staff completing it should review and explain the following:

· The layout of the cells/dormitories/rooms enable adequate supervision of residents.

· The existence of blind spots that may require correction by additional cameras, mirrors, or additional staff.

· Design/layout of shower stalls and/or shower areas enable residents to shower without staff of the opposite gender viewing breasts, buttocks, or genitalia.

· Design/layout of the toilets (including urinals) enable residents to perform bodily functions without staff of the opposite gender viewing breasts, buttocks, or genitalia.

· For installation or updates of a video monitoring system, electronic surveillance system consideration was given as to how this technology enhanced the ability to protect residents from sexual abuse.

· Other

The Agency Head explained the process for ensuring this is completed. He said the PREA Coordinator for the Agency is involved in any modifications that are made at any of the CoreCivic facilities. The PREA Coordinator explained that they have a Real Estate Team at CoreCivic who is involved in any of these types of projects and ensure that PREA is appropriately considered.

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

The facility provided the auditor with a camera layout that showed the cameras and their views in each location. This included screen shot photos.

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

The Facility Director discussed the process for obtaining additional technology and explained that there is a constant review to ensure that any blind spots are appropriately addressed with staffing or video monitoring. As new areas are identified that need cameras, she requests them.

Conclusion:

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

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (b)

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

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

115.221 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

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

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

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

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

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

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

115.221 (e)

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

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- CoreCivic Form 14-2C-CC Sexual Abuse Incident Check Sheet
- MOU between CoreCivic and St. Anthony North Neighborhood Health Center
- MOU with the Blue Bench
- Memorandum Regarding Arapahoe County Sheriff's Department
- Letter from Arapaho County Sherriff's Office

Interviews Conducted:

- PREA Coordinator
- PREA Compliance Manager
- Investigators
- Shift Supervisors
- Blue Bench Representative
- SANE Nurse at St. Anthony North Neighborhood Health Center

115.221 (a) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response 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."

Interviews with staff indicated some confusion around evidence protocols. There was no staff that had responded to an incident that needed evidence collection that was interviewed. Some employees had first responder cards, which included evidence preservation steps. The auditor recommended that the facility look for ways to provide refresher information to staff on evidence collection protocols and ensure that all staff have a first responder card they can refer to if needed.

115.221 (b) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "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 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."

The CoreCivic Form 14-2C-CC Sexual Abuse Incident Check Sheet was reviewed and complies with this provision. It should also be noted that this facility does not house youthful residents.

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

The facility reported in the PAQ that there were no SANE examinations in the past twelve months, and all were performed by a SANE/SAFE and were without financial cost.

The auditor contacted a SANE at St. Anthony North Neighborhood Health Center who was able to explain the SANE process and indicated they would be provided at no cost to the resident.

115.221 (d) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center." Additionally, it states "if unable to secure the services of a victim advocate to accompany the alleged victim to the SAFE/SANE exam, and if requested by the victim, the facility may use a qualified facility staff member for this purpose."

A MOU with the Blue Bench was provided for the auditor. The MOU states that the Blue Bench agrees, and CoreCivic will ensure an advocate can accompany and support the victim through the forensic medical examination and during investigatory interviews. The MOU outlines the responsibilities of both parties and commenced on 10/4/2019 and shall terminate upon thirty (30) days' written notice by either party.

The auditor contacted a representative from the Blue Bench to discuss the services they provide at the facility. She said that they have an agreement with the facility but do not recall specific contact with this facility. She explained that they would be able to respond to accompany the victim during a SAFE/SANE exam and during investigative interviews.

115.221 (e) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "As requested by the victim, either a victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crises intervention, information, and referrals."

The auditor contacted a representative from the Blue Bench to discuss the services they provide at the facility. She said that they are able to accompany and support the victim through the forensic medical examination process and investigatory interviews. They also provide emotional support, crisis intervention, information, and referrals.

The auditor contacted a SANE, who also verified advocacy services from a rape crises center would be made available during the forensic examination. She said they have the ability to contact multiple organizations, but Blue Bench was specifically mentioned as confidential advocacy services that can assist during a SANE.

115.21 (f) The facility states they have requested that The Arapahoe County Sheriff's Office comply with the national PREA standards C.R.S.

A memorandum was provided to the auditor that states "The Arapahoe County Sheriff's Department will not sign a MOU due to federal and state law as they are required to investigate any and all crimes in their jurisdiction."

A letter from Arapaho County Sheriff's Office, dated December 29, 2015 was provided to the auditor. The letter states that "The Arapahoe County Sheriff's Office will respond to, and investigate, reports of sexual assault within our jurisdiction as stipulated by C.R.S. and our policy. This includes the Arapahoe Community Treatment Center at 3265 West Giard Avenue, Englewood, Colorado 80110. We will also have SANE exams offered to victims in those incidents where evidence may be obtained from that exam."

It is clear by the memo that the facility has requested the agency to be compliant with PREA standards. The auditor recommended the facility continue to attempt to build upon the relationship with the Sheriff's Office.

115.221 (g) The facility understands that the requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

There are currently no state agencies or Department of Justice components that are responsible for investigating allegations of sexual abuse at the facility but understand the requirements if that should occur.

115.21 (h) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "If unable to secure the services of a victim advocate to accompany the alleged victim to the SAFE/SANE exam and if requested by the victim, the facility may use a qualified facility staff member for this purpose. The staff member must have been screened by SART and the Facility Director/Facility Administrator/designee for appropriateness to serve in this role and must have received documented education concerning sexual assault and forensic examination issues."

The facility said there were no staff who might serve in this role, as Blue Bench will provide services, per the MOU.

Conclusion:

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

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

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

- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

· CoreCivic PREA Web Page

· Completed Investigative Packets

· PREA Log

Interviews Conducted:

- PREA Coordinator
- PREA Compliance Manager
- Investigator

115.222 (a) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The Facility Director 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."

The facility reported there were no allegations of sexual abuse and sexual harassment in the twelve months preceding the audit. The auditor then requested a list of allegations made since the last PREA audit. The auditor received a PREA Log, which states the only investigation that was conducted since the last PREA audit, was an incident that took place in May 2023.

The auditor reviewed the only investigative packet since the last PREA audit. This packet included the necessary documentation to show that an investigation was completed.

The auditor interviewed the only investigator at the facility and conducts administrative investigations of sexual abuse or sexual harassment. The investigator explained that an investigation would always be completed for every allegation.

115.222 (b) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse. All allegations of sexual abuse or sexual harassment shall be referred for investigation to an agency or entity with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior."

The auditor reviewed the only investigation of sexual abuse and sexual harassment. The investigation was referred to law enforcement, but it did not appear they investigated it.

115.222 (c) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response outlines the agency's approach to conducting criminal investigation, including a referral to local law enforcement, as appropriate.

The Arapahoe County Sheriff's Department is responsible for criminal investigations at the facility. The facility has reported that they have declined to enter into an MOU with the facility.

The facility provided the auditor with a publication on the facility's website that explains that criminal investigation are generally referred via agreement to Local Law Enforcement Agencies or Investigating bodies under the authority of the Contracting Authority.

The investigator interviewed was able to explain the responsibilities of CoreCivic and the Arapahoe County Sheriff's Department.

115.222 (d-e) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "CoreCivic is not a state entity or component of the Department of Justice responsible for investigating allegations of sexual abuse." It also states that If the contracting governmental agency utilizes an internal investigative process (e.g. a Department of Correction Office of the Inspector General) required by contract, statute, or regulation, that agency investigative process and policy will be followed for allegations of sexual abuse."

The facility understands that any state entity or Department of Justice component that would be responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. There is currently no such agency responsible for conducting these investigations, but the facility is aware of the requirements should that change.

The auditor reviewed the only completed investigative report and did not see anything that indicated these entities conducted investigations as described in this provision.

An interview with three separate administrative investigators also indicated this had not occurred.

Conclusion:

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

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

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

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

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

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

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic PREA Overview Training Slides and Transcript
- CoreCivic PREA Overview Participant Workbook
- CoreCivic PREA Overview Curriculum and Acknowledgement Document
- CoreCivic Supervising Female Inmates- PREA What you Need to Know Training
- CoreCivic Form 14-2A PREA Training Acknowledgment - Pre-Service and In-Service
- CoreCivic Form 14-2J PREA Zero Tolerance Policy Acknowledgement
- Inservice Slides and Narrator Export
- PREA Training Transcripts for 2022, 2023, and 2024

Interviews Conducted:

- PREA Compliance Manager
- Random staff

115.231 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "All CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At a minimum, all employees shall receive pre-service and annual in-service training on the following:

a. The CoreCivic zero-tolerance policy for sexual abuse and sexual harassment;
b. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;
c. The right of residents to be free from sexual abuse and sexual harassment
d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
e. The dynamics of sexual abuse and sexual harassment in confinement, including locations, situations, and circumstances in which sexual abuse may occur;
f. Signs of victimization and the common reactions of sexual abuse and sexual harassment victims;
g. How to detect and respond to signs of threatened and actual sexual abuse;
h. How to avoid inappropriate relationships with residents;
i. How to communicate effectively and professionally with residents, including LGBTI and gender non-conforming residents; and
j. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities"

In the auditor's review of CoreCivic's PREA training, it was determined it covers all components of this requirement. The auditor was also provided with the facilitators' guide and participants' workbook for the training. New employee training is completed in person, prior to starting work at the facility.

Staff interviews indicated a good understanding of the PREA training they have received. Staff were able to list several components they remember being trained on, and explained they are trained annually on these topics.

The auditor reviewed training rosters that showed all staff had minimally been trained in each requirement of this provision.

115.231 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Such training shall be tailored to the gender of the residents at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of resident (i.e. male facility to a female facility or vice versa) shall receive additional training."

This provision is not applicable, as the facility houses both male and female residents. Both genders were thoroughly discussed in the regular training provided, however, the auditor was also provided with CoreCivic Supervising Female Inmates- PREA What you Need to Know Training. This training is provided to employees when moving from a male-designated facility to a female-designated facility.

115.231 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states that employees shall receive annual PREA training.

Since this provision requires that employees receive refresher training every two years, and refresher information in off years, the facility exceeds this provision of the standard by policy.

The auditor was provided with Inservice Slides and Narrator Export, which is comprehensive training that includes required information and has several test questions throughout the training that the employee must complete to check their knowledge of the topic.

The auditor interviewed fourteen random and specialized staff who were able to recall the PREA training they had received.

115.231 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Employees shall be required to confirm, by either electronic or manual signature, 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 Acknowledgment - Pre-Service and In-Service form. Signed documentation will be maintained in the employee's training and/or HR file."

CoreCivic PREA Overview Curriculum and Acknowledgement Documents were provided that show the employees understand the training they have received through their signature/electronic verification.

Conclusion:

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

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:
· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
· PREA Video
· CoreCivic PREA Training Acknowledgment Forms

Interviews Conducted:

- Volunteers
- Contractor

115.232 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “All volunteers and contractors who have contact with residents shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy.”

Contractors and volunteers in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form, which provides basic training on zero-tolerance reporting.

The facility said they have one contractor and two volunteers. There were no volunteers or contractors at the facility during the onsite visit, so the auditor contacted them after the audit on the telephone. All were well-versed in PREA and remembered their PREA training. They were able to describe how they would respond to a PREA incident if one were to occur.

115.232 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents shall acknowledge the CoreCivic zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. All volunteers and contractors shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form (115.32 (b)). i. Contractors, including but not limited to, medical, mental health, education, and food service shall receive the same PREA training required of all CoreCivic employees who have contact with residents. 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.”

