

PREA Facility Audit Report: Final

Name of Facility: Adams Transitional Center

Facility Type: Community Confinement

Date Interim Report Submitted: 04/28/2026

Date Final Report Submitted: 06/18/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Barbara Jo Denison	Date of Signature: 06/18/2026

AUDITOR INFORMATION	
Auditor name:	Denison, Barb
Email:	denisobj@sbcglobal.net
Start Date of On-Site Audit:	04/07/2026
End Date of On-Site Audit:	04/08/2026

FACILITY INFORMATION	
Facility name:	Adams Transitional Center
Facility physical address:	1450 East 62nd Avenue, Denver, Colorado - 80216
Facility mailing address:	

Primary Contact

Name:	Michael Gardner
Email Address:	michael.gardner@corecivic.com
Telephone Number:	720-377-0900

Facility Director	
Name:	Michael Gardner
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Telephone Number:	720-377-0900

Facility PREA Compliance Manager	
Name:	Michael Gardner
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Name:	Tara Wilson
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Name:	Faynett Anderson
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Telephone Number:	(615) 339-1840

Facility Characteristics	
Designed facility capacity:	85
Current population of facility:	76
Average daily population for the past 12 months:	84
Has the facility been over capacity at any	No

point in the past 12 months?	
What is the facility's population designation?	Men/boys
Age range of population:	18-71
Facility security levels/resident custody levels:	Department of Corrections and Diversion
Number of staff currently employed at the facility who may have contact with residents:	16
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION

Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	
Telephone number:	615-263-3000

Agency Chief Executive Officer Information:

Name:	Damon T. Hininger
Email Address:	
Telephone Number:	615-263-3000

Agency-Wide PREA Coordinator Information

Name:	Jillian Shane	Email Address:	jillian.shane@corecivic.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

4	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.217 - Hiring and promotion decisions • 115.231 - Employee training • 115.288 - Data review for corrective action
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Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-04-07
2. End date of the onsite portion of the audit:	2026-04-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p>	<p>CoreCivic/Adams Transitional Center have a Memorandum of Understanding (MOU) with the Blue Bench. The MOU renewed 10/7/19 provides for emotional support services for resident victims of sexual abuse. On 2/26/26 the Co-Director of Client Services of the Blue Bench was contacted to confirm and review the terms of the MOU. The Blue Bench provides a 24/7 emotional support hotline for survivors of sexual abuse. The Blue Bench has partnered with RAINN to answer hotline calls. Advocates answering the calls forward information to the Blue Bench. Callers are informed of the Blue Bench’s mandatory reporting rules. Callers can remain anonymous upon request. Residents can also reach out to the Blue Bench by sending a letter or an e-mail. Allegations of sexual abuse will be shared with the Adams Transitional Center only with written permission from the alleged victim. The Blue Bench has full-time Case Managers and part-time Advocates. Advocates are called upon to provide accompaniment to victims through the forensic exam process. Following the SANE exam, the alleged victim will be given an Intake Form and can give permission for follow-up services such as therapy and referrals for community resources. There is no cost to alleged victims for any services provided by the Blue Bench.</p> <p>During the site review the number to the Blue Bench was called. The person answering the phone said the caller would be given information for Just Detention International and provide the caller with information about the emotional support services they provide. If the caller wanted to report sexual abuse, the caller would be given local resources for reporting.</p>
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AUDITED FACILITY INFORMATION

<p>14. Designated facility capacity:</p>	<p>85</p>
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15. Average daily population for the past 12 months:	84
16. Number of inmate/resident/detainee housing units:	15
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	80
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	7
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>CoreCivic contracts with the Colorado Department of Corrections (CDOC) and Adams County to house an all-male adult population.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>17</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>
<p>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The Adams Transitional Center does not utilize the services of contractors. There are four volunteers, all of which are Peer Coaches.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Random as well as targeted residents were chosen from each of the 15 housing units.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Three random residents selected to be reviewed were not able to be interviewed because of their work schedules. Those residents were replaced with other random residents who resided in the same housing units.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>On the first day of the audit visit the Facility Director/PREA Compliance Manager provided data to show the number of residents assigned to the facility who were identified as having special designations. He reported there were no residents with physical disabilities.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>On the first day of the audit visit the Facility Director/PREA Compliance Manager provided data to show the number of residents assigned to the facility who were identified as having special designations. He reported there were no residents identified with cognitive disabilities.</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>On the first day of the audit visit the Facility Director/PREA Compliance Manager provided data to show the number of residents assigned to the facility who were identified as having special designations. He reported there were no residents who were blind or had low vision.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>On the first day of the audit visit the Facility Director/PREA Compliance Manager provided data to show the number of residents assigned to the facility who were identified as having special designations. He reported there were no residents identified as being deaf or hard of hearing.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>On the first day of the audit visit the Facility Director/PREA Compliance Manager provided data to show the number of residents assigned to the facility who were identified as having special designations. He reported there were no residents who disclosed being lesbian, gay or bisexual.</p>

<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>On the first day of the audit visit the Facility Director/PREA Compliance Manager provided data to show the number of residents assigned to the facility who were identified as having special designations. He reported there were no residents who self-disclosed being transgender or intersex.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>On the first day of the audit visit the Facility Director/PREA Compliance Manager provided data to show the number of residents assigned to the facility who were identified as having special designations. Neither of the alleged victims were still assigned to the facility.</p>

<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>7</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Adams Transitional Center is a community confinement facility; therefore, the facility does not have a segregated housing unit.</p>

<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>On the first day of the audit visit the Facility Director/PREA Compliance Manager provided data to show the number of residents assigned to the facility who were identified as having special designations. There were seven residents who disclosed prior sexual victimization during risk screening and one limited English proficient resident. All seven of the residents who disclosed prior victimization and the LEP resident were interviewed. The LEP resident spoke Spanish and was interviewed with translation provided by the Voyce. The resident disclosed during interview that he did not read or write in Spanish or English. He stated that staff use the telephone to ask him questions.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>6</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The facility has three security shifts. All Security Monitors working during the audit days were interviewed. Two Monitors on the first shift conduct initial risk screenings. They were asked the Random Staff interview questions and the questions for Staff Who Perform Screening for Risk of Victimization and Abusiveness.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> 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 from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The PREA Coordinator and the Agency Head Designee (Vice President; Community Corrections) were interviewed earlier this year. Volunteers were interviewed by telephone during the Pre-Onsite Audit Phase.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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

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

During the site review the locations of cameras, mirrors, room layout, restrooms and the placement of PREA posters and information was observed. PREA posters include resident reporting information, including third-party reporting Facility notices provided during the Pre-Onsite Audit Phase in English and Spanish were found posted in numerous locations with the date posted noted as 2/20/26. Signs on housing unit doors remind female staff to make opposite gender announcements before entering. This practice was observed during the site review and confirmed in interview of residents and staff. During the site review 10 random residents were informally interviewed and asked questions about their knowledge of PREA. All residents interviewed confirmed receiving PREA information upon arrival to the facility and stated they felt safe from sexual abuse at this facility.

When entering the building, there is a recently remodeled lobby with large windows. There is a Security Office, UA restroom and seating by the window. All residents, staff and visitors enter the building and report to the Security Monitor posted at the desk.

All resident housing units are either 5-, 7-or 10-man rooms. All housing units are located on the west side of the building with a South Hall (rooms 105-111) and North Hall (rooms 138-147). Residents who score at risk of victimization are housed in the South Hall to be closer to the Security Office. Residents who score to be at risk for abusiveness are housed in the North Hall. On the east side of the building there is a Security Office, staff offices, laundry room, kitchen, and a day room/dining area. Staff offices have windows for added supervision. There is one large common restroom near the housing units containing 5 toilet stalls with doors, 4 urinals and 14 sinks. There is a separate shower room with 10 shower heads. Residents are afforded privacy when showering and toileting. There were no areas identified

where there were opportunities for cross-gender viewing. Staff would have to enter into the shower room to have a line of vision. There are two exits to the recreation yard from the Day Room that lead to a covered patio area. After dark residents cannot go beyond the patio area. There is a separate covered area with weightlifting machines. There is one pay telephone in the dayroom/ dining room that is no longer functional. The majority of the resident population have their own cell phones, but there is a non-pay telephone in the lobby area that residents can use to make calls. The numbers to the DOC Tips line, the PREA Reporting Line and the Blue Bench were called on this phone. All numbers were found to be accessible. The agency/facility has a contract with the Voyce for translation services, including sign language interpretation. The facility had one LEP resident. The resident was interviewed with translation provided by the Voyce. The PREA risk assessment of a newly assigned resident was observed on the second day of the audit. The Facility Director/ PREA Compliance Manager conducted the screening in an office located behind the Security Office with the door closed for privacy. He provided the resident with a PREA pamphlet and a handbook. He conducted the screening on a paper risk assessment form and said the form would be scanned into CorrectTech, the facility's electronic resident management system. The Adams Transitional Center has 24 cameras; seven exterior and 14 interior cameras. Since the last PREA audit a new Milestone camera system was installed and four additional cameras were added. Camera servers are located in an electrical room in the kitchen. In review of camera monitors, all cameras were in working order and none provided a visual to the housing units or restroom.

Documentation Sampling

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

77. 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

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

To determine compliance with employee human resource requirements, 10 employee human resource files were selected and reviewed. This number included one employee promoted and one employee transferred from another CoreCivic facility, one new hire, three employed for less than five years and four employed for greater than five years. All files were complete with documentation showing adherence to agency and standard requirements. In addition, the files of the four volunteers were selected and reviewed and found to be complete. The same 10 employee and four volunteer PREA training files were reviewed for compliance with PREA training for employees and volunteers. All files contained documentation that PREA training was completed for 2024 and 2025, if the employee or volunteer were employed/ volunteered for those years. The 2026 PREA training deadline is 12/31/26. Seventeen resident records were reviewed for compliance with risk screening procedures and the requirement for PREA education for residents. Reassessment screenings for four residents were late, and the facility entered into a corrective action period which closed on 6/16/26. See the narrative for standard 115.241 for details. All residents reviewed received PREA education on day of arrival to the facility.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	1	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>There was no sexual abuse allegations reported and investigated in the past 12 months. Since the last PREA audit there were two Employee-on-Inmate sexual abuse allegations and administratively investigated. The investigative files of those allegations were reviewed. One allegation was determined to be substantiated, and one determined to be unsubstantiated.</p>
<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>

<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.211 (a) CoreCivic’s policy 14-2 CC, <i>Sexual Abuse Prevention and Response</i>, is the agency’s written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting and responding to such conduct. Page 3 of the policy includes definitions of prohibited behaviors. Sexual activity between residents or employees, contractors and volunteers are strictly prohibited and subject to administrative and criminal disciplinary sanctions. CoreCivic’s policy 14-2 CC is comprehensive and clearly outlines the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of residents. The policy addresses each standard as guidance to staff ensuring compliance to the PREA standards. Information about the zero-tolerance policy can be found on page 4, section A of policy 14-2 CC. All employees and contractors sign a <i>PREA Zero Tolerance Policy Acknowledgment</i> form (14-2J-CC) annually acknowledging the CoreCivic Zero Tolerance policy.</p> <p>115.211 (b): The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency’s organizational chart depicts the PREA</p>