These requirements prioritize the level and type of training based on the services they provide and the level of contact they have with residents. All volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment when filling out the 14-2J PREA Zero Tolerance Policy Acknowledgment forms and/or the 14-2A PREA Training Acknowledgment forms. Since the facility does not have full-time volunteers or contractors, all are required to sign the 14-2A PREA Training Acknowledgment form.

115.232 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The signed documentation confirming that each volunteer or contractor understands the training that he/she has 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 Facility Director or PREA Compliance Manager.”

This satisfies the requirement that the agency maintain documentation confirming that volunteers understand the training they receive. The auditor was able to verify compliance by reviewing

completed training acknowledgment forms for both volunteers and the only contractor at the facility.

Conclusion:

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

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.233 (b)

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

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who are deaf? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who are otherwise disabled? ☒ Yes ☐ No

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:
- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- PREA Advisement with Picture
- Welcome Informational Sheet with PREA Information Included
- PREA Posters
- PREA Video
- PREA Video Transcript – PREA: What You Need to Know
- Resident Sexual Assault /Abuse Handbook – English
- Resident Sexual Assault /Abuse Handbook - Spanish
- CoreCivic Intake Pamphlet - English
- CoreCivic Intake Pamphlet - Spanish
- PREA Posters/Postings
- Resident Files
- Voyce Language Instructions
- Voyce Activation Email

Interviews Conducted:
- Random Residents
- Intake Staff

115.233 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Upon arrival at the facility for intake, each resident shall be provided with information regarding sexual abuse prevention and reporting (e.g. resident handbook, CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure, contracting agency brochure, handout, etc.)".

The facility reports that there were 137 residents admitted, and all were provided with this information at intake in the twelve months preceding the audit.

It was verified during the site review that there are PREA postings and other written information in the intake areas within the facility.

The security staff that typically conducts intakes walked the auditor through the process for residents' admittance to the facility, paying particular attention to PREA risk screening, and providing education. The security/intake staff go over PREA with every resident who arrives at the facility on the first day they are there. The intake staff provide the PREA advisement to the resident, which explains pertinent information regarding PREA including the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. They also show residents' PREA videos in a private room. The resident then signs a form acknowledging that they have received this information and had a risk screening.

The auditor requested a list of all residents who entered the facility within the past twelve months. Upon review, the auditor independently selected 20 files to review. The auditor also requested to see files for all eighteen residents she interviewed, for a total of 38 files reviewed. This included a sample of residents from every housing unit/room. Each file, but one indicated residents had received PREA education, as required. The auditor verified that the resident did not remember receiving the PREA education, during the interview. The auditor requested the facility ensure education is provided. The auditor received proof documentation that they had subsequently provided education to the residents.

Almost all the residents who were interviewed remembered hearing about PREA and watching the PREA video when they arrived at the facility.

115.233(b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Residents who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training."

This facility does receive residents who are transferred from other facilities. The interviews with staff who provide education indicated every resident receives the full education, regardless of transfer. The auditor verified through document review that this is in practice.

115.233(c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "The facility shall provide resident education at intake in formats accessible to all residents, including those who are disabled or Limited English Proficient (LEP). At this facility, the following information is provided at intake:

PREA Video (English and Spanish)
PREA Brochure (English and Spanish)
Blue Bench Information
Resident Handbook"

The auditor reviewed all documentation of education provided to residents at intake, including these educational materials in English and Spanish.

The facility understood they shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility said they will ensure that information is effectively communicated orally, on an individual basis, to residents with limited reading skills. In the event a resident has difficulty understanding provided 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 residents on an individual basis.

Residents who are deaf or hard of hearing 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 residents are provided when simple written or oral communication is not effective. Additional information regarding this provision can be found in the narrative for standard 115.216.

The facility indicated there were no residents who were deaf/hard of hearing or required the use of a sign language interpreter at the time of the site review.

There were no residents that were reported as being blind at the time of the site review, however, the facility reports it would ensure that education would be provided in a format accessible. The video is reported to be narrated, and staff reported they would verbally explain all PREA information.

PREA information was provided to the resident population in Spanish, which is the primary secondary language at the facility, including the PREA Video, Brochure, Handbook, and PREA Advisement. The auditor was also provided with an email explaining the implementation of a new language service and information on how to access that service.

115.233 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Residents shall sign indicating acknowledgment that they have received Intake information, and this documentation shall be maintained by the facility in the resident file."

The agency maintains documentation of the resident's participation in educational sessions by maintaining the acknowledgment form.

The auditor was able to verify this documentation for 38 residents selected for file review. The auditor randomly selected the resident records by asking for a list of all residents who had entered the facility in the past twelve months and by reviewing the records of every resident who was interviewed.

115.33 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident/ handbooks, or other written formats".

Key information is continuously available throughout the facility. The auditor was able to see key information in every resident housing unit/room and in common areas throughout the facility. A variety of PREA postings were provided as proof documentation in 115.51. Please see the narrative for that standard for additional details on postings.

Conclusion:

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

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

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

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

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:
· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
· NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course
· PREA Training Documentation
· Memorandum Regarding Investigator Training

Interviews Conducted:
· Investigators

115.234 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "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 PREA Compliance Manager 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 a backup during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.)".

A copy of the NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course was provided to the auditor. It was reported that all investigators are required to take this training prior to conducting a PREA allegation. The training is comprehensive and includes an introduction course, an overview of PREA investigations, working with victims, interviewing techniques, and institutional culture and investigation.

The auditor reviewed training records for the only investigator at the facility, which showed they had completed the specialized training, as required by this standard.

The auditor interviewed the PREA investigator at the facility. She explained the specialized training she received, in addition to the regular PREA training that each employee must take.

115.234 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "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 the criteria and evidence required to substantiate a case for administrative action or prosecution referral."

The NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course includes all requirements in this provision, including techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The investigator who was interviewed confirmed training on most of these topics but since there have been very few investigations completed, there was not a good understanding of Miranda or Garrity. The auditor explained what each was to the investigator. It should also be noted that CoreCivic plans to conduct refresher investigations training in community confinement facilities in the near future.

115.234 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Employees who conduct sexual abuse and sexual harassment administrative investigations 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."

The PAQ stated there was one investigator at the facility, and documentation of the completed NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course training was provided for the investigator.

When reviewing the only investigation that was completed, it was noted that the investigator listed was another manager, who is out on leave. The facility was unable to provide documentation that

they had received the training, as required. The facility provided the auditor with a memorandum, which explained that although they were not able to locate the training certification for the investigator on leave, they would ensure he does not conduct any PREA-related investigations until he is provided the certificate or completes the training.

Conclusion:

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

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

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

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

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:
· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
· Memorandum

Interviews Conducted:
· None

115.235 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "In addition to the general training provided to all employees to comply with PREA Standard 115.231, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, shall receive specialized medical training as outlined below:
a. How to detect and assess signs of sexual abuse and sexual harassment;
b. How to preserve physical evidence of sexual abuse;

c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
d. How and to whom to report allegations of sexual abuse and sexual harassment.
e. CoreCivic staff do not conduct forensic examinations"

The facility reported that they would utilize the NIC Prison Rape Elimination Act (PREA) Specialized Training for Medical and Mental Health. The training was provided to the auditor as documentation, and in review of the training, it covers the topics required by this standard.

The facility reported in a memorandum that there are no medical and mental health care practitioners who work regularly at the facility, so none have received specialized training as required in this standard. This was confirmed by the auditor while onsite.

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

Interviews with staff confirmed medical examinations are not conducted at the facility. They would be transported to the hospital if a forensic medical examination is needed. There are no medical or mental health staff employed or contracted by the facility.

115.235 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "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.".

Since there are no medical or mental health practitioners at the facility, the auditor was unable to receive signed copies of medical and mental health staff 14-2A1 PREA Training Acknowledgement Specialized Training as documentation for this standard.

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

Compliance with this provision is discussed in the standard analysis for 115.231 and 115.232, however, there were no medical and mental health practitioners at the facility.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard. Although the facility does not employ or contract medical and mental health staff, they are aware of this requirement if that should change in the future.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (2) The age of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (3) The physical build of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (4) Whether the resident has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (5) Whether the resident's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (6) Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (8) Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (9) The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

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

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess an resident's risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an resident's risk level when warranted due to a request? ☒ Yes ☐ No

- Does the facility reassess an resident's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:
· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
· CoreCivic Form 14-2B CC Sexual Abuse Screening Tool
· Screening Tool Instructions
· Completed Screening Forms
· Email Regarding Screening Training
· Training Roster
· Inmate Screening and Education Tracker
· Supplemental Guide to Completing Assessments and Re-Assessments
· Standards In Focus for 115.41 and 115.42
· Screening Tracker throughout the Corrective Action Period
· 72 hour and 30-day PREA Screenings throughout the Corrective Action Period

Interviews Conducted:
· Screening Staff

· Random Residents

115.241 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “All residents shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.”

The facility conducts screenings for residents during intake at the facility utilizing form 14-2B Sexual Abuse Screening Tool.

Interviews with staff at the facility who conduct screening for risk and random residents confirmed this is the process. The initial screenings are conducted by security staff who also conduct intakes as needed. Staff who were interviewed walked the auditor through the process for conducting initial screenings.

115.241 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Residents shall be assessed, within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. This includes residents 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 the reception, and residents who have been returned from court, or another leave status”

The PAQ said that all 130 residents who had entered the facility in the twelve months prior to the audit had received an initial PREA risk screening within 72 hours.

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

All residents who were interviewed confirmed they remembered the initial PREA risk screening.

Interviews with the security/intake staff completing the initial PREA screening indicated this is completed on the first day after arrival at the facility.

The auditor independently selected 20 screening records for review and also reviewed screening records for all 18 residents who were interviewed, for a total of 38 records. The auditor determined the facility had an 87.5% on-time completion rate based on the 38 records that were reviewed. The auditor also determined there were a few screenings that were not screened appropriately.

The auditor informed the facility that they would enter into a corrective action period to ensure these are completed timely in the future. The facility took immediate action to ensure the screenings that weren’t scored appropriately were re-screened.

On 11/14/2024 the auditor was forwarded an email explaining the facility had completed training with every staff who does PREA screenings. The email also explained that it was required reading related to corrective action. The email explained that the Facility Director will also be covering these points during upcoming shift briefings, and one-on-one interactions and that they will sign a 4-2A acknowledging that they have received and understand the information. The email explained important points to remember, such as conducting the screening in person, translation services, timeline requirements, and the need for privacy. It also explained why risk assessments are completed and how to fill out the 14-2B screening tool. A training roster was also provided to the auditor, which showed seven staff had received this training on 11/12/2024. The facility was also provided with a screening and education tracker that they could utilize to track timelines and completion. The email also included a supplemental guide to completing assessments and re-assessments. This document reiterated the information provided in the email and additional directions. It was clear and covered relevant points. The email also included the Standards in Focus for standards 115.41 and 115.42, which provide detailed information on the requirements for those standards.

Throughout the corrective action period the auditor was provided with Screening Tracking Spreadsheets, as well as the individual 72-hour screenings for all 52 residents that entered the facility.

During corrective action, there was one 72-hour screening that was not completed timely, as well as a few that were not scored correctly. The facility immediately provided additional training, set up processes to monitor the screenings, and began holding staff who conduct the screenings accountable for any that are not scored correctly, or done within the required 72-hour timeframe. Additionally, the agency implemented a quality improvement process to ensure agency level oversight and monitoring. After these steps were taken, the auditor continued to monitor for compliance and was satisfied that the facility had institutionalized this standard.

115.241 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Screenings will be completed and documented using an objective screening instrument. The CoreCivic 14-2B Sexual Abuse Screening Tool shall be utilized for this purpose unless the contracting agency requires the usage of another form or computerized screening process.”

The screening tool was reviewed by the auditor and determined to be objective.

115.241 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:
a. Whether the resident has a mental, physical, or developmental disability;
b. The age of the resident;
c. The physical build of the resident;
d. Whether the resident has previously been incarcerated;
e. Whether the resident’s criminal history is exclusively nonviolent;
f. Whether the resident has prior convictions for sex offenses against an adult or child;

g. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
h. Whether the resident has previously experienced sexual victimization;
i. The resident's own perception of vulnerability; and j. Whether the resident is detained solely for civil immigration purposes."

14-2B CC Sexual Abuse Screening Tool asks:
Section 1: Victimization History/Risk
1. Have you been the victim of sexual abuse or unwelcome sexual activity?
2. Have you ever been threatened with sexual assault by another inmate/resident while incarcerated?
3. Have you ever been approached by another inmate/resident for sex while incarcerated?
4. Do you feel that you are vulnerable to sexual abuse or assault while incarcerated?
5. Is your sexual orientation or status lesbian, gay, bisexual, transgender, intersex, or gender non-conforming or do you believe you are perceived to be lesbian, gay, bisexual, transgender, intersex, or gender non-conforming?
6. Do you have a physical, mental, or developmental disability?
7. Do you have a current or prior conviction for sexual offense/abuse against a child or adult?
Staff Observation/File Review:
8. Inmate/Resident appears to be physically, developmentally, or mentally disabled.
9. Inmate/Resident has a small build or appears to be vulnerable.
10. Resident appears to be gender non-conforming, lesbian, gay, bisexual, transgender or intersex
11. Inmate/Resident appears to be a loner, introverted, or naïve.
12. Inmate/Resident has a youthful or elderly appearance which may contribute to vulnerability.
13. This is the first time the resident has been incarcerated.
14. Inmate/Resident has only non-violent offenses or institutional records.

Each section has room for the staff conducting the screening to make comments.

The screening form is a paper format; however, staff are to verbally ask residents the questions. The staff determines the answers by verifying some of the information provided.

14-2B Sexual Abuse Screening Tool: Directions for Completion states:
"1. For the purposes of numbers 14 and 19, violence should be considered in instances where the violence is against a person(s) and would not include the destruction of property.
2. It should also be noted that questions 7 and 18 are the same (Do you have a current or prior conviction of sexual offense/abuse against a child or adult?). The question only needs to be asked once, but the response should be provided in both areas. It has been intentionally duplicated in both sections I and II based on the fact this behavior can be both an indicator of potential victimization and predatory behavior.
3. Comments should be provided for any YES answer in the space provided below each question or staff observation/file review item. As an example, if the resident responds he/she has been the victim of sexual assault or unwelcomed activity, and is willing to share information regarding the incident, provide a brief description (i.e. raped while in the community, sexually abused by a parent when young, other residents sexually harassed him/her, etc.). This would also apply to the

staff observation items. As an example, to the observation of whether the resident appears to be a loner, introverted, or naive, a yes answer would result in staff providing why they perceived the resident in this manner (appeared to be very quiet, lacked confidence, extremely shy, averted eye contact, etc.).
4. If the staff observations or file reviews are in conflict with the answers provided by the resident, it should be noted and any additional YES answers should be taken into consideration in the scoring of each area. (i.e. the resident responds that he/she has not been convicted of a sexual offense, but the file review reveals a criminal conviction for a sexual offense; the resident/ should receive a YES response for that question).
5. PREA (Prison Rape Elimination Act) alerts for the purpose of tracking predators, potential predators, victims and potential victims are in OMS as follows:

- HOUP – Housing P (Predator);
- HOUPP – Housing PP (Potential Predator);
- HOUPV – Housing PV (Potential Victim); and
- HOUV – Housing V (Victim).

Use of these alerts should correspond with the findings of the 14-2B Sexual Abuse Screening Tool. As an example, if an individual answers yes to question(s) one and/or two, the Victim box should be checked on the 14-2B and they should be assigned an alert for HOUV in OMS. If the screening tool reflects yes answers to three or more of the questions three through sixteen, the Potential Victim box should be checked on the 14-2B and an alert for HOUPV should be entered in OMS. This same direction applies to answers related to predatory history/risk; however, it should be noted that only two yes answers are required for numbers 18-21 to be considered a Potential Predator.
6. It is very important that the completed sexual abuse screening tools (14-2B) get forwarded to the Health Services Department to ensure further mental health screening and evaluation are completed."

The auditor was able to observe the location where the PREA risk screening take place and discuss the screening with staff. The staff explained the entire PREA screening process to the auditor during the site review, including a review of the criteria used to assess the risk of victimization.

The auditor reviewed 38 resident records that included initial screening information to confirm the criteria used, however, the auditor noted that there were some instances in which the screenings were not scored correctly. The facility immediately responded by re-screening those individuals and ensuring the staff who conducted the screenings were trained regarding scoring entered a corrective action period.

During corrective action there was a few screenings that were not scored correctly. The facility immediately provided additional training, set up processes to monitor the screenings, and began holding staff who conduct the screenings accountable for any that are not scored correctly, or done within the required timeframe. Additionally, the agency implemented a quality improvement process to ensure agency level oversight and monitoring. After these steps were taken, the auditor continued to monitor for compliance and was satisfied that the facility had institutionalized this standard.

115.241 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse”.

14-2B CC Sexual Abuse Screening Tool asks:
Section 2: Predatory History/Risk
16. Do you have a previous conviction of sexual assault or abuse in a prison or jail?
17. Have you received a disciplinary sanction for sexual abuse while incarcerated in a prison or jail?
18. Do you have a current or prior conviction of sexual abuse against a child or adult?
19. Do you have a current or prior conviction of a violent offense against a child or adult?
20. Have you received a disciplinary sanction for violence while incarcerated in a prison or jail?
20. Are there discrepancies between the interview and the file review?

The auditor independently selected 38 screening records for review. All files reviewed included acts or prior sexual abuse, prior convictions for violent offense, and a history of prior institutional violence of sexual abuse in assessing residents for risk of being sexually abusive.

115.241 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Within a set period of time not to exceed 30 days from the resident's arrival at the facility, a reassessment of the resident's risk level of victimization or abusiveness, will be completed utilizing the 14-2B CC Sexual Abuse Screening Tool, or contracting agency equivalent instrument. 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 facility reported that Case Managers conduct this assessment with residents in a private office location, prior to 30 days after arrival at the facility. The auditor spoke with Case Managers who conducted the 30-day screenings. The Case Managers explained the process for conducting these reassessments.

Many residents who were interviewed remembered receiving a 30-day PREA risk screening, and a few did not remember or did not believe they had received one.

The auditor independently selected 38 screening records for review. Out of those 38 records, several were not completed within the 30-day required timeframe. The auditor indicated the facility was not compliant with this provision, and the facility entered into a corrective action period. The facility was required to identify where the deficiencies are and develop a plan to ensure this is completed within 30 days moving forward. The facility provided training, as previously described in this standard.

Throughout the corrective action period the auditor was provided with Screening Tracking Spreadsheets, as well as the individual 30-day screenings for all 52 residents that entered the facility.

During corrective action, there was two 30-day screenings that was not completed timely, as well as a few that were not scored correctly. The facility immediately provided additional training, set up processes to monitor the screenings, and began holding staff who conduct the screenings accountable for any that are not scored correctly, or done within the required 30-day timeframe. Additionally, the agency implemented a quality improvement process to ensure agency level oversight and monitoring. After these steps were taken, the auditor continued to monitor for compliance and was satisfied that the facility had institutionalized this standard.

115.241 (g) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "A reassessment shall also be completed when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness. Following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator."

The facility was aware of this requirement, however, said there were no circumstances in which a resident needed to be reassessed. The auditor was unable to locate any information that would require a reassessment.

115.241 (h) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Residents may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions."

Case Managers and Security staff who perform screening for risk were able to articulate that a resident would never be disciplined for refusing to participate in a risk screening. When interviewing residents, the auditor was not made aware of a resident who had been disciplined. There was no evidence that this had ever occurred.

115.241 (i) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "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 resident's detriment by staff or other residents. Measures taken shall include, but are not limited to:

a. Sexual Abuse Screening Interviews with residents at intake shall be conducted with as much privacy as is reasonable given security and safety concerns.
b. A resident shall not be permitted to complete his/her own 14-2B CC form (or contracting agency assessment form) or utilize assistance from other residents to complete the form. All 14-2B CC forms shall be completed by staff.
c. Residents shall not be permitted to have access to files containing assessment forms belonging to other residents.
d. Where assessments are conducted electronically, 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 operation of the facility."

In interviews with staff at the facility, it is noted that all staff have access to the PREA screenings. After discussions with staff at the facility, along with the Director of PREA Programs and Compliance, it was determined that since the facility had such few staff, all needed access to these records. The auditor recommends that staff be reminded of the importance of confidentiality for sensitive information that is shared in these screenings, and they should only be reviewed when there is a legitimate reason. The facility provided the auditor with an email that was sent to all staff reminding them of confidentiality.

Corrective Action and Conclusion:

During the interim audit report, the auditor determined the facility was not compliant with provision (b) and (f) which requires that the facility reassess the resident's risk of victimization and aggressiveness within 72 hours, and again within 30 days of the resident's arrival at the facility.

The auditor also determined the facility was not compliant with (d), due to some screenings not being scored correctly.

It is important to note that the facility immediately responded to these concerns once identified by re-training every member of staff at the facility who conducts screenings.

The interim report noted the facility should continue to identify where the deficiencies are and develop a plan to ensure this is completed in accordance with these provisions.

Throughout the corrective action period the auditor was provided with Screening Tracking Spreadsheets, as well as the individual 72-hour and 30-day screenings for all 52 residents that entered the facility.

During corrective action, there was one 72-hour and two 30-day screenings that was not completed timely, as well as a few that were not scored correctly. The facility immediately provided additional training, set up processes to monitor the screenings, and began holding staff who conduct the screenings accountable for any that are not scored correctly, or done within the required timeframe. Additionally, the agency implemented a quality improvement process to ensure agency level oversight and monitoring. After these steps were taken, the auditor continued to monitor for compliance and was satisfied that the facility had institutionalized this standard.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

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

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

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

115.242 (b)

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

115.242 (c)

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

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

115.242 (g)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- CoreCivic Form 14-9 Transgender/Intersex Assessment and Treatment Plan
- CoreCivic Form 14-2B CC Sexual Abuse Screening Tool
- PREA Housing Tracking Spreadsheet
- Email to Staff
- Memorandum Regarding Transgender Showers and New Form

Interviews Conducted:

- Screening Staff
- Random Residents
- Gay Residents

115.242 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "All residents shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive."

The CoreCivic Form 14-2B CC Sexual Abuse Screening Tool form explains that the screener will need to calculate the resident's risk of victimization as a known victim or potential victim, or if they are a potential or known predator. The form indicates that if any residents answer YES to questions 1 or 2, they are coded as a victim, and if there are four or more YES answers to the remaining questions 3-14, they would be potential victims. If any residents answer YES to question 15 or 16, they would be scored as a predator and if they answer YES to two or more of the remaining questions 17-20, they would be a potential predator.

CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response also states, "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."

A PREA Housing Tracking Spreadsheet was provided to the auditor. In reviewing the spreadsheet it showed that there were no residents who were vulnerable or potentially vulnerable housed in the same room with residents who were aggressive, or potentially aggressive.

The facility said there are no work, education, or program assignments at the facility that would cause concern for a vulnerable resident to be assigned at the same time as a predatory resident. Most of these services are offered off-site and aren't done at the facility. Additionally, there are several cameras in the areas where there may be opportunities for blind spots, away from staff, except in their rooms where staff ensure they are not placed.