	<p>Coordinator's position within the agency. The PREA Coordinator answers to the Vice President, Core Services. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all CoreCivic's facilities. Page 4, section A-2 of policy 14-2 CC outlines the responsibilities of the PREA Coordinator. When interviewed on...., the PREA Coordinator stated she has sufficient time and authority to oversee the agency's PREA program. The PREA Coordinator stated, "I coordinate efforts for all CoreCivic facilities to be compliant with the PREA standards by scheduling audits, developing training, conducting mock audits of facilities, answering questions from the field about PREA compliance, providing guidance on sexual abuse and harassment investigations, compiling macro and micro statistics and metrics related to the PREA program, brief executive leadership about the efforts and challenges of the PREA program, and by coordinating with all of our partner agencies about PREA specific information when appropriate." When the PREA Coordinator was asked, if she identifies an issue with complying with a PREA standard, what actions or processes do you undertake to work toward compliance with the standard, she responded, "I communicate PREA requirements to all stakeholders, including facility leaders, investigators and upper management. I ensure that we are following all PREA standards and PRC guidance. Depending on the problem, I will also respond to facilities in person to provide training or technical assistance to remedy the problem."</p> <p>The responsibilities of the PREA Compliance Managers are found on Page 2 of policy 14-2 CC. The PREA Coordinator stated, "At any given time, there are approximately 57 PREA Compliance Managers, including those from Community Corrections. The PREA office consists of two individuals. I am the Senior Director and handle audits and compliance issues including policy and a Director, PREA Compliance and Investigations coordinates PREA investigations and training efforts. We have Quarterly Training sessions with PREA Compliance Managers via Skype and travel to the facilities for audits and training sessions. We are in contact with them daily on investigation and audit issues. If we are not at the facility in person, we generally communicate via Teams for meetings and training or e-mail and telephone for normal business correspondence." The Facility Director is designated as the facility's PREA Compliance Manager. When interviewed he stated, "We wear many hats, but we manage".</p> <p>The agency's 14-2 CC policy was found to be very comprehensive and both the PREA Coordinator and the PREA Compliance Manager were very knowledgeable when interviewed; therefore, the facility was found to exceed in the requirements of this standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	115.212: CoreCivic is a private provider and does not contract with other agencies for the confinement of its residents; therefore, this standard is not applicable to this facility.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 519 564 555">Auditor Discussion</p> <p data-bbox="280 595 1474 1720">115.213 (a) Based on policy 14-2 CC, pages 7 & 8, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. According to Colorado Community Corrections standard OMA-020, <i>Milieu Management</i>, "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 client supervision, must be present in the facility at all times. At no time shall the central supervision office be left unattended 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." When developing the staffing plan, the agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff, programs occurring on a particular shift and the resources the facility has available to commit to ensure adequate staffing levels. The agency also considers generally accepted detention and correctional practices and any findings of inadequacy from federal investigative agencies, internal or external oversight bodies, any applicable state or local laws or regulations and any other relevant factors. When interviewed the PREA Coordinator stated, "Subsequent to the development of a safe plan for the deployment of staff, video cameras are placed throughout all CoreCivic facilities to supplement direct supervision and eliminate identified blind spots. Often in community corrections, the composition of the population includes both male and female residents. Staff rounds and presence is adjusted accordingly. Each facility uses Incident Reviews to identify any contributing factors related to staffing." In interview with the Facility Director, he confirmed what is considered when assessing staffing levels.</p> <p data-bbox="280 1756 1442 2085">115.213 (b): The facility makes every effort to comply with the approved PREA staffing plan and documents and justifies any deviations. In June 2025 the rated capacity of the facility was reduced from 102 to a maximum capacity of 85 residents. The current staffing plan was predicted on a population of 85 residents. The average daily population since the last PREA audit was 84 residents. The current PREA Staffing Plan allocates two security Monitors on each of the three security shifts. If there is deviation to the staffing plan, the PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and</p>

	<p>describing the deviation on the 5-1B, Notice to Administration in IRD. In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months there were no deviations to the staffing plan. The Facility Director stated the Operations Supervisor prepares staff rosters and he reviews them to ensure compliance to the staffing plan. For call-ins and requested time off, he ensures there are always two staff on each security shift.</p> <p>115.213 (c): The staffing plan is reviewed annually by the Facility Director/PREA Compliance Manager who completes an <i>Annual PREA Staffing Plan Assessment</i> (14-2I-CC) and forwards it to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. The PREA Coordinator forwards the 14-2I-CC to the Vice President, Core Services for signature and approval of any recommendations made which would include changes to the policy and procedures, physical plant, video monitoring or the staffing plan. The <i>Annual PREA Staffing Plan Assessments</i> completed annually since the last PREA audit (2024, 2025, 2026) were provided for review. When interviewed the PREA Coordinator stated, "The agency PREA Coordinator is responsible for distributing the initial PREA Staffing Plan Assessment template and signing the final plan."</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.215 (a): Based on review of policy 14-2 CC, pages 14 & 15, section J, cross-gender strip or cross-gender visual body cavity searches of residents shall not be conducted except in exigent circumstances. As stated on pages 14, section J-4, according to the Colorado Standards for Community Corrections, staff are not authorized to conduct strip searches at any time. On information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of residents. In interview of security and non-security staff confirmed that cross gender pat searches are not allowed. If necessary, a female staff can use a wand to pat search a resident.</p> <p>115.215 (b): This provision is not applicable to this facility. The Adams Transitional Center does not house female residents.</p> <p>115.215 (c): This provision is not applicable to this facility. The Adams Transitional Center does not house female residents.</p> <p>115.215 (d): The facility has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. Staff of the opposite gender are required to announce their presence when entering a resident housing unit. Where a larger housing unit is broken into several individual smaller units the staff member must announce as he/she enters each of the smaller individual units.</p>

	<p>Posted notices inform residents they are to dress and change in the shower area only and they are not to be unclothed in common areas. Signs on the doors to each room remind female staff to make opposite gender announcements before entering (“Opposite Gender Must Announce Upon Entry”). The practice of opposite gender staff announcing their presence when they entered the housing areas was observed during the site review of the facility. Residents interviewed confirmed announcements are made and shared they feel they have privacy when they shower, toilet and change clothing when female staff are in their housing area.</p> <p>115.215 (e): According to policy 14-2 CC, pages 15 & 16, section J-10, searches or physical examinations of transgender and intersex residents for the sole purpose of determining the resident’s genital status is prohibited. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing the medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner. In interview of random staff, they knew that this was prohibited by policy. Due to the recent guidance from the DOJ, this provision of this standard is identified as being non-applicable. Since the provision remains in the PREA law, this provision was audited and it was determined the facility was compliant with this provision.</p> <p>115.215 (f): All searches of transgender and intersex residents shall be conducted in a professional and respectful manner and in the least restrictive manner possible consistent with security needs. Staff are trained on how to conduct pat searches, including searches of transgender and intersex residents, in a professional and respectful manner. The <i>Search Procedures</i> curriculum was provided for review. In addition to general training provided to all staff, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. Receipt of this training was verified through review of random staff training records and confirmed in interviews with staff who reported they receive training on search procedures annually. Random staff interviewed reported cross gender pat searches are not allowed and knew a transgender or intersex resident may request approval from the Facility Director to be pat searched by a female staff member. Due to the recent guidance from the DOJ, this provision of this standard was identified as being non-applicable. Since the provision remains in the PREA law, this provision was audited and it was determined the facility was compliant with this provision.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.216 (a): Based on review of policy 14-2 CC, pages 11 & 12 section H-6-8, residents are provided PREA education in formats accessible to all residents,

including those who are deaf or hard of hearing, blind or have low vision, cognitive deficits or have limited reading skills. The facility will ensure information is effectively communicated orally if necessary. In interview with the Vice President, Community (agency head designee), she stated, "The CoreCivic Facility Support Center (FSC) provides assistance to facilities that enable them to locate potential vendors and/or agencies that would provide support services for residents with disabilities. The agency maintains a comprehensive contract with Voyce for interpretation and sign language services (recently signed in 2024). Some facilities have an MOU with organizations in the local communities to provide translation services when needed. TTY phones are available at all facilities. Arrangements are also made to assist those residents who are blind and video sign language." The facility does not have a TTY for the deaf and hearing impaired. The contract with the Voyce provides sign language interpretation. At the time of the onsite audit visit, there were no residents assigned to the facility who were deaf, hard of hearing, blind or with low vision.

115.216 (b): The agency takes steps to ensure residents who are limited English proficient have access to all PREA information in a format they can understand. Residents receive a Resident Handbook and a CoreCivic *PREA Prevent, Detect, Respond* brochure, both available in English and Spanish. They view the PREA education video, available in English and Spanish and all PREA information is posted in both languages. Bilingual staff provide translation for Spanish speaking residents and a contract with the Voyce is used for the translation of any languages. At the time of the onsite audit visit, there was one resident assigned to the facility identified as limited English proficient (Spanish). The resident was interviewed with translation provided by the Voyce. The resident stated during interview that he could not read or write in English or Spanish and staff who could speak Spanish explained information to him.

115.216 (c): The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. Staff translators or the Voyce are utilized to convey information to limited English proficient residents. From information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no instances where residents were used for this purpose. Random and specialized staff interviewed knew the agency prohibits using residents for this purpose. In interview of the one limited English proficient resident, he confirmed other residents have not translated PREA information for him.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.217 (a): Per policy 14-2 CC, pages 4 & 5, section B, the agency prohibits hiring or promoting anyone who may have contact with residents, or to enlist the services

of any contractor, who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to engage in these activities. In interview with the Human Resource Generalist and the Human Resource Assistant, they explained the agency's process for conducting criminal background checks. Criminal background checks are conducted by the Community Corrections Investigations Bureau (CCIB), for applicants, transfers and every five years thereafter.

115.217 (b): According to agency policy and in interview with the Human Resource Generalist, CoreCivic considers 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. In the past 12 months, the facility has not utilized the services of contractors.

115.217 (c): The agency requires that before hiring new employees a criminal background check be conducted. According to information provided on the Pre Audit Questionnaire, 5 criminal background checks were conducted by the CCIB in the past 12 months. An effort is made 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. The *PREA Questionnaire for Prior Institutional Employers (3-20-2B)* is used to solicit prior employment information.

115.217 (d): CoreCivic performs criminal background checks before enlisting the services of any unescorted contractor who may have contact with residents. The Adams Transitional Center does not utilize the services of contractors.

115.217 (e): According to policy 14-2 CC, page 5, section B-7, CoreCivic ensures criminal background checks are conducted at least every five years. Employees complete a *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2H-CC) as part of the hiring process, when an employee is being considered for a promotion, at the time of transfers and annually. Employees have a continuing affirmative duty to disclose any sexual misconduct. In review of 10 employee human resource files, 14-2H-CC forms are being completed as required in all cases.

115.217 (f): All applicants, employees, contractors and volunteers are asked about previous misconduct as stated in section 115.217 (a). Agency policy requires that the 14-2 CC-H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form be completed as part of the hiring process and as part of the promotional process. In interview of the Human Resource Generalist and in review of 10 human resource files, this process is currently in place.