115.242 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “The facility shall make individualized case-by-case determinations about how to ensure the safety of each resident”.

In interviews with all staff, it was apparent this was completed. The staff who conducted PREA risk screenings and others were able to articulate how important it was to ensure that vulnerable residents were safe from residents who may be predators.

115.242 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “In deciding whether to house a transgender/intersex resident in a male or female unit, pod, or dormitory within the facility subsequent to arrival or, when making other housing and programming assignments for such residents, the facility shall consider whether the placement would ensure the residents health and safety and whether the placement would present management or security problems”.

There is currently no specific policy for community confinement facilities, however, the PREA Coordinator indicated that is in process, and until then each community facility should be operating off CoreCivic Policy 14-9 Management of Transgender and Intersex Residents and Detainees in Prison and Jail Facilities. This policy explains the process for reviewing each transgender and intersex resident to determine whether to assign to a facility for males or females and other housing and program assignments. It clearly articulates a process that considers, on a case-by-case basis, whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems.

The policy also states “Following identification of a Transgender or Intersex resident at Intake (or upon identification after Intake), the resident 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. Referral shall be within 24 hours following the resident's arrival (excluding weekends and holidays).” In discussions with the facility, there had not been a transgender or intersex resident housed in the past twelve months, however, the auditor recommended they utilize this form if one were to come to the facility until one can be created specifically for community confinement facilities. The facility has indicated they have implemented this form.

CoreCivic Policy 14-9 Management of Transgender and Intersex Residents and Detainees in Prison and Jail Facilities explains the multidisciplinary group (SART) will consider all applicable considerations, including privacy issues, available beds, safety/security risks, search preferences, hygiene and showering, medical care, a resident’s own view of safety, amongst other factors. Once reviewed a treatment plan will be completed and placed in the resident file, and a copy is provided to the resident.

Interviews with staff indicated that although they have not had a transgender or intersex resident, they know they need to ensure transgender and intersex residents are safely and appropriately placed in housing and program assignments.

The facility indicated that there were not any transgender or intersex residents at the facility at the time of the site review. The auditor spoke with staff and residents and reviewed several screenings and other relevant documentation and was not able to identify any transgender or intersex residents at the facility.

115.242 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Transgender or intersex resident gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments".

Staff said if a transgender or intersex resident was housed at the facility their opinion would be given serious consideration in all housing and program assignments.

There were no examples of this occurring for the auditor to review as proof documentation since there had not been any transgender or intersex residents housed at the facility.

115.242 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The degree of separation required is dependent on the layout of the facility and may be accomplished either through physical separation (e.g. separate shower stalls) or by time phasing or scheduling (e.g. allowing a resident to shower before or after others).

The number of separate showers per day and the time of day for showering separately may be limited due to the facility's physical plant and/or institutional needs.

Staff shall use discretion in determining whether to grant requests to shower separately made by newly arrived residents who have not been identified as Transgender or Intersex or have this review pending.

AT THIS FACILITY, TRANSGENDER AND/OR INTERSEX RESIDENTS ARE PROVIDED THE OPPORTUNITY TO SHOWER SEPARATELY AS FOLLOWS:

IF REQUESTED, TIMES WILL BE CREATED FOR THE OPPORTUNITY TO SHOWER SEPARATELY"

The auditor was told that if a transgender or intersex resident was housed at the facility, they would have the option of utilizing a private shower time, away from other residents. The auditor noted that the shower curtains may not cover the breasts of a resident. The auditor asked random staff, and there was some confusion about how this was to occur. It is recommended that the facility ensure that this information is provided to all staff in case someone should identify it in the future. The facility has indicated this has been completed subsequent to the site review and provided the auditor with a memorandum and email to staff explaining this process.

Conclusion:

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

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:
· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
· Staff PREA Posters (four versions)
· Ethics Poster
· PREA Advisement
· Photo of PREA Advisement in Employees Electronic Records
· Third Party Reporting – English
· Third Party Reporting - Spanish
· Break the Silence Poster
· Victim Advocacy Poster
· Memorandum Regarding Arapahoe Sherrif's Department
· Resident Handbook
· CoreCivic Handbook Acknowledgement Form

Interviews Conducted:
· PREA Compliance Manager
· Random Staff
· Random Resident

115.251 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Resident Reporting
a. Residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

b. Residents who are victims of sexual abuse have multiple internal and external methods to report an incident or allegation:
i. Verbally reporting to any employee,
ii. Forwarding a letter, sealed and marked “confidential”, to the Facility Director or other facility supervisory staff; and
iii. Contact the facility's PREA Compliance Manager.
At this Facility, residents may report allegations of sexual abuse and sexual harassment by contacting any of the following:

DOC TIPS LINE: 1-877-362-8477
PREA REPORTING LINE: 1-855-855-0611
LOCAL LAW ENFORCEMENT
WRITE A LETTER TO:
PREA ADMINISTRATOR
2862 S. CIRCLE DR. COLORADO SPRINGS, CO.”

The facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to the abuse.

The auditor was provided with several posters targeted at both staff and residents with reporting information included. Additionally, the auditor was provided with a handbook that explains the various ways to report a PREA incident, as also described in the PREA policy. The auditor was provided with a handbook acknowledgment form that each resident signs when entering the facility that states they have read and understand what is included in the handbook.

The auditor viewed several posters throughout the facility that provided reporting information for residents at this facility. There were posters in several locations providing reporting information, including in housing units/rooms and other common areas, including by phones.

It should be noted that the majority of residents have their own cell phones and can report through that. The auditor did note there is a pay phone that is available to residents, which costs 50 cents to make a call. The auditor was told that residents have access to a phone by the front desk if they should need it. The residents would not need to say they wanted to report a PREA incident to make this call, and it would be free and confidential /unmonitored by staff.

The auditor tested each reporting option. Once contacted, the information is immediately forwarded to supervisors to ensure someone can interview the resident and/or follow up with the investigation. The PCM was able to immediately forward the information for the test call to the auditor for review.

Almost all residents interviewed were able to recite the several ways they could report sexual abuse and sexual harassment. All residents also said they would feel comfortable talking to a staff person if they had an issue. Each resident said the facility was safe and most said they would probably report to their case manager, and they felt that any report would be taken seriously and handled immediately.

Staff were well versed in the various reporting options for residents.

115.251 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility shall provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to facility officials, allowing the resident to remain anonymous upon request.
AT THIS FACILITY, THE FOLLOWING NON-CORE CIVIC AND NON-CONTRACTING AGENCY REPORTING MECHANISM OR PROCESS (INCLUDING ANONYMOUS REPORTING) HAS BEEN ESTABLISHED:
DOC TIPS LINE: 1-877-362-8477
PREA REPORTING LINE: 1-855-855-0611
ARAPAHOE CTC AND CENTENNIAL TC: ARAPAHOE COUNTY SHERIFF'S DEPARTMENT
FOR ADAMS TC AND COMMERCE TC: ADAMS COUNTY DISPATCH (303) 288-1535
FOR DALIA AND FOX FACILITY: DENVER POLIC DEPARTMENT (720) 913-6010
LONGMONT TC: LONGMONT POLICE DEPARTMENT (303) 51-8555

It is recommended that the anonymous reporting option is included in the handbook and clearly describes how it is anonymous, and what will happen with the report. The auditor was able to see this information on the PREA posters that were posted throughout the facility.

115.251 (c) CoreCivic Policy CC 14-2 Sexual Abuse Prevention and Response states "Staff must take all allegations of sexual abuse seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports."

Copies of third-party reporting posters in English and Spanish were provided to the auditor. They indicate the various ways that someone can report an alleged incident of sexual assault, sexual abuse, sexual misconduct, or sexual harassment on behalf of a resident. The poster indicates that the allegation may be discussed with the victim named in the report, but the allegation will be disclosed only to those who need to know to ensure the victim's safety and to investigate the allegation and ask the reporter to please include as much information as is known about the victims, suspects, date, location, and details of the incident.

During staff interviews, they were all able to say they would accept reports made verbally, in writing, anonymously, and from third parties and shall document any verbal reports immediately.

115.251 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual

abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-757-4448 or through www.CoreCivic.ethicsline".

The facility reported in the PAQ that staff are informed of their options to privately report sexual abuse and sexual harassment allegations and can call the CoreCivic Ethic Line which takes anonymous complaints.

The auditor observed the Ethics posters throughout the facilities during the site review in various locations, including staff breakrooms and bulletin boards.

Some staff knew they could contact the Ethics line if they wanted to privately or anonymously report to someone outside of the institution, however, many staff said they would feel comfortable reporting to a supervisor.

The auditor contacted the phone number for the Ethics line that was listed on the posters throughout the facility and also made a report on the Ethics website. These reports were immediately forwarded back to the facility, as requested.

Conclusion:

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

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

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

115.252 (c)

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

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

115.252 (d)

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

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.252(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

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

115.252 (e)

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

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

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

115.252 (f)

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

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

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

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

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

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

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

Interviews Conducted:

· Facility Director

115.252 (a-d) CoreCivic reports they are exempt from this standard, as they do not use the Grievance Procedure to resolve allegations of sexual abuse and sexual harassment.

The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process.

i. Should a report of sexual abuse or sexual harassment be submitted and received as an resident grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility Investigator or Facility Director for investigation and reporting in accordance with this policy.

ii. All resident grievances alleging sexual abuse and sexual harassment shall be reported in the 5-1 CC Incident Reporting procedure."

The facility had reported on the PAQ that there had been no grievances filed that alleged sexual abuse in the past twelve months.

The auditor spoke with the Facility Director at the facility and verified they do accept grievances of sexual abuse, but that they would not be responded to through the grievance process. The

Facility Direct would immediately forward any allegation of sexual abuse or sexual harassment to facility investigators.

Conclusion:

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

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

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

115.253 (b)

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

115.253 (c)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documentation Reviewed:
- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- MOU with The Blue Bench
- CoreCivic PREA Pamphlet – English
- CoreCivic PREA Pamphlet – Spanish
- Resident Handbook
- PREA Advocacy Poster
- Break the Silence Poster
- PREA Advisement - English
- PREA Advisement - Spanish
- Advocacy Brochure

Interviews Conducted:
- PREA Compliance Manager
- Random Staff
- Random Residents
- Blue Bench Representative
- Just Detention International Representative

115.253 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Residents 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.

AT THIS FACILITY, THE FOLLOWING COMMUNITY AGENCY OR AGENCIES PROVIDE EMOTIONAL SUPPORT SERVICES:
Blue Bench
English: (303) 322-7273 Spanish (303) 329-0031"

A PREA Advocacy Poster that includes directions on how residents can contact advocates was provided to the auditor, and the auditor was able to observe these postings throughout the facility during the site review. The posters provide toll-free hotline numbers and addresses.

The auditor was provided with the MOU with Blue Bench, which explains that Blue Bench will provide residents at the facility with emotional support services, related to sexual abuse including SANE accompaniment, 24-hour crisis line response, written resources/services, treatment plans, and referrals for continued care. CoreCivic agreed not to monitor or record any phone calls to the hotline.

A pamphlet/information sheet for Blue Bench was provided to the auditor, which explains the services they offer, pathways to prevention, continuum of care, and information for sexual assault.

A poster that describes advocacy services that are available, contact information, and that calls are not recorded was provided to the auditor for review. These posters were located in common areas at the facility.

Other documents, such as the Break the Silence Poster, PREA Advisement, PREA handbook, third-party reporting postings, and PREA welcome documents were provided to the auditor in support of this standard, however, they did not include information regarding accessing emotional support related to sexual abuse. It is recommended that the facility continue to look for ways to incorporate this information in educational documents available to residents. After the onsite, the facility states they have implemented a process of handing out pamphlets during intake.