115.217 (g): CoreCivic policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

	<p>115.217 (h): 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 the employee has applied to work. Interview of the Human Resource Generalist confirmed this practice.</p> <p>In review of 10 employee human resource files and interview with the Human Resource Generalist, it was determined the facility exceeded in all provisions of this standard. Criminal background checks are being conducted timely and all required 14-2H CC forms were found maintained in human resource files.</p>
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115.218 Upgrades to facilities and technology	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.218 (a): Based on policy 14-2 CC, page 8, section E, 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 of existing facilities on the ability to protect residents from sexual abuse. The facility provided a copy of the <i>PREA Physical Plan Considerations</i> (form 7-1B) where considerations for modifications and renovations were documented.</p> <p>In interview with the Vice President, Community (agency head designee) she stated, "CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. On new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms, and any areas where inmates/residents may be in a state of undress. Blind spots are identified that be corrected through video surveillance coverage. During acquisitions, the staff making the site visits develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plant issues. At existing facilities, a form 7-1B (PREA Physical Plant Considerations) is used to ensure PREA is considered when initiating a renovation/new construction."</p> <p>According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit upgrades were made to the front entrance lobby to provide a more welcoming environment to residents and visitors.</p> <p>115.218 (b): 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. In</p>

	<p>interview, the Vice President, Community (agency head designee) stated, "Cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restrooms and shower areas. Technology is also discussed with the facility during the PREA Staffing Plan Assessment that is reviewed each year by facility staff and the FSC PREA Coordinator. Some facilities do use staff-worn camera technology while others do not. CoreCivic has recently started utilizing AI-enabled camera systems that have facial recognition capabilities. This assists in intervention, detection and response to sexual abuse."</p> <p>In interview with the Facility Director and on documentation provided on the 7-1B form, since the last PREA audit the camera system was upgraded from HIC Vision to Milestone and four additional cameras in the front entrance, Level 4 room and the property room were added.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.221 (a): Based on policy 14-2 CC, page 25, section O-4, CoreCivic and the Adams Transitional Center are responsible for conducting administrative sexual abuse investigations on both resident-on-resident and staff sexual misconduct. All reports of sexual abuse that appear to be criminal are referred to the Adams County Sheriff's Department who follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. The facility's attempts to enter into a Memorandum of Understanding (MOU) with the Sheriff's Department have been unsuccessful thus far.</p> <p>115.221 (b): The protocol is developmentally appropriate for youth where applicable and as appropriate, shall be adapted from or otherwise based on the most recent edition of the 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.</p> <p>115.221 (c): Victims of sexual abuse have access to forensic medical examinations. CoreCivic has a Memorandum of Understanding with St. Anthony's North Neighborhood Health Center renewed on 8/6/19. The MOU applies to nine of CoreCivic's Colorado community confinement facilities, which includes this facility. Under the St. Anthony umbrella there are three medical facilities where SANE exams are performed. They are St. Anthony's in Lakeland, CO, St. Anthony's North Neighborhood Center and a Free-Standing Emergency Department. On 3/4/26 the Clinical Nurse Manager and the Forensic Nurse Coordinator of St. Anthony's North</p>

Neighborhood Health Center were interviewed to confirm and discuss the MOU. The agency has 10 forensic nurses available 12 hours a day. Outside of that time, alleged victims are seen in any one of the three emergency departments and scheduled an appointment for a SANE exam for the next day or the next available time. The alleged victim would be medically cleared and interviewed upon arrival to the emergency department. The victim would be offered an advocate upon their request to accompany them through the SANE exam. If the patient meets the protocol, the patient would be given STD prophylaxis and additional medication to take with him/her. Pregnancy tests would be performed on female patients if appropriate and they would be offered information about emergency contraception as well as information for other pregnancy-related resources. There is no cost to the alleged victim for services provided. On information provided on the Pre-Audit Questionnaire and in interview of the Clinical Nurse Manager and the Forensic Nurse Coordinator of St Anthony's North Neighborhood Center, in the past 12 months, there were no referrals of residents for SANE exams.

115.221 (d): CoreCivic/Adams Transitional Center have a Memorandum of Understanding (MOU) with the Blue Bench. The MOU renewed 10/7/19 provides for emotional support services for resident victims of sexual abuse. On 2/26/26 the Co-Director of Client Services of the Blue Bench was contacted to confirm and review the terms of the MOU. The Blue Bench provides a 24/7 emotional support hotline for survivors of sexual abuse. The Blue Bench has partnered with RAINN to answer hotline calls. Advocates answering the calls forward information to the Blue Bench. Callers are informed of the Blue Bench's mandatory reporting rules. Callers can remain anonymous upon request. Residents can also reach out to the Blue Bench by sending a letter or an e-mail. Allegations of sexual abuse will be shared with the Adams Transitional Center only with written permission from the alleged victim. The Blue Bench has full-time Case Managers and part-time Advocates. Advocates are called upon to provide accompaniment to victims through the forensic exam process. Following the SANE exam, the alleged victim will be given an Intake Form and can give permission for follow-up services such as therapy and referrals for community resources. There is no cost to alleged victims for any services provided by the Blue Bench.

In interview with the PREA Coordinator she stated, "Each facility has an MOU that spells out responsibilities of the facility and the agency which provides advocates available. Advocates are always offered whenever an interview is conducted of a victim or if a resident is transported to the hospital for a SAFE/SANE exam. The contact information for emotional support services is provided to residents via the resident handbook and is posted on the walls of the facility near any resident phone bank or on bulletin boards in common areas." When asked how the agency ensures that the MOU meets the qualifications described in standard 115.221 (d), she stated, "We include these stipulations in the MOU that we sign with the agency providing the services. Both CoreCivic and the agency retain copies of the final and signed MOU."

115.221 (e): As requested by the victim, an advocate from Blue Bench will be called upon to accompany the victim through the forensic exam process.

	<p>In interview with the PREA Coordinator she stated, "CoreCivic has established MOU's with rape crisis centers, hospital and police departments in various jurisdictions which spell out the role of victim advocates. Investigators are trained to offer victim advocates during interview and the SAFE/SANE process. If a partnership with rape crisis center is unattainable, CoreCivic trains their staff to act as victim advocates using the PREA Resource Center/Just Detention International curriculum."</p> <p>In interview with Blue Bench's Co-Director of Client Services, she confirmed an advocate would be provided to accompany the victim through the forensic exam process.</p> <p>115.221 (f): The Facility Director/PREA Compliance Manager, the Assistant Facility Director and the Operations Supervisor are trained facility investigators responsible for conducting administrative investigations of sexual abuse and sexual harassment. The facility provided copies of a certificates of completion of Investigators specialized investigative training. Criminal investigations are conducted by the Adams County Sheriff's Department. On 3/4/26 the Sargent of the Detective Division was contacted to discuss the process of criminal investigations of sexual abuse. When contacted by the facility, a Patrol Officer would respond to assess and stabilize the situation, and any evidence would be collected. A Detective would meet the alleged victim at the hospital. Following the SANE exam, the alleged victim would be brought to the Sheriff's Office to be interviewed. Once the investigation is completed and if the investigator determines there is enough evidence to pursue prosecution, the evidence will be presented to the District Attorney. The District Attorneys' office has a team of lawyers who review all evidence of sexual assault cases to determine if prosecution will be pursued. The facility can contact the investigator for status updates of the criminal investigation. The Adams County Sheriff's Department would provide the facility with a copy of the completed criminal investigative report upon request.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.222 (a): According to CoreCivic Policy 14-2 CC, page 25, section N-1 and page 25, O-1-3, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The Facility Director is responsible for ensuring an administrative and/or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of all allegations of sexual abuse and sexual harassment. The Adams County Sheriff's Department is responsible for conducting investigations of allegations of sexual abuse that appear to be criminal. According to information reported on the Pre-Audit Questionnaire, in the past 12 months there was one employee-on-inmate sexual harassment allegation reported</p>

and administratively investigated. In addition to the one allegation reported in the past 12 months, since the last PREA audit there were two allegations of employee-on-inmate sexual abuse allegations reported and administratively investigated. All three investigative files were reviewed.

In interview with the Vice President, Community (agency head designee), she stated, "It is CoreCivic's policy to immediately refer all allegations of sexual abuse that are potentially criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. All administrative investigations are investigated by CoreCivic investigators who have received specialized PREA investigative training. CoreCivic never conducts criminal investigations, only administrative ones." She further stated, "All allegations are reported in the CoreCivic *Incident Reporting Database* (IRD) system and/or partner reporting systems. The allegation is then assigned to an investigator. This system requires multiple levels of administrative oversight and review. A 72-hour phone call with the FSC PREA Office is held to ensure compliance and proper investigative process is being followed. Investigators are required to follow up with law enforcement before closing an administrative case."

115.222 (b): According to agency policy, CoreCivic facilities do not conduct criminal investigations of allegations of sexual abuse. If an allegation of sexual abuse or sexual harassment appears to be criminal, the Facility Director, or the Administrative Duty Officer (ADO) will immediately report the allegation to the Adams County Sheriff's Department. All referrals are documented. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CoreCivic website (<http://corecivic.com/security-operations/prea>). In interview with the facility's Investigators, they knew to refer any allegations that appear to be criminal to the Sheriff's Department for investigation. In interview of the Vice President (Community), she stated, "All allegations are reported in the CoreCivic Incident Reporting Database (IRD) System and/or partner reporting systems. The allegation is then assigned to an investigator. The system requires multiple levels of administrative oversight and review. A 72-hour phone call with the FSC PREA Office is held to ensure compliance and proper investigative process is being followed. Investigators are required to follow up with law enforcement before closing an administrative case."

115.222 (c): Information about investigations published on the agency website describes the responsibilities of the agency and the investigating entity.

115.222 (d): This provision is not applicable to this facility. CoreCivic is not a state entity or component of the Department of Justice responsible for investigating allegations of sexual abuse.

115.222 (e): This provision is not applicable to this facility. CoreCivic is not a state entity or component of the Department of Justice responsible for investigating allegations of sexual abuse.