The auditor emailed a representative from Just Detention International, an international health and human rights organization that seeks to end sexual abuse in all forms of detention. The representative notified the auditor that he reviewed their database, and it did not indicate they had received any information regarding the facility in the past twelve months.

The auditor spoke with a Blue Bench Representative, who verified that they provide services to residents at the facility. She said the facility provides contact information for Blue Bench and all communications with residents are confidential.

The auditor tested the phone line to Blue Bench while conducting the site review of the facility. The phone worked and a representative answered and was able to verify they provide services via a hotline whenever a resident contacts them.

115.253 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Reasonable communication between residents and the posted numbers for emotional support services shall be permitted in as confidential a manner as possible. The facility shall post the extent to which such communications will be monitored or recorded. The facility shall have a process in place to ensure that written correspondence between residents and these agencies may remain confidential.

Residents shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Consistent with applicable laws and emotional support service provider policy, information shall be reported to the facility without the resident consent, in the event that the resident 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.

If confidential information must be disclosed, facility staff will not share any information beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law.

The CoreCivic 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."

The auditor verified that no calls are monitored or recorded, and most residents have access to their own phones to utilize.

The representative from Blue Bench verified that all communications with residents are confidential and not monitored or recorded. The auditor was able to verify that there were no recorded phones at the facility, and the majority of the residents had their own cell phones to use.

The auditor asked the facility PREA Compliance Manager if the mail to and from Blue Bench was confidential and treated as legal mail. They said that mail from these organizations is not opened prior to distribution to residents.

115.253 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "CoreCivic shall maintain, or attempt to enter into, Memorandums of Understanding (MOU) or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse. "

The facility provided the auditor with a signed MOU with Blue Bench to provide residents with confidential emotional support services related to sexual abuse.

The auditor discussed the MOU with the representative from Blue Bench. She was familiar with it, and explained they would provide services outlined in the MOU.

Conclusion:

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

Standard 115.254: Third-party reporting

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

115.254 (a)

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

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

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Supporting Documentation Reviewed:
- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- Third-Party Reporting Handout - English
- Third-Party Reporting Handout - Spanish
- Visitor Sign In Log that Includes a PREA Advisement
- Ethics Poster
- Website Information for CoreCivic
- Advocacy Poster
- Break the Silence Poster

Interviews Conducted:
- Random Staff
- Random Residents

115.254 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “CoreCivic employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-757-4448 or through www.CoreCivic.ethicspoint.com.”

Third-party reporting information is posted on the facility page on the CoreCivic website: https://www.corecivic.com/facilities/arapahoe-community-treatement-center, which states:

Call The DOC TIPS Line: 1-877-362-8477
Call the Facility: 303-761-7685
Call the CoreCivic Ethics and Compliance Hotline: 1-800-461-9330, or www.corecivic.com/ethicsline

Mail a letter to the facility:
ACTC
ATTN: Program Coordinator
3265 W. Girard Ave.
Englewood, CO 80110

The auditor tested the ethics website to ensure that this reporting option was working correctly. The auditor found that the online form was easy to complete and even had the option to create a password and check the status of the report. It also allows you to report anonymously if you should choose to do so.

The auditor received an email response from the Director of Ethics and Compliance the same day, notifying the facility that the report had been received. The Director of Ethics and Compliance noted that “Reports are initially treated the same whether the reporting party is a resident's family member, friend or advocate (inmates and detainees typically cannot access the Ethics Line or the Resident Concern Line from inside a facility - they would utilize the posted PREA hotline number) or a staff member. If a staff member makes the report and expresses concern about potential retaliation and has included sufficient information to allow the facility to move forward on the report, our office will withhold the reporting party's name until a need to know that information is demonstrated.”

During the site tour, the auditor was able to see third-party reporting information available on resident bulletin boards. During random interviews with residents and staff, most said they could have a friend or family member report on their behalf.

The facility told the auditor there were no third-party reports since the last PREA audit for the auditor to review.

Conclusion:

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

OFFICIAL RESPONSE FOLLOWING AN RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

· PREA Overview Curriculum

· Ethics Line Posters

· Email to Staff

· Standards in Focus for 115.61

Interviews Conducted:

· PREA Compliance Manager

· Facility Director

- Investigators
- Random Staff

115.261 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “In accordance with this policy, employees, contractors and volunteers are required to report immediately any knowledge, suspicion, or information regarding, an incident of sexual abuse of sexual harassment that has occurred in any facility (including a facility that is not part of CoreCivic).”

An Ethics Line Poster was provided to the auditor which provides information for people to report misconduct, raise concerns, seek guidance, and ask questions. It states that those reports may remain anonymous. The auditor tested these services, as previously described in other standards.

The PREA Overview Curriculum was provided to the auditor which explains reporting protocols.

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

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

When reviewing the only PREA investigations since the last audit (over twelve months old), the allegation appeared to be immediately reported and investigated. When reviewing the details of the investigation, a staff member heard rumors about the allegation, but did not report it, as they did not believe it. The staff is no longer employed at the facility. Since this incident did not occur in the twelve months preceding the audit, and staff verified they knew they needed to immediately report, the auditor requested that a reminder be provided to staff of their duty to report every allegation. The facility provided the auditor with an email that was sent to staff on 10/31/2024, which included a Standard in Focus for 115.261. It also explains that they will have a staff meeting to discuss mandatory reporting.

There were no residents who had reported sexual abuse at the facility at the time of the site review for the auditor to interview.

115.261 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions.”

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

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

115.261 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined in this policy. At the initiation of providing medical care, both medical and mental health professionals will inform residents of their professional duty to report and the limitations of confidentiality.”

The facility does not employ or contract with any medical or mental health professionals.

115.261 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “If the alleged victim is under the age of 18 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 under applicable mandatory reporting laws.”

All CoreCivic staff are mandatory reporters. They were able to articulate they would need to disclose allegations to the appropriate entity when allegations of abuse were made against a minor or a vulnerable adult. Most staff were not sure who the reporting entity was, however, they would report the information according to their protocols.

The auditor reviewed the Mandatory Reporting Statute for Vulnerable Adults and Minors. It defines at-risk elders and at-risk adults with IDD as someone over 70 years of age, or someone who is 18 years or older who has an onset of an intellectual and developmental disability before the person is 22 years old, and adults with IDD have an I.Q. of 70 or below and/or have significant limitations in the ability to socialize, provide self-care, or communicate. IDD includes autism spectrum disorders, epilepsy, cerebral palsy, developmental delays, Down Syndrome, fetal alcohol syndrome, and other disorders. It is also required to report if there is any reasonable cause to know or suspect that a child has been subjected to abuse or neglect.

The facility self-reported that they did not have any allegations that met the mandatory reporting requirements during the previous twelve months before the audit. The auditor was not able to locate any allegations that would qualify as child or vulnerable adult abuse.

115.261 (e)) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “The facility shall report all allegations of sexual abuse and sexual harassment including third party reports to the facility’s designated investigators.”

The facility did not have any reports during the twelve months preceding the audit, therefore there were no examples to review.

The facility interviewed one administrative investigator. The investigator explained that once a PREA allegation is made, regardless of how the information is provided, it is reported to the facility’s investigators.

Interviews with random staff verified that the majority understood who the facility investigator was, and understood they needed to report all allegations or suspicions immediately.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard. Although one staff member did not immediately report an incident, the facility has subsequently trained staff in first responder duties, including sending out email reminders. The auditor is satisfied with this corrective action as it was a one-time incident and the staff who were interviewed understood their requirements.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:
- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- PREA Overview Training Participant Workbook
- PREA Overview Facilitators Guide
- First Responder Duties Cards

Interviews Conducted:
- Agency Head/Designee

- Facility Director
- Random Staff

115.262 CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident.”

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

The auditor reviewed the First Responder Duties cards that staff carry with them. The auditor recognizes this as a good practice, especially in a small facility that does not have many allegations of sexual abuse and sexual harassment. This card explains the immediate actions that must be taken by staff, including separation of the victim from the alleged perpetrator, crime scene preservation, notification to supervisors, medical and mental health, and confidentiality that must be maintained. During interviews with new staff, some said they did not receive a first responder card. It is recommended that the facility ensure all staff have first responder duties cards.

The facility reports that in the twelve months preceding the audit, there have been no instances that they determined a resident was subject to a substantial risk of imminent sexual abuse.

Interviews with the Agency Head Designee, Facility Director, and Random staff all verified an understanding of immediate actions that should be taken when it is learned that a resident is subject to a substantial risk of imminent sexual abuse. All said immediate action would be taken to protect the residents, including separation from the alleged perpetrator.

The facility had no allegations of sexual abuse in the twelve months preceding the audit, however, the auditor did review one investigation that was in 5/2023. There was no substantial risk associated with this report.

Conclusion:

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

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

· PREA Process for Community Corrections Programs

· Memorandum Re: 115.263

· 5-1C-CC Incident Statement form

Interviews Conducted:

- Agency Head/Designee
- Facility Director
- Random Residents
- Random and Targeted Staff

115.263 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Upon receiving an allegation that a current resident had been sexually abused while confined at another facility (e.g. state, federal, local, or another private operator) the following actions shall be taken:

The Facility Director of the facility that received the allegation shall notify the Facility Director or appropriate headquarters office of the facility or agency where the alleged abuse took place.

A copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.”

During the interview, the Agency Head and Facility Director was aware of the requirement to report this information.

The facility provided the auditor with a Memorandum, which states “Arapahoe Community Treatment Center has not had a resident inform them of sexual abuse while at another confinement facility.”

There was no indication of this occurring in file review, or resident/staff interviews.

115.263 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states such reports should happen as soon as possible, but no later than 72 hours after receiving the allegation.

The facility reported that in the twelve months preceding the audit, there were no times that the facility received an resident who alleged they were sexually abused at another facility.

115.263 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “The facility shall document that it has provided such notification through the 5-1C-CC Incident Reporting procedures.”

The auditor reviewed the 5-1C-CC Incident Statement form, which allows staff to document any allegation/incident or notification that is made. The facility reported there were no examples of this occurring, therefore the auditor was unable to review any proof documentation.

115.263 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Upon receiving notification from another facility that an incident/allegation of sexual had occurred while the resident was previously confined at the facility, the following actions shall be taken.

The facility shall record the name of the agency making the notification and any information (names, dates, time) that may assist in determining whether an investigation was conducted. An resident statement should be requested.

If the allegation was reported and investigated in accordance with CoreCivic Policy and/or referred for criminal investigation if appropriate, the facility shall document the allegation, the name and title of the person reporting the information, and that the allegation has already been addressed. Under these circumstances, further investigation and notification need not occur.

If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The Incident shall be reported through the 5-1 CC Incident Reporting procedures.”

The facility reported during the twelve months preceding the audit, there no allegations that had been received by another facility. The auditor was not able to locate any indication that there had been any reports received by another facility though documentation review, or interviews.

The Agency Head and Facility Director were aware of this requirement and said these types of allegations would be investigated.

Conclusion:

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

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

· PREA Overview Cirriculum

· First Responder Duties Card

· Terms for Sexual Orientation and Sexual Identity Card

Interviews Conducted:

· Staff Who Have Acted As a First Responder

· Random Staff

115.264 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Upon learning of sexual abuse, or an allegation of sexual abuse, the first security responder is required to complete the following:

Separate the alleged victim from the alleged abuser. When the alleged abuser is an resident, he/she shall be secured in a single cell (if available) to facilitate the collection of evidence if required;

Preserve and protect the crime scene until appropriate steps can be taken to collect evidence of the crime scene and any investigation;

CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response also states “Following notification from first responders, the highest supervisory authority on-site shall ensure that the ADO, the PREA Compliance Manager, and Facility Director shall be immediately notified of the incident.