115.231	Employee training
	<p data-bbox="280 188 1015 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1477 667">115.231 (a): Policy 14-2 CC, pages 5 & 6, section C-1-3, addresses the agency’s requirements of employee training. All CoreCivic employees receive training on the agency’s zero-tolerance policy (14-2 CC) for sexual abuse and sexual harassment at pre-service and annually at in-service. The <i>PREA Overview</i> curriculum was provided for review. Newly assigned employees are informed of the zero-tolerance policy and sign a <i>PREA Zero Tolerance Policy Acknowledgement</i> form (14-2J-CC), and all employees sign the 14-2J-CC form annually. The Adams Transitional Center trains all their employees who have contact with inmates on the following:</p> <ul style="list-style-type: none"> <li data-bbox="280 703 1251 739">(1) Its zero-tolerance policy for sexual abuse and sexual harassment <li data-bbox="280 748 1362 819">(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention detection, reporting, and response policies and procedures <li data-bbox="280 873 1283 909">(3) Inmates’ right to be free from sexual abuse and sexual harassment <li data-bbox="280 918 1401 990">(4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment <li data-bbox="280 1043 1318 1079">(5) The dynamics of sexual abuse and sexual harassment in confinement <li data-bbox="280 1088 1331 1124">(6) The common reactions of sexual abuse and sexual harassment victims <li data-bbox="280 1133 1385 1169">(7) How to detect and respond to signs of threatened and actual sexual abuse <li data-bbox="280 1178 1094 1214">(8) How to avoid inappropriate relationships with inmates <li data-bbox="280 1223 1388 1330">(9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and <li data-bbox="280 1339 1410 1447">(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="280 1491 1465 1644">Due to the guidance from the DOJ on 12/2/25, section (9) of this provision was identified as being non-applicable. Since this provision remains in the PREA law, this provision was audited and it was determined the facility continues to adhere to the requirements of section (9) of this provision of this standard.</p> <p data-bbox="280 1688 1477 1886">115.231 (b): The training is tailored to meet the needs of male and female residents. Employees who are reassigned from facilities housing only one gender of residents are given additional training to meet the needs of the opposite gender population. Between trainings, employees are provided with quarterly PREA Refresher training provided by the PREA Resource Center.</p> <p data-bbox="280 1930 1426 2083">115.231 (c): According to agency policy, all current employees are required to complete PREA training annually. In interview with Learning and Development Manager, she stated the deadline for completing training each year is November 30th. The <i>Search Procedures</i> training is classroom instruction each year.</p>

	<p>115.231 (d): Employee pre-service PREA training is provided as classroom instruction and annual PREA training is web-based training through Talent Central, an E-Learning program. Verification of completed training is documented by electronic signature of the employee stating the employee understood the training they completed. The Learning and Development Manager provided <i>Employee Training Rosters</i> showing employees completion of PREA training requirements since the last PREA audit. This information was verified in review of 10 employee PREA training records.</p> <p>In review of electronic training rosters, in review of 10 employee PREA training records and interview of ten specialized staff and 6 random staff, the facility was found to exceed in the requirements of this standard. Staff interviewed confirmed completing annual PREA training and were all very knowledgeable of their responsibilities of ensuring the sexual safety of residents.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.232 (a): CoreCivic policy 14-2, page 7, section C-8, outlines the training requirements for contractors and volunteers. The objectives of the trainings ensure volunteers and contractors are trained of their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection and response policies and procedures. The Adams Transitional Center has four volunteers. The facility does not utilize the services of contractors.</p> <p>115.232 (b): The level and type of training provided to contractors and volunteers is based on the services they provide. Per policy and standard requirements, all contractors and volunteers who have contact with residents are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report such incidents. Volunteers complete the <i>PREA Overview: Training for Contractors and Volunteers</i> (14-2K-CC). Volunteers sign the last page of the 14-2K-CC training attesting they have read the information and understand its content. The curriculum for the training was provided for review. Volunteers are informed of the zero-tolerance policy and sign a <i>PREA Zero Tolerance Policy Acknowledgement form</i> (14-2J-CC).</p> <p>115.232 (c): In review of four volunteer files, the is maintaining documentation of volunteer training. In telephone interviews with two volunteers, they both stated they receive PREA training by the Facility Director/PREA Compliance Manager and were able to confirm some of the topics addressed in the training.</p>

115.233	Resident education
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.233 (a): Based on CoreCivic's policy 14-2 CC, page 11, section H-1-5, all residents receive information upon arrival to the facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In information provided on the Pre-Audit Questionnaire, in the past 12 months 131 residents assigned to the Adams Transitional Center received PREA information at intake.

Residents receive a CoreCivic *Resident Handbook* and a CoreCivic *PREA Prevent, Detect, Respond* brochure (14-2AA) on day of arrival to the facility. Residents view the *PREA: What You Need to Know* video as part of their orientation. Residents are given verbal information by Monitor of the zero-tolerance policy informing them of methods of reporting allegations of sexual abuse and sexual harassment. When interviewed, Monitors confirmed the PREA information provided to residents upon arrival to the facility.

115.233 (b): Residents who transfer from another community confinement facility receive the same PREA education as all residents assigned to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were three residents who transferred from a different community confinement center.

115.233 (c): Residents are provided PREA information in formats accessible to all residents. Written PREA information and posted information is provided in both English and Spanish. The *PREA: What You Need to Know* video is available in English and Spanish. The facility has a contract with the Voyce to provide translation of PREA information in any language. The facility does not have a TTY for residents who are deaf or hard of hearing. The contract with the Voyce provides sign language interpretation.

115.233 (d): The facility maintains documentation of residents' receipt of PREA information. Seventeen resident records were reviewed to determine compliance to the requirements of PREA education for residents. On the first day of arrival to the facility residents sign a *Prison Rape Elimination Act Orientation* form and a *PREA Advisement* acknowledging receipt and understanding of the written PREA information they received and acknowledging viewing the PREA video. In interview of 20 residents, they confirmed receiving written and verbal PREA information and viewing the PREA video on the first day they arrived at the facility.

115.233 (e): In addition to providing PREA education on date of arrival to the facility, PREA information is continuously available to residents through the *Resident Handbook* and on posted information located in all resident rooms and in common areas.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 338 1481 584">115.234 (a): Based on CoreCivic’s policy 14-2 CC, page 6, section C-5, in addition to general training provided to all employees, CoreCivic ensures facility Investigators receive training on conducting sexual abuse investigations in confinement settings. The Facility Director/PCM, Assistant Facility Director and the Operations Supervisor are trained facility investigators. When interviewed, the Investigators confirmed completing specialized investigative training.</p> <p data-bbox="280 622 1481 904">115.234 (b): The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution as verified in review of the <i>Investigating Sexual Abuse in Confinement Settings</i> curriculum, a web based NIC training course, provided for review. When interviewed, the Investigators confirmed the topics addressed in the training.</p> <p data-bbox="280 943 1481 1225">115.234 (c): The facility provided copies of certificates of completion of specialized training completed by facility Investigators. The facility also maintains documentation of the general PREA training provided to all employees completed by the facility Investigator. When interviewed, the Investigators knew their responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and their responsibility for referral of any allegations that appear to be criminal to the Adams County Sheriff's Department.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 1512 564 1545">Auditor Discussion</p> <p data-bbox="280 1585 1481 1868">115.235 (a): According to CoreCivic policy 14-2 CC, pages 6 & 7, section C-6-7, in addition to the general training provided to all employees all full and part-time Qualified Health Care Professionals and Qualified Mental Health professionals, working at CoreCivic facilities receive specialized medical/mental health training. The training includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment.</p> <p data-bbox="280 1906 1481 2029">The Adams Transitional Center does not employ medical or mental health staff. Medical and mental health services are provided by referral to outside community providers.</p>

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.241 (a): Residents are screened for their risk of being sexually abused or sexually abusive towards others according to policy 14-2 CC, pages 9 & 10, section G. Upon admission to the Adams Transitional Center, all residents are screened for their risk of being sexually abused or sexually abusive towards others. Security Monitors conduct initial risk assessments. When interviewed, Monitors explained the intake screening process.</p> <p>115.241 (b): At the Adams Transitional Center intake screening is completed within 24 hours of arrival to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 131 residents assigned to the facility were screened upon arrival for their risk of sexual victimization and sexual abusiveness. Residents interviewed confirmed being screened on the first day of arrival to the facility. In review of 17 resident records to determine compliance with initial screening procedures, all initial screenings were completed on the residents' day of arrival to the facility.</p> <p>115.241 (c): Residents are screened, using CoreCivic's <i>Sexual Abuse Screening Tool</i> (14-2B-CC), an objective screening tool. A paper 14-2B-CC is completed with resident and then scanned into CorrectTech, an electronic resident management system.</p> <p>115.241 (d): In review of the <i>Sexual Abuse Screening Tool</i> (14-2B-CC), it considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization and sexual abusiveness:</p> <ul style="list-style-type: none"> (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. <p>Due to the guidance from the DOJ on 12/2/25, section (g) of this this provision of this standard was identified as being non-applicable. Since this section of this provision remains in the PREA law, this provision was audited and it was determined the facility continues to adhere to the requirements of this section of this provision.</p> <p>115.241 (e): The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing residents for risk of being sexually abusive, as confirmed by</p>

interview of Monitors.

115.241 (f): According to policy 14-2 CC, page 10, section G-11, between 21-30 days after arrival to the facility, residents are rescreened using the *Sexual Abuse Screening Tool (14-2B-CC)* to reassess the residents' risk of victimization or abusiveness by their Case Managers. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 114 residents assigned to the facility whose length of stay was over 30 days were reassessed for their risk of victimization or abusiveness. The facility enters screening data on a *PREA Tracking Sheet* to track the dates of the initial risk assessments and the 30-day dates to ensure compliance with reassessment requirements. In review of 17 resident records to determine compliance with rescreening procedures, there were five 30-day reassessments that were conducted outside of the 30-day requirement. Two were conducted one day late, one four days late, one five days late and one 47 days late. Due to this finding, the facility entered into a corrective action period. The recommended corrective action is as follows:

Recommended Corrective Action:

1. Provide training to Case Managers on the requirements and procedures to follow for conducting 30-day reassessment screenings.
2. Case Managers in attendance are to sign a *Training Activity Enrollment/Attendance Roster (4-2A)*.
3. Upload into OAS the contents of the training provided and the 4-2A form.
4. Develop a spreadsheet for any residents who have been assigned to the facility within the past 30 days and have not yet had their reassessment screenings completed. Add the names of new residents as they are assigned to the facility. The spreadsheet should include the residents' day of arrival to the facility, the date of the initial risk screening, the date the 30-day rescreening is due and the date the 30-day rescreening was actually completed.
5. At the end of 30 days, upload the spreadsheet into OAS.
6. From the spreadsheet, resident records will be selected to review. Once selection is made, upload the initial and 30-day *Sexual Abuse Screening Tools (14-2B-CC)* forms into OAS for each selected resident.

Corrective Action Taken:

1. On 4/21/26 the PREA Coordinator provided PowerPoint training, *Risk Screenings and Resident Education Playbook for Intake and Unit Staff*.
2. On 4/21/26 the facility provided *Training Activity Enrollment/Attendance Roster (4-2A)*. The Facility Director, Assistant Facility Director and four Case Managers attended the training. The 4-2A and the content of the training was uploaded in OAS.

3. On 5/21/26 the facility provided a *2026 PREA Audit Corrective Action Plan* spreadsheet with the names of residents who were assigned to the facility since 4/7/26. Twelve of the residents were assigned to the facility for 30 days or more. From these 12 names, five resident records were requested for review.

4. On 5/22/26, the Facility Director/PREA Compliance Manager forwarded screening documentation for the five selected resident. In review of the documentation, 30-day reassessments were all found to be conducted prior within the 30-day required timeframe.

5. On 6/15/26, The Facility Director/PREA Compliance Manager provided an updated *2026 PREA Audit Corrective Action Plan* spreadsheet. Since the last review, there were 23 new residents assigned to the facility. Nineteen of the 23 residents were assigned to the facility for 30 days or more. From these 19 names, five resident records were requested for review.

6. On 6/15/26 the five residents screening documentation was provided and reviewed. All 30-day reassessments were found to be conducted within the 30-day required timeframe.

Due to the training provided to ADO staff and case managers and in two reviews of screening documentation during the corrective action period, the facility was found to achieve compliance to provision 115.241 (f) and all provisions of this standard.

115.241 (g): In interview of the Case Managers, a resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. According to section H-13, page 10 of the 14-2 CC policy, following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and the alleged perpetrator. In review of 17 resident records, there were two residents rescreened due to the receipt of new information.