If the abuse occurred within a time that allows for the collection of physical evidence, responding staff shall, to the best of their ability, request that the victim 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.

If the abuse occurred within a time that allows for the collection of physical evidence and when the alleged abuser is an resident, 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”.

The first responder questions were asked of all staff, as there were no staff that were reported as having been the first responder during a PREA incident. Overall, some staff were able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties but there was some confusion around evidence collection procedures. All staff reported they would notify the highest-ranking supervisor immediately and that they would guide them through the process. It is also important to note that there were very few PREA issues having every occurred at this facility, so there was limited experience responding to these issues in the past.

The PREA Overview Curriculum was reviewed by the auditor. It includes “responding to sexual abuse including first responder duties, supervisor duties and PREA compliance manager duties.”

A copy of the First Responder Duties Card was provided to the auditor. This card outlines first responder duties to include:

· "Separate the alleged victim and abuser

· Notify the highest ranking supervisor on site.

· Assist in obtaining medical attention for alleged victim, if necessary.

· If the abuser occurred within a time period that still allows for physical evidence, request that the alleged victim not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating)

· Determine location of the alleged perpetrator and ensure that he/she does not take any actions that could destroy physical evidence. Keep the alleged perpetrator at the facility if possible.

· File an Incident Report to document the incident and what steps you took in responding.

· Maintain confidentiality apart from reporting to designated supervisors or officials."

The auditor interviewed several staff, and some staff reported they did not have a copy of the card. The auditor recommends that every staff member be provided with a copy of this card, since there are such few incidents that occur.

The facility reported that in the twelve months preceding the audit, there were no allegations of sexual abuse.

It is recommended that the facility continue to look for ways to educate staff on first responder duties, with a focus on evidence collection procedures.

115.264 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then shall notify security staff."

The facility said that there were no reports of sexual abuse made in the past twelve months.

The auditor interviewed several random staff that were not security members in various capacities. All staff were able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties, but there was some confusion about evidence collection.

It was reported to the auditor that all staff have been provided with a card with their first responder duties that they can carry with them, to use as a reference if needed. These can be particularly helpful to non-security staff who may not respond to these types of allegations frequently. Since there was some staff who had not received a copy of this card, the auditor recommended the facility ensure that each staff have one, and that they continue to look for ways to educate all staff on first responder duties, with a focus on evidence collection.

Conclusion:

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

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:
- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- Memorandum to ACTC Staff
- 14-2C-CC Sexual Abuse Incident Check Sheet

Interviews Conducted:
- Random Staff

115.265 CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "In order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that may include, but is not limited, to the following positions:

a. Administrative Duty Officer (ADO)

The ADO on-site or on-call is responsible for the overall coordination of the facility response to an incident of sexual abuse. The ADO will ensure that the14-2 CC Sexual Abuse Incident Check Sheet is followed and that the incident has been reported in accordance with the CoreCivic Incident Reporting procedures. The ADO will serve as a primary liaison with investigators until the PREA Compliance Manager and/or Facility Director arrive.

b. Security Representative

The Security Representative shall ensure resident safety needs are addressed, including separating the alleged victim and perpetrator.

c. Program Representative

This position may be the resident's assigned Case Manager, Case Manager Supervisor or Counselor. The program representative will ensure that all referrals to outside community agencies for medical and mental health have been made and that all subsequent re-assessments have been completed.

d. Victim Services Representative

An employee designated by the Facility Director may serve as the facility Victim Services Representative. The Victim Services Representative may not be a member of security. This individual shall attempt to obtain the services of a victim advocate form a rape crisis center to assist the alleged victim of sexual abuse. In the absence of a victim advocate, the Victim Services Representative may provide residents with support and ensure that residents are aware they may

access additional victim resources through community rape crisis centers or equivalent agencies."

A memorandum was provided to the auditor that states "Memo to ACTC Staff
Coordinated Response to PREA Incident: ACTC:
· If a PREA incident occurs, staff are to notify the facility Director immediately.
· The Facility Director will then notify the Senior Director and Managing Director.
· The Facility Director will notify the facility SART team members to report to the facility.
· The SART team will report to the facility and gather information from the staff and residents involved. If there is suspected abuse the Facility Director will notify the Arapahoe County Sheriff's Department to assist in the evidence collection, crime scene documentation, and reports.
· The Facility Director will maintain contact with the Arapahoe County Sheriff's Office during the course of the investigation."

The 14-2C-CC Sexual Abuse Incident Check Sheet was provided to the auditor. It provides step-by-step instructions on the facility's PREA plan if an allegation of sexual abuse should occur.

The auditor was able to review one allegation from 5/2023, which included the completed Incident Check sheet, and corresponding documentation that indicated the facility plan was adhered to.

Conclusion:

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

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:
- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- Memorandum RE: 115.266

Interviews Conducted:
- Agency Head

115.266 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Neither CoreCivic, nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

The auditor was provided with a memorandum that stated, "Colorado is an at-will state".

115.266 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Nothing in this requirement shall restrict the entering into or renewal of agreements that govern:

i. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions outlined above in and a preponderance of the evidence in determining whether sexual abuse or sexual harassment is substantiated.

ii. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the employee's personnel file following a determination that the allegation of sexual abuse is not substantiated."

The auditor was provided with a memorandum that states "Colorado is an at-will state".

The Agency Head said that CoreCivic staff who are responsible for the development of collective bargaining agreements are aware of this requirement, however, it is not applicable to this facility at this time.

Conclusion:

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

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

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

115.267 (b)

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

115.267 (c)

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

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- Memo from the PREA Compliance Manager (PCM) re: 115.67
- Ethics Matters Speak Up Non-Retaliation Poster
- 14-2D CC PREA Retaliation Monitoring Report

Interviews Conducted:

- Agency Head
- Facility Director
- PREA Compliance Manager
- Designated Staff Member Charged with Monitoring for Retaliation

115. 267 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Residents 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 residents or staff."

The facility utilizes the 14-2D CC PREA Retaliation Monitoring Report form to track retaliation monitoring. This form provides the date of the incident, the review, the type of status check, and a comments section. It was noted comments were included in each completed 14-2D CC form that the auditor reviewed, which included key details about how the person was doing following the allegation.

The auditor reviewed the Ethics Matters Speak Up Non-Retaliation Poster, which explains that retaliation is prohibited and that CoreCivic will not tolerate it. The auditor was able to observe those posters while onsite.

The Facility Director/PREA Compliance Manager is the current staff assigned to monitor retaliation. She was aware of the requirements in this provision.

The Agency Head Designee and Facility Director both said retaliation concerns would be addressed.

There were no residents who had reported an incident of sexual abuse that were still at the facility for the auditor to interview.

115. 267 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility shall employ multiple protection measures to monitor retaliation against residents including but are not limited to, (a) housing changes or transfers for resident victims or abusers, (b) removal of alleged staff or resident abusers from contact with victims, (c) emotional support services for residents who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating

with investigations, (d) periodic status checks, and (e) monitoring disciplinary reports, housing or program changes.

At this facility, the position that will serve as the designated staff person conducting resident 30-60-90-day monitoring is PREA Compliance Manager."

A Memorandum was provided to the auditor, which states "The Facility Director or designee will monitor the resident for the following time period to ensure the resident is safe and free from retaliation:

- 30 days
- 60 days
- 90 days

All contact with the resident will be documented in the 14-2D-CC"
Since there were no PREA allegations at the facility, there were no examples of retaliation monitoring for the auditor to review.

115. 267 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "For at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents who reported sexual abuse and residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by residents or staff. Monitoring shall be documented on the 14-2D CC PREA Retaliation Monitoring Report (30-60- 90) or contracting agency equivalent form.

The facility shall employ multiple protection measures to monitor retaliation against residents including, but not limited to:

i. Housing changes or transfers for resident victims or abusers,
ii. Removal of alleged staff or resident abusers from contact with victims,
iii. Emotional support services for residents who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,
iv. Periodic status checks and monitoring disciplinary reports, housing, and program changes."

The policy also addresses monitoring the conduct and treatment of staff who report. Monitoring for staff includes, but is not limited to monitoring negative performance reviews, disciplinary reports, and reassignments.

The PREA Compliance Manager who monitors retaliation explained this would be completed for both staff and resident reporters and would last for at least 90 days.

The 14-2D PREA Retaliation Monitoring Report form specifies that the monitoring is for either staff or residents and takes place in 30-, 60- and 90-day increments.

There was one allegation of sexual abuse since the last PREA audit, however, monitoring was not required, as they were no longer at the facility.

The Facility Director/PREA Compliance Manager is the current staff assigned to monitor retaliation. She was aware of the requirements in this provision.

115. 267 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need."

The form 14-2D CC PREA Retaliation Monitoring Report says the retaliation will be monitored beyond 90 days, as indicated.

The staff member who monitors retaliation knew that the monitoring could be ongoing for past 90 days if there was a concern for retaliation.

115. 267 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation."

The Agency Head and Facility Director were familiar with this requirement and said this is taken seriously at CoreCivic and the facility.

115.267 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility obligation to monitor retaliation for staff and residents shall terminate if the facility determines that the allegation is unfounded".

The Facility Director/PREA Compliance Manager is the current staff assigned to monitor retaliation. She was aware of the requirements in this provision.

Conclusion:

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

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

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

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No

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

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- Investigator Training Certificates
- Investigation Packet

Interviews Conducted:
- Investigators
- PREA Coordinator

115.271 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "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."

The auditor interviewed the only investigator currently located at the facility. The investigator understood that all investigations should be done promptly, thoroughly, and objectively, including third-party reports and anonymous reports.

The facility reported there had been no PREA allegation in the twelve months preceding the audit. The auditor requested copies of any investigation that has occurred since the last PREA audit and was told there had been one. The auditor was provided with the investigative packet for that allegation.

Administrative investigations are all completed on CoreCivic Form 5-1G Incident Investigation Report. The facility investigator reported that an administrative investigation is completed for every allegation of sexual abuse and sexual harassment, even when there is a criminal investigation.

At the time of the onsite review, the auditor received an allegation from a resident, which prompted an immediate investigation. The auditor requested a copy of the completed investigation. As of the date of this report, the auditor has not received a copy. The auditor will review the report during the corrective action period.

115.271 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility shall use investigators for administrative investigations who have received special training in sexual abuse investigations pursuant to Standards."

The facility reports they have one investigator designated who can conduct administrative sexual abuse and sexual harassment investigations and have received specialized training in sexual abuse investigations in a confinement setting per standard 115.234. The auditor was able to review training records for the investigator, which showed they had received PREA: Investigating Sexual Abuse in Confinement Settings through NIC.

The auditor interviewed the investigator at the facility who conducted sexual abuse and sexual harassment allegations. They were able to confirm they had received specialized training.

Although there were some areas, she was not clear on regarding the training, the agency plans to schedule a refresher with community facilities soon.

115.271 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."

The investigator that was interviewed was aware of this requirement and was knowledgeable in evidence collection and the process they would go through to complete a thorough investigation.

115.271 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "When the quality of evidence appears to support a 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."

The investigator that was interviewed understood this requirement after discussing Garrity provisions with the auditor.

115.271 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

The investigator who was interviewed was aware of this requirement. When the auditor reviewed the investigative report all victims, suspects, and witnesses were assessed on an individual basis, and not determined by the person's status. There were no investigations reviewed by the auditor that included the use of a truth-telling device; however, the investigators were aware of the requirement not to require it as a condition for proceeding with an investigation of sexual abuse or sexual harassment.

115.271 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Administrative Investigations 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 CC Incident Investigation Report and shall detail the following components:

a. Investigative facts (i.e. specific details about what actually happened);
b. Physical evidence (e.g. clothes collected, medical evidence, etc.);
c. Testimonial evidence (e.g. witness statements);
d. Reasoning behind credibility assessments (i.e. why is the person deemed credible or not credible);
e. Investigative findings (i.e. discovery or outcome of the investigation); and
f. An explanation as to how the conclusion of the investigation has reached the conclusion."

The administrative investigator was able to describe these requirements during an interview with the auditor.

The auditor reviewed an administrative investigation that included this information. CoreCivic utilizes a template that includes these different requirements.

115.271 (g) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "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".

There have been no criminal investigations that have been completed since the last PREA audit.

115.271 (h) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution".

There have been no criminal investigations that have been completed since the last PREA audit.

115.271 (i) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "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."

An investigator who was interviewed was aware of this requirement. The PREA Coordinator reports that the investigative reports are uploaded in an automated system and are not purged.

115.271 (j) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation."

The investigator was aware that the departure of the victim or abuser shall not provide a basis for terminating the investigation.

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

There was no indication in reviewing an investigative file or speaking with the investigator that any state entity or Department of Justice component had conducted investigations at this facility.

115.271 (l) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation."

The auditor discussed this provision with the only investigator at the facility. The facility has not had a criminal investigation completed by an outside investigator, but she understood the requirement to remain informed if it were to occur.

Conclusion:

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

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

· Investigation Packet

Interviews Conducted:

· Investigators

115.272 CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "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."

The auditor interviewed an investigator, who explained that the preponderance of the evidence is used when determining the outcome of sexual abuse and sexual harassment allegations.

The auditor reviewed the only investigation that has occurred since the last PREA audit, which took place in 5/2023. The auditor verified the allegation was appropriately determined to be unsubstantiated.

Conclusion:

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

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into an resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

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

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

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

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

115.273 (d)

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

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

· CoreCivic Form 14-2E-CC Inmate/ Resident PREA Allegation Status Notification

Interviews Conducted:

· Investigator

· Facility Director

115.273 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Following an investigation into an resident allegation that he/she suffered sexual abuse at the facility, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded."

The facility utilizes the form 14-2E-CC Inmate/Resident PREA Allegations Status Notifications to document that the resident is informed of the outcome of the investigation, which was reviewed by the auditor.

The Facility Director was aware of the requirement to provide this information to the residents at the conclusion of an investigation.

There had only been one PREA investigation since the last PREA audit, and the resident was no longer housed at the facility at the time.

115.273 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response 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 resident”.

115.73 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Following an resident’s allegation that an employee has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless the facility has determined that the allegation is unfounded) whenever:

a. The employee is no longer posted within the residents’ unit as a result of the findings of the investigation;

b. The employee is no longer employed at the facility as a result of the allegation;

c. The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or

d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.”.

The 14-2E-CC Inmate/Resident PREA Allegations Status Notifications have checkboxes that include this provision. There had only been one PREA investigation since the last PREA audit, and the resident was no longer housed at the facility at the time.

115.273 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Following an resident allegation that he/she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever:

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

b. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."

The 14-2E-CC Inmate/Resident PREA Allegations Status Notifications have checkboxes that include this provision. There had only been one PREA investigation since the last PREA audit, and the resident was no longer housed at the facility at the time

115.273 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "All resident notifications or attempted notifications shall be documented on the 14-2E CC Resident Allegation Status Notification. The resident shall sign the 14-2E form, verifying that such notification has been received. The signed 14-2E form shall be filed in the resident's file."

The investigator that was interviewed said that they understood they must document all notifications required by this standard.

115.273 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility obligation to notify the resident as outlined in this section shall terminate if the resident is released from CoreCivic custody".

The investigator was aware of this requirement. The PCM will request the notification to be made at the other facility, however, there have been no examples of this occurring since the last PREA audit.

Conclusion:

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

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

Interviews Conducted:

· Human Resources

· PREA Compliance Manager

115.276 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies."

The PAQ said staff will be subject to disciplinary sanction, including terminations, and in the twelve months preceding the audit, there were no substantiated allegations of sexual abuse and no substantiated allegations of sexual harassment involving a staff member.

115.76 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse."

The PAQ said there were no terminations for violating agency sexual abuse or sexual harassment policies. The auditor verified there had been no substantiated sexual abuse allegations involving an employee since the last PREA audit.

During the onsite audit, employees mentioned they could be terminated if they violated sexual abuse and sexual harassment policies.

115.276 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee’s disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.”

The facility reported there were no staff since the last audit who have been disciplined for violation of agency sexual abuse or sexual harassment policies.

Since there were no examples, the auditor was unable to verify that the disciplinary sanctions were commensurate with the provision, however, facility staff were aware of this requirement.

115.276 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response 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 any relevant licensing bodies.”

The PAQ said there were no staff from the facility who were reported to law enforcement following their termination for violating agency sexual abuse or sexual harassment policies.

The facility reported there was no staff who was referred to the relevant licensing body, following the employee’s termination from employment.

Conclusion:

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

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

Interviews Conducted:

· Facility Director

- Volunteers
- Contractors

115.277 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Any volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to any relevant licensing body.”

The facility reported there were no allegations of sexual abuse that involved a contractor or volunteer that were substantiated within the twelve months preceding the audit.

The Facility Director said that any contractor or volunteer who engaged in sexual abuse would be immediately prohibited from contact with residents.

Interviews with Volunteers and Contractors verified that they understood that they understood the requirements in this standard and the repercussions, should they violate sexual abuse or sexual harassment policies.

115.277 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Any other violation of CoreCivic sexual abuse or sexual harassment policies by contractor or volunteer will result in appropriate corrective action up to and including restricting contact with residents and removal from the facility.”

The Facility Director said she would take appropriate corrective action as needed. Interviews with volunteers and contractors indicated they understood remedial measures that may be taken for violating sexual abuse or sexual harassment policies, including termination of their ability to provide services at the facility.

Conclusion:

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

Standard 115.278: Disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

· PREA Advisement

· PREA Advisement Photo

· Resident Handbook

Interviews Conducted:

· Random Staff

· PREA Compliance Manager/Facility Director

115.278 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on resident sexual abuse or following a criminal finding of guilt for resident-on resident sexual abuse."

The facility provided the auditor with a PREA Advisement, which clearly states that disciplinary action will be taken if a resident engages in sexual conduct. The facility provided the auditor with a photo, which shows how the advisements are electronically stored for each resident.

The Resident Handbook was reviewed and explains the facilities zero tolerance policy and that sexual contact or behaviors of a sexual nature is prohibited. It further explains that inappropriate sexual behavior may be reported to appropriate authorities.

The facility reported there was no substantiated allegation of resident -to-resident sexual abuse to review during the twelve months preceding the audit. The auditor verified there had also not been any since the last PREA audit, as there was only one investigation, and it was determined to be unsubstantiated.

115.278 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories."

The Facility Director understood this, however, the facility reported there was no substantiated allegation of resident -to-resident sexual abuse to review during the twelve months preceding the audit. The auditor verified there had also not been any since the last PREA audit, as there was only one investigation, and it was determined to be unsubstantiated.

115.278 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The disciplinary process shall consider whether an resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed."

The facility reported there was no substantiated allegation of resident -to-resident sexual abuse to review during the twelve months preceding the audit. The auditor verified there had also not been

any since the last PREA audit, as there was only one investigation, and it was determined to be unsubstantiated.

115.278 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits.”

The Facility Director reported that the facility does not provide sex offender treatment, however, they work with outside entities to provide sex offender treatment. Any sex offense would cause consideration of referral to treatment. If referred to treatment, the residents cannot graduate from the program until they have successfully completed treatment.

115.278 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “An resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact.”

There was no indication in any of the files reviewed that residents were disciplined when an employee consented to sexual conduct.

Several staff at the facility verified an understanding that consent with an resident is not appropriate due to the power differential that exists.

115.278 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Residents who deliberately allege false claims of sexual abuse may be disciplined. For the purposes of 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.”

The facility said there were no instances when an resident was disciplined for filing a false PREA allegation.

115.278 (g) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Sexual activity between residents is prohibited in all CoreCivic facilities, and residents may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.”.

The auditor verified through discussion with staff that consensual sexual activity between residents is considered a rule violation and is treated as such. This activity is not considered sexual abuse unless the activity is coerced.

Conclusion:

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

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:
· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
· MOU with St. Anthony North Neighborhood Health Center
· MOU with Blue Bench
· PREA Overview Curriculum
· First Responder Duties Cards
· Terms for Sexual Orientation and Sexual Identity Cards
· CoreCivic PREA Brochure - English
· CoreCivic PREA Brochure - Spanish
· Advocacy Poster
· Break the Silence Poster
· Memorandum RE: 115.282

Interviews Conducted:

- Facility Director
- Blue Bench Representative
- St. Anthony Hospital SANE

115.282 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crises services, the nature and scope of which shall be determined by community medical and mental health practitioners according to their professional judgment."

The auditor was provided with the CoreCivic PREA Brochure, which broadly mentions that medical and mental health services shall be available.

A memorandum was provided to the auditor that states "In the event of a medical emergency or sexual abuse or sexual assault we will use emergency services transportation to get the resident to the hospital".

An MOU with St. Anthony North Neighborhood Health Center was provided to the auditor, which explains the facility would transport the victim of sexual abuse to St. Anthony for the forensic exam and to meet with an advocate. The MOU has been in effect since 2019, and 30-day written notice must be provided to terminate the agreement.

An MOU with Blue Bench was provided that explains that all resident victims of sexual abuse will have access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate.

The Overview of the PREA Curriculum was provided to the auditor, which includes information on responding to sexual abuse.

First Responder Cards explain that they should assist in obtaining medical attention for the alleged victim, if necessary.

The Break the Silence Poster, Advocacy Poster, and Terms for Sexual Orientation and Sexual Identity Cards were provided in support of this standard, but it was not clear to the auditor how they are applicable.

The Facility Director reported that any medical and mental health treatment would be conducted offsite, as there are no medical or mental health staff or contractors that provide services at the facility. Referrals to these services will be provided as needed.

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

Since the facility does not have onsite medical and mental health staff or contractors, first responders would ensure the evaluation and treatment with outside providers were facilitated.

115.282 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Resident 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 prophylaxes, in accordance with professionally accepted standards of care where medically appropriate."

The Facility Director reported that this would be completed at the hospital, or at an offsite medical facility. There had been no instances of this occurring since the last PREA audit, as the only allegation that was made, occurred after the resident had already been released from the facility.

A SANE from St. Anthony's Hospital was interviewed over the phone, who indicated that these services would be offered as part of the SANE if needed.

115.282 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Treatment services shall be provided to the victim of sexual abuse while incarcerated without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

An MOU with Blue Bench was provided that explains that all resident victims of sexual abuse will have access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate.

Representatives from Blue Bench and St. Anothony indicated that services would be offered without financial cost to the resident.

Conclusion:

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

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

Interviews Conducted:

· Facility Director

115.283 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility shall offer all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility medical and mental health evaluation and treatment as appropriate."

The Facility Director explained that there are no medical or mental health staff or contractors that work at the facility, and all services would be offered to an offsite hospital or office.

115.283 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response "The evaluation and treatment of such victims shall include, as appropriate: Follow-up services. Treatment Plans. Referrals for continued care following their transfer to, or placement in, other facilities, or release from custody."

The Facility Director explained that there are no medical or mental health staff or contractors that work at the facility, and all services would be referred to an offsite medical or mental health provider.

115.283 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “The facility shall provide such victims with medical and mental health services consistent with the community level of care.”