115.241 (h): Residents are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form. When Monitors and Case Managers were interviewed, they all stated the no residents have refused to answer questions asked of them.

115.241 (i): The 14-2B-CC forms are stored electronically in CorrectTech. All staff who have access to CorrectTech could access the screening information. To maintain confidentiality of screening information, the paper copies of the 14-2B-CC forms are filed in respective Case Managers offices, which remain locked when they are not in their offices.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.242 (a): According to policy 14-2 CC, page 9, section G-1, residents are assessed during intake screening in order to obtain information relevant to make housing, bed, work and program assignments with the goal of separating residents at high risk of being sexually victimized from residents at high risk of being sexually aggressive. In interview with the PREA Coordinator she stated, "The goal is to separate actual and potential victims and abusers. Each facility uses the 14-2B-CC, risk screening instrument to identify victims and abusers and separate them accordingly in housing placement. To the extent possible in community corrections this is also considered in job placement and programming." Monitors and Case Managers interviewed explained how information from risk screenings is used.

115.242 (b): Page 12 of policy 14-2 CC, section I, addresses how individualized determinations on a case-by-case basis are made about how to ensure the safety of each resident. In interview with the Facility Director/PREA Compliance Manager, Monitors and Case Managers they explained how the facility utilizes information from the screening to keep residents safe from sexual abuse. Residents who score at risk for victimization or abusiveness are not housed together. Those who score at risk for victimization are housed in rooms in the North hallway (138-147) to be closer to the Security Office and those who score at risk for abusiveness are housed in the South hallway (105-111). Victims and predators are tracked on the *PREA Tracking Sheet* and on the *PREA Room Assignment* document.

115.242 (c): Guidelines on housing and program assignments for the management of transgender and intersex residents are outlined in policy 14-2 CC, page 12, section I-7. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, CoreCivic considers on a case-by-case basis whether the placement would ensure the resident's health and safety and whether the placement would present management or security problems. In interview with the PREA Coordinator he stated, "CoreCivic is a private company and the initial assignment of residents to each community facility is made by a partner agency. Once at a facility, a housing assignment for a transgender and/or intersex resident is made on an individual basis. Through the partner agency, and following discussion with the resident, the best facility, dorm or room assignment is selected." Due to the guidance from the DOJ on 12/2/25, this provision of this standard was identified as being non-applicable. Since this provision remains in the PREA law, this provision was audited and it was determined the facility continues to adhere to the requirements of this provision of this standard.

115.242 (d): Transgender and intersex residents are reassessed at least twice a year to review placement and programming assignments and any threats to safety experienced by the resident. Case Managers interviewed were knowledgeable of this requirement. At the time of the onsite audit visit, there were no residents who self-disclosed being transgender or intersex. Due to the guidance from the DOJ on 12/2/25, this provision of this standard was identified as being non-applicable. Since this provision remains in the PREA law, this provision was audited and it was determined the facility continues to adhere to the requirements of this provision of this standard.

	<p>115.242 (e): Transgender and intersex residents' own view of his or her safety is given serious consideration. Upon arrival to the facility, a transgender or intersex resident would be interviewed by members of SART and a <i>Transgender/Intersex Assessment and Treatment Plan</i> (14-9A CC) form would be completed. Due to the guidance from the DOJ on 12/2/25, this provision of this standard was identified as being non-applicable. Since this provision remains in the PREA law, this provision was audited and it was determined the facility continues to adhere to the requirements of this provision of this standard.</p> <p>115.242 (f): According to agency policy, page 17, section J-10-h, transgender and intersex residents are given the opportunity to shower separately from other residents. Transgender and intersex residents are asked if they want accommodations for showering. If so, residents are offered specific times for showering and staff to stand watch outside of the shower area. In interview of the PREA Coordinator she stated, "Each facility has a plan for this based on the physical layout of the facility and shower areas. Most community facilities have individual shower stalls with curtains to ensure privacy." In interview with the Facility Director/PREA Compliance Manager, transgender and intersex residents would be offered the opportunity to shower alone. Due to the guidance from the DOJ on 12/2/25, this provision of this standard was identified as being non-applicable. Since this provision remains in the PREA law, this provision was audited and it was determined the facility continues to adhere to the requirements of this provision of this standard.</p> <p>115.242 (g): The facility shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units, wings or dormitories solely on the basis of gender identification or status. Due to the guidance from the DOJ on 12/2/25, this provision of this standard was identified as being non-applicable. Since this provision remains in the PREA law, this provision was audited and it was determined the facility continues to adhere to the requirements of this provision of this standard.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.251 (a): Policy 14-2 CC, pages 16 & 17, section K-1, outlines the procedures for resident reporting of allegations of sexual abuse and sexual harassment, retaliation by other residents or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed of the zero-tolerance policy and methods of reporting in the CoreCivic brochure, <i>PREA Prevent, Detect, Respond</i>, the <i>Resident Handbook</i>, on the <i>PREA Advisement</i> form, <i>PREA Orientation</i> form and on information posted throughout the facility in both English and Spanish. Residents are informed they can report allegations to the Facility Director/PREA</p>

Compliance Manager or other supervisory staff by forwarding a letter, sealed and marked "confidential" and can verbally report to any CoreCivic staff member. They are also told family and friends can report an allegation on their behalf as a third party. Third party information is available on posted *Breaking the Code of Silence* and *Speak Up* posters. Residents and staff interviewed were aware of resident reporting options available to them.

115.251 (b): Residents are also informed that they have options to report abuse or harassment to a public or private entity that is not part of the agency. Residents are informed they can call the DOC TIPS Line at 1-877-362-8477, the PREA Reporting Line at 1-855-855-0611 or dial 911 to reach local law enforcement. They are also provided with the mailing address for the PREA Administrator (2862 S. Circle Drive, Colorado Springs, CO) and provided with the link to access the PREA Incident Form (<https://www.colorado.gov/pacific/cdoc/form/prison-rape-elimination-act-prea-reporting>). They also are informed they can dial 911 to reach the local law enforcement agency or call a law enforcement Dispatch Center at 303-288-1535. Residents are informed they can remain anonymous upon request. The majority of residents have their own cell phones. There is phone in the lobby for use of residents who do not have cell phones. On the first day of the audit, reporting numbers and the number to the Blue Bench were called and found to be accessible.

In interview the PREA Coordinator stated, "In community corrections most residents have cell phones. Each facility posts the number and address for local law enforcement absent any other non-agency alternative. In community corrections facilities operated by a private company the best and surest reporting method, other than internal reporting, is for residents to report to the contracting agency representative (i.e. Contract Monitor or BOP RRM). Since this is not what the standard requires, the remaining option then is to contact law enforcement directly. Whenever possible, each facility attempts to enter into MOU's with local law enforcement that includes this provision."

115.251 (c): Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to promptly document all verbal reports as stated on page 18, section K-2-b of policy 14-2 CC. Staff interviewed knew the reporting options for residents and knew verbal reports must be documented. Staff who fail to report allegations may be subject to disciplinary action.

115.251 (d): According to policy 14-2 CC, page 17, section K-2-f, CoreCivic employees, contractors, volunteers and third parties may privately report sexual abuse and sexual harassment of residents in writing or may contact the CoreCivic's Ethics and Compliance Hotline at 1-800-461-9330 or report on CoreCivic's website at www.corecivic.com/ethicsline. Reporting methods can be found on the CoreCivic website and in the CoreCivic Code of Ethics, pages 16 & 17. Staff are informed of the Ethics Line *Breaking the Code of Silence* and *Speak Up* posters. Employees can also report in writing to the Facility Director in a sealed envelope marked "Confidential".

Residents interviewed were aware of the methods of reporting available to them.

	<p>Staff interviewed were aware of privately reporting sexual abuse of residents by calling the agency's Ethics and Compliance hotline or reporting on the ethics line website and in writing confidentially to the Facility Director.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.252 (a): According to policy 14-2 CC, page 16, section K-1-d, CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Any PREA allegations received as a grievance are not processed through the facility grievance process. CoreCivic's PD-240, <i>Program Grievances</i>, specific for Colorado Community Facilities addresses grievances regarding allegations of sexual behavior on page 1, section 11. PREA related grievances received are immediately referred to the Facility Director/PREA Compliance Manager or to another designated facility Investigator. All resident grievances alleging sexual abuse or sexual harassment are to be documented through the 5-1 Incident Reporting procedure. Interview with the Facility Director/PREA Compliance Manager and on a memo provided by the facility, confirmed there were no grievances alleging sexual abuse or sexual harassment were received in the past 12 months.</p> <p>A Grievance Box is located next to the Security Office desk. On 4/8/26, the second day of the onsite audit visit, at 7:30 a.m. a grievance form was dropped into the Grievance Box that read, "This is Barb Denison. When you receive this grievance, please call me at (cell number was provided) to confirm you received this grievance." On 4/14/26, the Facility Director was contacted and asked how often the Grievance Box was checked. He responded he checks it daily. I asked if he had received my grievance and he said he had not. While we were on the phone, he checked the box and said the grievance form was in the box. I further asked if any day he was not in, who would check the box, and he responded the Assistant Facility Director would check it. Due to the box not being checked for seven days, the facility entered into a corrective action period. The recommended corrective action is as follows:</p> <p>Recommended Corrective Action:</p> <ol style="list-style-type: none"> 1. Retrain the Facility Director, the Assistant Facility Director and the Operations Supervisor (ADO staff) on the procedures of ensuring the Grievance Box is opened and checked for contents each business day. 2. Have ADO staff sign a <i>Training Activity Enrollment/Attendance Roster (4-2A)</i> form. 3. Upload into OAS the contents of the training provided and the 4-2A form.

4. During the open corrective action period for any standards, should any grievances be received, forward the grievance to the auditor to ensure they are responded to timely.

Corrective Action Taken:

1. On 4/15/26, education was provided to the Facility Director, Assistant Facility Director and the Operations Supervisor by the PREA Coordinator via e-mail.
2. On 4/16/26 those in attendance signed a *Training Activity Enrollment/Attendance Roster (4-2A)* form.
3. On 4/17/26 the content of the training and the 4-2A form were uploaded into OAS.
4. On 4/17/26 in conversation with the Facility Director, he stated the Grievance Box will be checked on business days by ADO staff and the contents emptied.
5. On 5/22/26, the Facility Director/PREA Compliance Manager sent an e-mail stating the Grievance Box is being checked Mondays-Fridays and to date there have been no grievances submitted.
6. On 6/15/26, the Facility Director/PREA Compliance Manager sent an e-mail stating the Grievance Box is being checked Mondays-Fridays and to date there have been no grievances submitted.

During the corrective action period, the facility developed a procedure of the ADO staff checking the Grievance Box Monday-Friday to maintain compliance to this standard and they were trained on the intent of this standard and the proper handling of grievances submitted alleging sexual abuse and sexual harassment. It was determined the facility has achieved compliance to all provisions of this standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.253 (a): Policy 14-2 CC, pages 8 & 9, section F, outlines the agency’s policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given the telephone number to the Blue Bench (1-303-322-7273) for English and 303-329-0031 for Spanish), where residents can request victim advocacy and emotional support services. This information is provided in the <i>Resident Handbook</i> and on posted information located in various locations throughout the facility. In interview of 20 residents, most were unsure of the name of the advocacy group, but they knew where to find the information.

	<p>115.253 (b): Residents are informed prior to giving them access to outside victim advocates to the extent to which such communication will be monitored and to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Residents are informed calls to the Blue Bench are not recorded and are not monitored. When interviewed, residents knew they could remain anonymous upon request.</p> <p>115.253 (c): CoreCivic/Adams Transitional Center have a Memorandum of Understanding (MOU) with the Blue Bench. The MOU renewed 10/7/19 provides for emotional support services for resident victims of sexual abuse. On 2/26/26 the Co-Director of Client Services of the Blue Bench was contacted to confirm and review the terms of the MOU. The Blue Bench provides a 24/7 emotional support hotline for survivors of sexual abuse. The Blue Bench has partnered with RAINN to answer hotline calls. Advocates answering the calls forward information to the Blue Bench. Callers are informed of the Blue Bench’s mandatory reporting rules. Callers can remain anonymous upon request. Residents can also reach out to the Blue Bench by sending a letter or an e-mail. Allegations of sexual abuse will be shared with the Adams Transitional Center only with written permission from the alleged victim. The Blue Bench has full-time Case Managers and part-time Advocates. Advocates are called upon to provide accompaniment to victims through the forensic exam process. Following the SANE exam, the alleged victim will be given an Intake Form and can give permission for follow-up services such as therapy and referrals for community resources. There is no cost to alleged victims for any services provided by the Blue Bench.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254 (a): The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or the Facility Director. Per CoreCivic policy 14-2 CC, page 17, section K-2-f, information on third party reporting is made available on CoreCivic’s website (www.corecivic.com/ethicsline) with instructions for outside parties to contact the Facility Director or the PREA Coordinator and the telephone number to reach the Ethics Line (1-800-461-9330) is provided.</p> <p>Residents, staff and visitors are made aware of third-party reporting on <i>Breaking the Code of Silence</i> and <i>Speak Up</i> posters found posted in English and Spanish in various locations throughout the facility. Posted information includes the mailing address to the PREA Administrator and the telephone numbers for the PREA Reporting Line and the DOC Tips Line and the link access to the <i>PREA Incident Form</i>. At the bottom of the Visitor's Log, visitors are given PREA information, including ways to report. Residents and staff interviewed were aware of resident reporting options available to them. Residents and staff interviewed were</p>

knowledgeable of this method of reporting.

115.261 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.261 (a): Based on agency policy 14-2 CC, page 17, section K-2, staff must take all allegations of sexual abuse and sexual harassment seriously, including verbal, anonymous and third-party reports. All staff are required to report immediately to the Facility Director/PREA Compliance Manager any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident. Staff are to document all verbal reports promptly. Staff who fail to report allegations may be subject to disciplinary action. Random staff interviewed knew their reporting responsibilities. The *PREA Overview* training curriculum addresses staff reporting responsibilities during pre-service and in-service training. All staff carry with them a *First Responder Card* to remind them of their responsibilities if they are a first responder to an allegation of sexual abuse.

115.261 (b): Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Staff interviewed confirmed this practice.

115.261 (c): The Adams Transitional Center does not have medical or mental health staff; therefore, this provision of the standard is not applicable to this facility.

115.261 (d): The Adams Transitional Center houses adult male residents, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statue, as verified by interview with the Facility Director. If there is an allegation of a vulnerable adult, facilities are instructed to contact local law enforcement agencies responsible for conducting criminal investigations to be advised of any reporting requirements." In interview with the Facility Director/PREA Compliance Manager, he stated he would contact the Adams County Sheriff's Office for information about reporting requirements. When interviewed the PREA Coordinator stated, "Notifications are made in accordance with state law. CoreCivic community corrections facilities do not house offenders under the age of 18. For all others, the partner agency and local law enforcement are notified."

115.261 (e): The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the Facility Director/PREA Compliance Manager. Interview with all specialized and random staff revealed staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual

	<p>abuse incident to anyone other than to the extent necessary.</p> <p>115.261 (e): The facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the facility investigators.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.262 (a): Policy 14-2 CC, page 19, section M-1 requires that 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.</p> <p>In interview with the Vice President, Community (agency head designee), she stated, "Staff take immediate action to protect the resident by removing the resident from the area and/or individuals from the reported danger/risk. An investigation is immediately initiated to determine which other actions may be necessary to address the situation reported."</p> <p>In interview with the Facility Director/PREA Compliance Manager and on information reporting on the Pre-Audit Questionnaire, in the past 12 months there were no instances where it was necessary for the facility to take immediate action in regard to a resident being at substantial risk of sexual abuse. The Facility Director/PREA Compliance Manager stated he would talk to the resident and initiate an investigation if necessary. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse. They knew they are required to report this information to their supervisor. All staff carry with them a <i>First Responder Card</i> reminding them of the actions to take in the event they are a first responder to an allegation of sexual abuse. The <i>Sexual Abuse Incident Check Sheet</i> (14-2C-CC) is used to ensure all required steps and notifications are made.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263 (a): CoreCivic policy 14-2 CC, pages 23 & 24, section M-16 was used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director shall notify the head of the facility where the sexual abuse was alleged to have occurred, with a copy of the statement of the resident forwarded as part of the notification. In</p>

interview, the Vice President, Community stated, "This occurs most often at the facility level rather than at the corporate office level. The information is received by the Director at the facility; however, any staff who receive the information know to report it to the Director and the PCM for appropriate action. It then gets added into our incident system and the PREA protocol are initiated. If the central office (FSC) receives the referral, it will be immediately referred to the Director and PCM at the facility for investigation."

115.263 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. In interview, the Vice President, Community (agency head designee) stated, "If the allegation was alleged to have occurred at another facility, the Facility Director receiving the information must notify the Director at the other facility within 72 hours. If the allegation received was that an incident of sexual abuse allegedly occurred within the CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified."

115.263 (c): The Facility Director is required to document on the 5-1B, *Incident Report* procedures that notification was provided.

115.263 (d): The facility head or agency office that receives a notification will ensure that the allegation is investigated in accordance with the PREA standards. In interview, the Vice President, Community (agency head designee) stated, "The most common examples are allegations residents make during their intake process. The CoreCivic staff obtain as much information as possible from the resident and provide this to the Director at the other facility as part of the notification. Each facility provides examples of these during PREA audits."

On information reported on the Pre-Audit Questionnaire and in interview of the Facility Director, in the past 12 months the facility has received one allegation from a newly assigned resident who alleged he was sexually abused by a Deputy while confined to a jail in another county in 2015 and he was retaliated against because of his report. The standard file included a written report by the Facility Director of the resident's allegation. The Facility Director stated in his report that he spoke to a Sergeant at the county jail and made notification about the alleged incident to the Sergeant.

On information reported on the Pre-Audit Questionnaire and in interview of the Facility Director, in the past 12 months the facility did not receive any notifications from other facilities of allegations of sexual abuse from former residents alleging sexual abuse while confined to the Adams Transitional Center.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.264 (a): CoreCivic policy 14-2 CC, page 19, sections M-2-6, outlines the procedures for first responders to allegations of sexual abuse by security and non-security staff. Per policy, upon learning of an allegation of sexual abuse, the first security responder is to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a period of time that allows for the collection of physical evidence, staff shall request the alleged victim to not wash, shower, remove clothing, use the restroom, eat, drink, smoke or brush his/her teeth and notify the highest supervisory authority on-site. Staff will ensure the alleged abuser does not take any actions that could destroy physical evidence. According to information reported on the Pre-Audit Questionnaire it was reported there was one allegation of sexual abuse reported in the past 12 months (115.264 (a)-6). This was discussed with the Facility Director/PREA Compliance Manager during the Pre-Audit Phase as information provided about allegations reported in the past 12 months did not indicate there were any sexual abuse allegations. The Facility Director provided a memo that was added to OAS in this provision as a correction to the data initially reported on the Pre-Audit Questionnaire.

115.264 (b): Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately. According to information reported on the Pre-Audit Questionnaire a non-security staff member responded to the allegation of sexual abuse that was reported in error (115.264 (b)-3). This was discussed with the Facility Director/PREA Compliance Manager during the Pre-Audit Phase as information provided about allegations reported in the past 12 months did not indicate there were any sexual abuse allegations. The Facility Director provided a memo that was added to OAS in this provision as a correction to the data initially reported on the Pre-Audit Questionnaire.

All staff carry with them a *First Responder Card* that outlines their responsibilities in response to allegations of sexual abuse and sexual harassment. The *Sexual Abuse Incident Check Sheet* (14-2C CC) is used to ensure all required steps and notifications are made. Security and non-security staff are trained on first responder duties during pre-service and during annual in-service training. Interviews with security and non-security staff revealed they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse. They reported they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve any physical evidence.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.265 (a): The coordinated response plan, in detailed, is found in the agency's 14-2 CC policy, section M, pages 18-24. It is the responsibility of the Sexual Abuse Response Team (SART) to ensure coordination of the facility's coordinated response plan. The SART includes the Facility Director/PREA Compliance Manager, the Assistant Facility Director and the Operations Supervisor, with the agency's PREA Coordinator and/or Director, Compliance and Investigation, Senior Director and the Managing Director in attendance via telephone or zoom. In interview, the Facility Director/PREA Compliance Manager confirmed the members of the SART.</p> <p>A <i>Sexual Abuse Incident Check Sheet</i> (14-2C-CC) is completed for all allegations of sexual abuse to ensure that all steps of the coordinated response plan are carried out and required notifications are made. All staff carry with them a <i>First Responder Card</i> to remind them of the steps to take in response to an allegation of sexual abuse. Interviews with the Facility Director/PREA Compliance Manager, Assistant Facility Director and the Operations Supervisor when interviewed knew their responsibilities in carrying out the coordinated response plan.</p>
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<p>115.266</p>	<p>Preservation of ability to protect residents from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.266 (a): CoreCivic policy 14-2 CC, pages 29 & 30, section S-2-g & h, was used to verify compliance to this standard. CoreCivic would not enter into or renew any collective bargaining agreement or other agreement that would limit the agency's ability to remove alleged employee sexual abusers from contact with residents pending the outcome of an investigation. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic's policies on sexual abuse and sexual harassment.</p> <p>In interview with the Vice President, Community (agency head designee), she stated "CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 12, 2012. The agreements permit CoreCivic to remove alleged staff sexual abusers from contact with a resident pending an investigation or disciplinary action."</p> <p>115.266 (b): According to information provided by the Facility Director/PREA Compliance Manager, since the last PREA audit, the Adams Transitional Center has not entered into or renewed any collective bargaining agreements. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation. A memo in the standard file from the Facility Director states, "Colorado is a free will state". In review of an allegation of employee-on-inmate sexual harassment, the alleged abuser was a volunteer. On the day the allegation was reported, the volunteer was not allowed access to the facility pending the outcome of the investigation. The</p>

	<p>allegation was determined to be unfounded, and the volunteer was allowed to return to the facility. There were two allegations of employee-on-inmate sexual abuse during this reaccreditation period. In both cases the alleged abusers were placed on administrative leave following the report of the allegations. One allegation was determined to be substantiated and the abuser was terminated. The other allegation was determined to be unsubstantiated, but the employee was terminated due to an issue discovered during the investigation.</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.267 (a): CoreCivic has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined on pages 21 & 22, section M-14 of policy 14-2 CC. The Facility Director/PREA Compliance Manager is responsible for monitoring residents and employees for retaliation. Monitoring is documented on the 14-2D-CC, <i>PREA Retaliation Monitoring Report</i>. In interview of the Facility Director/PREA Compliance Manager he stated for residents he would consider transferring the resident to another facility or changing housing. and for staff he stated he would consider a change in shift.</p> <p>115.267 (b): Multiple protection measures, such as housing changes, or transfers of resident victims or abusers, removal of alleged staff or resident abusers from contact with victims are taken. In interview with the Facility Director/PREA Compliance Manager, he stated he would impose disciplinary measures for residents and staff who were found to be retaliating.</p> <p>In interview with the Vice President, Community (agency head designee), she stated, "For both inmates/residents and staff who have reported allegations of sexual abuse, we provide monitoring on a 30/60/90-day period (longer if needed) to ensure no retaliation has occurred. These reviews are documented on an attachment to our 14-2 policy. The review takes into consideration any action which may be perceived as retaliatory whether it be housing and/or job assignments with residents and shift changes, evaluations, etc. for staff. These reviews also occur for victims of sexual abuse. Our policies and practices prohibit retaliation for any reason, and we include this expectation in training with staff. Any violations are acted upon accordingly."</p> <p>115.267 (c): Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. In interview with the Facility Director/PREA Compliance Manager he explained the process and</p>

time frames of retaliation monitoring. He would monitor for 30/60/90 days and longer if necessary. He would look for changes in a resident's behavior and denial of passes. For staff he would look for changes in attitude, frequent callouts and a change in job performance.