There were no medical and mental health staff at the facility to interview, and the facility stated that all referrals for medical and mental health would be done in the community.

115.283 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.”

This facility does not house female residents.

115.283 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “In the event the resident tests positive for pregnancy, the resident will be provided information regarding lawful pregnancy-related services in a timely manner.”

This facility does not house female residents.

115.283 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Resident victims of sexual abuse shall be referred for tests for sexually transmitted infections as medically appropriate.”

The Facility Director said that this would be completed at the hospital or at an outside medical facility but would be free of cost to the resident.

There had been no examples of this occurring to review.

115.283 (g) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Treatment services will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

The Facility Director said that this would be completed at the hospital or at an outside medical facility but would be free of cost to the resident regardless of cooperation with an investigation

There had been no examples of this occurring to review.

115.283 (h) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “All known resident -to-resident abusers within 60 days of learning of such abuse history and would offer treatment when deemed appropriate by mental health practitioners.”

The facility works with outside entities for referral to sex offender treatment. The Facility Director reported that if there was a substantiated resident-resident PREA allegation that was substantiated, the abuser would likely be released from the facility.

Conclusion:

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

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:
- CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response
- CoreCivic Form 14-2F CC Sexual Abuse or Assault Incident Review Report
- Memorandum RE: 115.286

Interviews Conducted:
- Facility Director
- Incident Review Team Member

115.286 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The PREA Compliance Manager 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 Facility Director understood a post-conclusion incident review needed to be completed for every unsubstantiated and substantiated allegation of sexual abuse.

One member of the incident review team was interviewed and verified it would be completed.

The facility documents the Incident Reviews on form 14-2F CC Sexual Abuse Incident Reviews. There had only been one allegation of sexual abuse since the last PREA audit, and it was reviewed by the auditor.

115.286 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Sexual Abuse Incident reviews review shall occur within 30 days of the conclusion of the investigation."

The Incident Review Team member who was interviewed knew this needed to be completed within 30 days of the closure of the investigation. The auditor reviewed the only Incident Review that was completed since the last PREA audit. The investigation closed on 6/12/2023 and the Incident Review was completed on 6/14/2023.

115.286 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “In addition to the PREA Compliance Manager, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors and investigators. Medical or mental health practitioners may be used if assigned on-site to the facility.”

A memorandum was provided to the auditor, which stated the ACTC PREA Incident Review Team and Sexual Assault Response Team (SART) includes the Facility Director, Assistant Facility Director, Operations Supervisor, and Senior Director. The facility does not employ medical or mental health practitioners.

The Incident Review Member who was interviewed explained this would be completed with input from investigators and line supervisors. It is important to note that the only investigator at the facility is the Facility Director, who is a member of the Incident Review Team.

115.286 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “All findings and recommendations for improvement will be documented on the 14-2F CC Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. Completed 14-2F CC forms will be forwarded to the Facility Director, the PREA Compliance Manager, and the FSC PREA Compliance Coordinator/designee.”.

Form 14-2F CC Sexual Abuse Incident Reviews considers:

“1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
(4) Assess the adequacy of staffing levels in that area during different shifts;
(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager”

In addition, Form 14-2 F considers:

- Was any information available that should or could have alerted staff that the incident may occur?
- Have any prior substantiated allegations of sexual abuse or assault occurred in the same area of the facility?
- Once the incident was detected, was the staff response timely and appropriate?
- Were policies and procedures followed in this case?

· Were appropriate medical care, mental health counseling, and/or other health services offered to the victim after the incident was reported?
· Were appropriate victim advocacy services offered to the victim after the incident was reported?
· If any of the alleged victims or perpetrators has a disability (including a mental illness) or is limited English-proficient, were appropriate steps taken to ensure the resident's access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse? Explain what services or accommodations were provided.
· Describe reclassification and housing decisions for both the victim and alleged perpetrator following the allegation.
· Were any additional measures necessary to protect staff, contractors, volunteers, or residents against retaliation for reporting or complaining about the incident, or participating in the investigation?"

The auditor reviewed the data from the only investigation since the last PREA audit.

115.286 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility shall implement the recommendations for improvement or shall document reasons for not doing so."

Form 14-2F-CC Sexual Abuse Incident Reviews has a section that includes "Review Team Recommendations", which requires that the person completing the form list all recommended changes in policies, procedures, and/or practices identified through the questions above, and describe exactly how each recommendation was implemented. The documentation also includes a section to document the method of implementation. If the recommendations were not implemented, there is a section to include "If any recommended changes were not implemented, please explain why."

Staff who participated on the Incident Review Team who were interviewed understood that if the recommendations were not implemented, they must document the reasons for not doing so.

There were no recommendations in the Incident Review that was provided to the auditor.

Conclusion:

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

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 5-1 CC Incident Reporting
- Notification to Administration 5-1BB-CC Form
- PREA Annual Reports for 2021, 2022, and 2023
- CoreCivic Policy 1-15 CC Retention of Records

Interviews Conducted:

- Agency Head
- PREA Coordinator

115.287 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "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 CC Incident Reporting and 5-1BB-CC."

The PREA 5-1-CC Incident Reporting form was provided to the auditor. It explains the PREA standards definitions for tracking purposes.

The PREA Coordinator explained the tracking mechanism CoreCivic utilizes for tracking allegations of sexual abuse and sexual harassment.

The Agency Head designee explained the CoreCivic tracking mechanism, which includes collecting accurate, uniform data. He explained that every time a PREA allegation is entered into the system, he is copied on an email alert. This allows him and others who receive the email to ensure the case is appropriately coded and entered. Additionally, he attends a monthly meeting with department heads to review data collected and compare it with data from previous years to ensure there are no trends developing that need to be addressed.

115.287 (b-c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The incident-based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.”

The agency aggregates incident-based data annually in the CoreCivic Annual Report. The CoreCivic Annual Report for 2021,2022, and 2023 was provided as proof documentation, however, all previous year’s reports were reviewed on the website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea.

The Agency Head designee reported that the PREA Annual Report is completed annually by the Agency PREA Coordinator, and it is usually done in June of each year, for the previous year.

The PREA Coordinator discussed how she ensures data is appropriately collected and aggregated annually, through the annual report, and SSV if requested.

115.287 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident 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 1-15 CC Retention of Records.”

The PREA Coordinator explained that CoreCivic collects data from all allegations of sexual abuse and sexual harassment. The data is stored in an electronic tracking system and is from investigative reports, sexual abuse incident reviews, etc.

115.287 (e) CoreCivic is a private facility, however, it is a contracted entity and does not contract for confinement with others to house its residents.

115.287 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or at a date requested by that Department."

The PREA Coordinator said the SSV is submitted by the due date each calendar year when requested. The facility reported they had not received a request since the last PREA audit, but were aware of the requirements.

Conclusion:

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

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

· CoreCivic 2021, 2022 and 2023 PREA Annual Reports

· Agency Website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea

Interviews Conducted:

· Agency Head

· PREA Coordinator

115.288 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include Identifying problem areas and taking corrective action on an ongoing basis.”

The annual reports assess the aggregated sexual abuse data and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas and taking corrective action on an ongoing basis.

The PREA Coordinator explained the process for completing this report. The Agency Head designee explained that this report is ordinarily completed annually in June by the PREA Coordinator.

115.288 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “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.”.

The annual report included a comparison of the current and previous year’s data and provided an assessment of the agency’s progress in addressing sexual abuse. It also included the scope of the report, applicable definitions, investigation outcome definitions and explanation of the process, breakdown of PREA incidents by facility type and outcome, including any percentage of increase or decrease (from 2021, 2022, and 2023), what facilities received national PREA audits for that year, annual corrective actions identified and taken,

For 2022 the Annual Report states there were policy updates, increased investigator training, PREA training, camera installation and upgrades, a month in November designated to PREA, and implementation of the online audit system.

The 2022 Annual Report states “CoreCivic uses an Incident Report Database to record and track all PREA Incidents from the initial report made at the facility level through the investigative and

review process. Data is gathered consistent with the definitions found in the United States Department of Justice PREA Standards and the Department of Homeland Security Standards for ICE facilities. This data is also used to respond to the Annual Department of Justice Survey of Sexual Victimization that is forwarded to select facilities.

Tables have been provided in this report that contain combined aggregated 2022 data for facilities under both DOJ Prison/Jail Standards and DHS Standards. In addition, tables are provided with data for CoreCivic Community Corrections facilities under DOJ Standards for Community Confinement Facilities. The tables containing the data for Department of Justice Prisons and Jails have notations indicating whether a facility also housed residents through agreements with Immigration and Customs Enforcement. Facilities housing exclusively ICE residents fall under the Department of Homeland Security (DHS) Sexual Abuse and Assault Prevention Standards issued in 2014. DHS Standards differ from DOJ Standards in that DHS Standards do not have a separate definition for Sexual Harassment and include acts that would be defined as Sexual Harassment within the definitions of what the DOJ considers Sexual Abuse."

The PREA Coordinator explained this was completed by reviewing the data that had been provided in the incident tracking database.

115.288 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website."

The Executive Vice President (Chief Corrections Officer) approves the report on an annual basis, and it is posted on the public website.

115.88 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated.".

There were no specific materials disclosed in the report that would present security concerns.

The PREA Coordinator said that there would be no such data posted without redaction.

Conclusion:

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

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

· CoreCivic 2020, 2021 and 2022 PREA Annual Reports

· Agency Website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea

Interviews Conducted:

· Agency Head

· PREA Coordinator

115.289 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident 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 1-15 Retention of Records."

The PREA Coordinator said the PREA tracking database is securely retained by limiting the PREA tracking database to limited staff. Hard-copy files are locked and secured.

115.289 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website.".

The auditor reviewed CoreCivic's website before the onsite audit and was able to see the PREA data listed.

115.289 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers."

The auditor reviewed CoreCivic's website prior to the onsite audit and was able to see that there were no personal identifiers listed.

115.289 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The agency shall 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.".

The Core Civic Retention Schedule listed 5-1 Incident Reports (includes entire incident packet-PREA) as 10 years.

Conclusion:

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

CoreCivic Website

Standard Analysis:

115.401 (a) CoreCivic ensures each facility operated by the agency receives an audit at least once every three years. The audit reports are posted on CoreCivic website.

115.401 (b) CoreCivic ensures each facility operated by the agency receives at least one-third of each facility type audit every year. The audit reports are posted on CoreCivic website.

115.401 (f) The auditor reviewed all relevant agency-wide policies, procedures, reports, internal, and external audits, and accreditation for each facility type. This information was sent to the auditor before the onsite audit.

115.401 (g) The auditor reviewed a sampling of relevant documents. The auditor's methodology for reviewing this documentation is detailed at the beginning of the report.

115.401 (h) The auditor had access to and observed all areas of the audited facilities. The auditor conducted an extensive site review on the first day of the onsite audit.

115.401 (i) The auditor received relevant documents. Documents reviewed are detailed in the standard-by-standard analysis.

115.401 (j) The auditor will retain and preserve all documentation. The documentation will be provided to the Department of Justice upon request.

115.401 (k) The auditor interviewed a representative sample of residents, staff members, supervisors, and administrators. The auditor followed all guidelines for interviews in the auditor handbook.

115.401 (l) The auditor reviewed videotapes (such as the PREA video) and electronic data such as the watch tour records.

115.401 (m) The auditor conducted private interviews with residents.

115.401 (n) Notice of the audit was posted at the facility six weeks prior to the onsite and residents were permitted to send confidential information or correspondence to the auditor.

115.401 (o) The auditor attempted to communicate with the community-based advocacy organization and Just Detention International.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Final audit reports were reviewed on the CoreCivic website, under each individual facility.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Ericka Sage 4/28/2025

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.