In interview with the Vice President, Core Services (agency head designee), he stated "Our policies and practices prohibit retaliation for any reason, and we include this expectation in training with staff. Any violations are acted upon accordingly."

115.267 (d): In addition to monthly monitoring, residents will also have periodic status checks, and any relevant documentation will be reviewed.

115.267 (e): If other individuals who cooperate with an investigation express a fear of retaliation, appropriate measures will be taken to protect that individual from retaliation. Interview with the Vice President, Community (agency head designee), she stated, "Our policies and practices prohibit retaliation for any reason, and we include this expectation in training with staff. Any allegation of retaliation is handled as a separate investigation than the original sexual abuse allegation."

115.267 (f): The agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

According to documentation provided on the Pre-Audit Questionnaire and in interview with the Facility Director/PREA Compliance Manager, no incidents of retaliation have occurred in the past 12 months. In review two allegations of employee-on-inmate sexual abuse reported in since the last PREA audit, a 14-2D-CC form was found filed in the investigative file and the in the other file the 14-2D-CC form was prepared but not presented to the resident. It was noted on the form that the resident terminated the program before the 30-day due date.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.271 (a): The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The facility Investigators are responsible for conducting administrative investigations of all sexual abuse and sexual harassment allegations at the Adams Transitional Center. Administrative investigations are required to be conducted promptly, thoroughly and objectively. The agency's policy on administrative investigations is outlined in CoreCivic's policy 14-2 CC, page 25, section N-4-10, and criminal investigations are outlined on pages 27 & 28, section O. According to policy 14-2 C, all allegations of sexual abuse and sexual harassment are reported in the CoreCivic 5-1 CC policy, <i>Incident Reporting</i>. In interview with the facility's Investigators, they knew their responsibilities in the</p>

conduct of administrative investigations. They stated they would immediately initiate an investigation upon a report of an allegation. In the past 12 months there was one allegation of employee-on-inmate sexual harassment reported and administratively investigated. Since the last PREA audit there were two other allegations of employee-on-inmate sexual abuse reported. The investigative files of all three allegations were reviewed remotely during the Pre-Onsite Audit Phase. Administrative investigations were initiated promptly after report of the allegation. Documentation in the investigative files revealed the investigations were thorough.

115.271 (b): Documentation provided showed facility Investigators completed *Investigating Sexual Abuse in a Confinement Setting*, a web-based NIC training. Documentation of the Facility Director/PREA Compliance Manager, the Assistant Facility Director and the Operations Supervisors completion of this training was provided for review. When interviewed, facility Investigators confirmed completing this training.

115.271 (c): The Investigators gather and preserve direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data. In interview of Investigators, they reported they interview the alleged victims, suspected perpetrators and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.271 (d): Allegations involving staff or residents that appear to be criminal are referred to the Adams County Sheriff's Department. If the evidence appears to support criminal prosecution, compelled interviews will be conducted after consulting with prosecutors. The facility's ongoing attempts to enter into a Memorandum of Understanding (MOU) with the Adams County Sheriff's Department have been unsuccessful. The facility provided e-mail correspondence of those attempts. On 3/4/26 the Sargent of the Detective Division was contacted to discuss the process of criminal investigations of sexual abuse. When contacted by the facility, a Patrol Officer would respond to assess and stabilize the situation, and any evidence would be collected. A Detective would meet the alleged victim at the hospital. Following the SANE exam, the alleged victim would be brought to the Sheriff's Office to be interviewed. Once the investigation is completed and if the investigator determines there is enough evidence to pursue prosecution, the evidence will be presented to the District Attorney. The District Attorneys' office has a team of lawyers who review all evidence of sexual assault cases to determine if prosecution will be pursued. The facility can contact the investigator for status updates of the criminal investigation. The Adams County Sheriff's Department would provide the facility with a copy of the completed criminal investigative report. The attempts at the facility trying to secure an MOU with the Sheriff's Department were discussed with the Sargent of the Detective Division. He stated the department will investigate allegations of sexual abuse without an MOU because the Adams Transitional Center is within the department's jurisdiction.

115.271 (e): The credibility of an alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by the person's status as a resident or a staff. The agency does not require a resident who alleges sexual abuse to

submit to a polygraph test. This was confirmed in interviews of Investigators. The facility Investigators all stated they would not judge the credibility of an alleged victim, suspect or witness. In their own words they would assume they were credible, unless the evidence proved otherwise.

115.271 (f): The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation is documented on the 5-1G-CC, *Incident Investigation Report*. The report includes investigative facts, physical evidence and testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident, including explanation as to what determined the conclusion.

115.271 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. Information on criminal investigations is found on pages 27 & 28, section O of policy 14-2 CC.

115.271 (h): Substantiated allegations shall be referred for prosecution. On information provided on the Pre-Audit Questionnaire, in the past 12 months there were no substantiated allegations of sexual abuse referred for prosecution.

115.271 (i): CoreCivic retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the *CoreCivic Retention Schedule* (1-15 B).

115.271 (j): If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If a resident abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues.

115.271 (k): The Adams County Sheriff's Department conducts investigations as required in provisions (a) - (j) of this standard.

115.271 (l): The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators.

In interview with the PREA Coordinator she stated, "The facility stays informed of the progress of the investigation through direct contact with the local law enforcement agency." In interview with the Facility Director/PREA Compliance Manager and the Assistant Facility Director, they stated,

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>115.272 (a): Based on CoreCivic’s policy 14-2 CC, page 25, section N-8, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility Investigators were asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency’s policy and the standard requirement.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.273 (a): Policy 14-2 CC, pages 27 & 28, section R, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. It is the responsibility of the Facility Director/PREA Compliance Manager to present the notice to the victim. In interview with the Facility Director/PREA Compliance Manager he confirmed it is his responsibility to present the notice of the outcome of the investigation to the victim/alleged victim.</p> <p>115.273 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. In this 12-month period there were no allegations of sexual abuse reported. In this reaccreditation period there were two allegations of employee-on-inmate sexual abuse reported. At the conclusion of the administrative investigation, one of the alleged victims was presented a notice of the outcome on the same day the investigation was closed. The other alleged victim was terminated from the program due to a technical violation the day before the investigation was completed.</p> <p>115.273 (c): The policy further states that following a resident’s allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The resident will be informed if the staff member is no longer posted within the resident’s unit, if the staff member was indicted on a charge related to sexual abuse or if the staff member has been convicted on a charge related to sexual abuse. In this reaccreditation period there were two allegations of employee-on-inmate sexual abuse reported. At the conclusion of the administrative investigation, one of the alleged victims was presented a notice of the outcome on the same day the investigation was closed. The other alleged victim was terminated from the program due to a technical violation the day before the investigation was completed. In this 12-month period</p>

	<p>there were no allegations of sexual abuse reported.</p> <p>115.273 (d): Following a resident’s allegation that another resident sexually abused him/her, the agency shall inform the resident of the outcome of the investigation. The resident is informed if the alleged abuser was indicted on a charge related to sexual abuse or the alleged abuser was convicted on a charge related to sexual abuse. In the past 12 months and in this reaccreditation period, there were no inmate-on-inmate sexual abuse allegations reported.</p> <p>115.273 (e): All notifications or attempted notifications shall be documented on the 14-2E-CC, <i>Resident Allegation Status Notification</i> form. The resident signs the 14-2E-CC and the form is filed in the corresponding investigative file. In review of investigative files for allegations reported in this reaccreditation period, 14-2E-CC forms are being maintained in the corresponding investigative files</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.276 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2 CC, page 29. section S-2-a-d. In the past 12 months there were no staff disciplined for violating the agency sexual abuse policy. In review of additional investigative files of allegations reported since the last PREA audit, there were two staff terminated due to violations related to employee-on inmate sexual abuse allegations.</p> <p>115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.276 (c): Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories. New employees read the <i>Code of Ethics</i> and the <i>CoreCivic Standards of Conduct</i> and acknowledge by their signature that they have read and understand the information.</p> <p>115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.277 (a): Based on review of policy 14-2 CC, page 29, section S-2-e & f, any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal. The facility has four volunteers and does not utilize the services of contractors.</p> <p>115.277 (b): Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in appropriate corrective action up to and including restricting contact with residents and removal from the facility.</p> <p>On interview with the Facility Director/PREA Compliance Manager and documentation provided on the Pre-Audit Questionnaire, in the past 12 months there was one allegation of employee-on-inmate sexual harassment involving a volunteer. The same day the allegation was reported, the volunteer was instructed she could not volunteer pending the outcome of the investigation. In review of the investigative file for this allegation, it was determined the allegation was unfounded and the volunteer was able to return to the facility.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.278 (a): Per policy 14-2 CC, pages 28 & 29, section S-1, residents will be subject to disciplinary sanctions following an administrative finding that the resident was found guilty of resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are informed in the Resident Handbook, pages 21-23, of acts are considered sexual abuse and sexual harassment. According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director/PREA Compliance Manager, in the past 12 months, there were no residents found in violation of the zero-tolerance policy.</p> <p>115.278 (b): 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. On information in the Pre-Audit Questionnaire and in interview with the Facility Director/PREA Compliance Manager confirmed the disciplinary policy. The facility follows CoreCivic's Colorado Community Facilities policies CD-160, Disciplinary, CD-161, Sanctions, CD-162, Hearings, CD-163, Review for Termination, and CD-164, Disciplinary Appeals, which uses the principals of the Behavioral Shaping Model and</p>

	<p>Reinforcement tool (BSMART) to address negative behaviors in the program.</p> <p>115.278 (c): The disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. In interview with the Facility Director, he stated a resident’s mental disability or mental illness would be considered before sanctions were imposed.</p> <p>115.278 (d): In the case of sexual abuse, the alleged perpetrator is offered mental health services. Mental health services are provided by referral to an offsite provider.</p> <p>115.278 (e): A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.</p> <p>115.278 (f): Residents who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation. The Facility Director or his designee shall contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.</p> <p>115.278 (g): Sexual activity between residents is prohibited in all CoreCivic facilities and residents may be disciplined for such activity. Residents are informed that sexual misconduct is a violation against the facility’s rules and regulations and what constitutes sexual misconduct. All sexual activity between residents is prohibited and residents are informed they will be disciplined for violations.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.282 (a): All resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services determined by medical and mental health practitioners according to their professional judgement, according to CoreCivic policy 14-2 CC, pages 22 & 23, section M-15-a-d.</p> <p>115.282 (b): The Adams Transitional Center does not have medical or mental health practitioners on staff. Security staff first responders are required to take steps to protect the victim. Resident victims are referred to one of St. Anthony's hospitals for medical services and to the Blue Bench for emotional support services. Security and non-security staff confirmed their knowledge of the requirements to protect the victim. Referrals are also made to Wellpath for telehealth medical encounters.</p>

CoreCivic has a Memorandum of Understanding with St. Anthony's North Neighborhood Health Center renewed on 8/6/19. The MOU applies to nine of CoreCivic's Colorado community confinement facilities, which includes this facility. Under the St. Anthony umbrella there are three medical facilities where SANE exams are performed. They are St. Anthony's in Lakeland, CO, St. Anthony's North Neighborhood Center and a Free-Standing Emergency Department. On 3/4/26 the Clinical Nurse Manager and the Forensic Nurse Coordinator of St. Anthony's North Neighborhood Health Center were interviewed to confirm and discuss the MOU. The agency has 10 forensic nurses available 12 hours a day. Outside of that time, alleged victims are seen in any one of the three emergency departments and scheduled an appointment for a SANE exam for the next day or the next available time. The alleged victim would be medically cleared and interviewed upon arrival to the emergency department. The victim would be offered an advocate upon their request to accompany them through the SANE exam. If the patient meets the protocol, the patient would be given STD prophylaxis and additional medication to take with him/her. Pregnancy tests would be performed on female patients if appropriate and they would be offered information about emergency contraception as well as information for other pregnancy-related resources. There is no cost to the alleged victim for services provided.

CoreCivic/Adams Transitional Center have a Memorandum of Understanding (MOU) with the Blue Bench. The MOU renewed 10/7/19 provides for emotional support services for resident victims of sexual abuse. On 2/26/26 the Co-Director of Client Services of the Blue Bench was contacted to confirm and review the terms of the MOU. The Blue Bench provides a 24/7 emotional support hotline for survivors of sexual abuse. The Blue Bench has partnered with RAINN to answer hotline calls. Advocates answering the calls forward information to the Blue Bench. Callers are informed of the Blue Bench's mandatory reporting rules. Callers can remain anonymous upon request. Residents can also reach out to the Blue Bench by sending a letter or an e-mail. Allegations of sexual abuse will be shared with the Adams Transitional Center only with written permission from the alleged victim. The Blue Bench has full-time Case Managers and part-time Advocates. Advocates are called upon to provide accompaniment to victims through the forensic exam process. Following the SANE exam, the alleged victim will be given an Intake Form and can give permission for follow-up services such as therapy and referrals for community resources. There is no cost to alleged victims for any services provided by the Blue Bench.

115.282 (c): The Adams Transitional Center is an all-male facility; therefore, this provision of this standard is not applicable to this facility.

115.282 (d): Medical and mental health treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was confirmed in interview with the Clinical Nurse Manager and the Forensic Nurse Administrator from St. Anthony's North Neighborhood Health Center and the Blue Bench's Co-Director of Client Services.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="280 237 979 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 564 349">Auditor Discussion</p> <p data-bbox="280 394 1426 584">115.283 (a): Based on CoreCivic’s policy 14-2 CC, page 23, section M-15-e-j, the facility ensures medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse. This treatment includes follow-up services, treatment plans and when necessary, referrals for continued care.</p> <p data-bbox="280 629 1465 741">115.283 (b): Ongoing medical services are offered at the St. Anthony's North Hospital. Mental health services are provided by referral to Wellpath for telehealth medical encounters.</p> <p data-bbox="280 786 1422 864">115.283 (c): Resident victims of sexual abuse are provided medical and mental health services consistent with the community level of care.</p> <p data-bbox="280 898 1449 1055">115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The Adams Transitional Center is an all-male facility; therefore, this provision of this standard is not applicable to this facility.</p> <p data-bbox="280 1099 1469 1290">115.283 (e): Resident victims of sexually abusive vaginal penetration while incarcerated are offered referral for pregnancy tests. If pregnancy results, victims will receive timely access to lawful pregnancy-related medical services. The Adams Transitional Center is an all-male facility; therefore, this provision of this standard is not applicable to this facility.</p> <p data-bbox="280 1335 1445 1536">115.283 (f): Resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. Interview of the Clinical Nurse Manager and the Forensic Nurse Coordinator of St. Anthony’s North Neighborhood Health Center stated If the patient meets the protocol, the patient would be given STD prophylaxis and given additional medication to take with him.</p> <p data-bbox="280 1581 1449 1648">115.283 (g): Treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation of the incident.</p> <p data-bbox="280 1693 1458 1883">115.283 (h): According to CoreCivic's policy 14-2 CC, page 11, section G-15, all known resident-on-resident abusers shall have a documented referral for a mental health evaluation within 60 days of learning of abuse history. Resident-on-resident abusers would be referred to Wellpath for a mental health evaluation, to be seen within 60 days.</p>

115.286	Sexual abuse incident reviews
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.286 (a): Based on policy 14-2 CC, page 27, section P, the Facility Director/PREA Compliance Manager will ensure a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The *Sexual Abuse or Assault Incident Review Report* (14-2F CC) is completed for this review. In review of the investigative files of the three allegations reported since the last PREA audit, 14-2F CC forms were found in each respective investigative file. One review was conducted on the same day the investigation was closed and the other two were conducted two days after the conclusion of the investigation.

115.286 (b): The review shall occur within 30 days of the conclusion of the investigation.

115.286 (c): It is the responsibility of the SART to conduct these reviews. Members of the SART include the Facility Director/PREA Compliance Manager, the Assistant Facility Director and the Operations Supervisor, with the PREA Coordinator and/or the Director, the PREA Compliance and Investigation, Senior Director and Managing Director in attendance via telephone or zoom. In interview with the Facility Director/PREA Compliance Manager he confirmed the members of the SART.

115.286 (d): When reviewing an incident, the SART considers the following requirements:

- (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.

Due to the guidance from the DOJ on 12/2/25, the bolded section above was identified as being non-applicable. Since this provision remains in the PREA law, this provision was audited and it was determined the facility continues to adhere to the requirements of this section of this provision of the standard.

- (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 (d)(1)-(d)(5) of this section, and any

	<p>recommendations for improvement and submit such report to the facility head and PREA Coordinator.</p> <p>All findings and recommendations for improvement are documented and submitted to the PREA Coordinator.</p> <p>115.286 (e): The facility will implement the recommendations for improvement or will document reasons for not doing so. In interview with the PREA Coordinator, In interview of members of the SART, they confirmed what the team looks for in review of sexual abuse allegations.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.287 (a): Information on data collection is found on pages 30, section T-1-3, of CoreCivic’s policy 14-2 CC. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. The facility ensures incidents of sexual abuse are entered into the 5-1 CC reporting system as required in CoreCivic policy 5-1 CC, <i>Incident Reporting</i>.</p> <p>115.287 (b): At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data.</p> <p>In interview with the PREA Coordinator she stated,..... "The agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and training. Data from all facilities is included in the process."</p> <p>115.287 (c): The data collected, will be 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 (DOJ).</p> <p>115.287 (d): The facility maintains, reviews and collects data as needed including reports, investigation files and sexual abuse incident reviews. The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the Prison Rape Elimination Act (PREA) Reporting (5-1E) form. According to CoreCivic’s policy 14-2 CC, page 30, section T-11, aggregated PREA sexual abuse data is retained for 10 years and PREA investigation files and written reports for 5 years after the resident is released or post-employment of alleged abusers according to the <i>CoreCivic Retention Schedule</i> (1-15B).</p> <p>.... In interview of the PREA Coordinator she stated, "</p> <p>115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.</p>

	<p>115.287 (f): Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. According to information reported on the Pre-Audit Questionnaire, DOJ did not request this information in the previous calendar year.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.288 (a): Based on policy 14-2 CC, pages 29 & 30, section T-4-6 & 8, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training.</p> <p>The PREA Coordinator prepares an annual report that provides problem areas and corrective actions for each facility and as the agency as a whole.</p> <p>When interviewed the Vice President, Community (agency head designee) stated, "A review of PREA data is made on a daily, monthly and annual basis. Incident data is provided daily to select FSC staff via incident notifications. All substantiated cases are reported to leadership weekly and reviewed by the Senior Director, PREA Programs and Compliance. Monthly and annual data is reported as metrics in a format that can determine if there are trends at individual facilities or with resident populations. Monthly data is reported to Managing Directors and VPs of Operations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas."</p> <p>The PREA Coordinator when interviewed stated, " The agency reviews data collected and aggregated pursuant to standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. Data from all facilities is included in the process." The annual reports provide an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities with data review and analysis and therefore, was found to exceed in the requirements of this standard.</p> <p>115.288 (b): The annual report includes a comparison of the current year's data and corrective actions with those from the previous years and provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>115.288 (c): The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is made public on CoreCivic's website and can be accessed at http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea. Annual reports since the last PREA audit were found published on the</p>

	<p>agency’s website. When interviewed the Vice President, Community stated she approves the annual reports.</p> <p>115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted. In interview with the PREA Coordinator, he stated, "The report do not contain the identity or personal and medical information belonging to inmates or staff."</p> <p>The annual reports prepared by the PREA Coordinator and posted on the agency's website since the last PREA audit were well written with easy-to-read tables according to the type of allegations and the investigative findings of all CoreCivic facilities, as well as a narrative overview of this information. The report provides a review of incident-based data with a comparison of aggregated data for the previous years in the audit cycle. The facility was found to exceed in the requirements of this standard.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.289 (a): According to policy 14-2 CC, page 30, section T-7-11, the agency ensures that the data collected is securely retained.</p> <p>In interview with the PREA Coordinator he stated, “Files and information relative to investigations of PREA allegations are retained in the CoreCivic 5-1 Incident Report Database. This is on a secured server. Hard copies of investigation files are secured at the facility. All annual reports are kept on the CoreCivic website. Everything is subject to record retention schedules.”</p> <p>115.289 (b): The annual report is approved by the agency’s Chief of Corrections. CoreCivic makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea.</p> <p>115.289 (c): Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.</p> <p>115.289 (d): According to the <i>CoreCivic Retention Schedule (1-15-B)</i>, the entire PREA packet including aggregated sexual abuse data is retained for 10 years. This information was confirmed in interview with the PREA Coordinator.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.401 (a): Based on policy 14-2 CC, pages 30 & 31, section U, CoreCivic ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the agency's policy, the PREA National Standards and federal law and regulations. The FSC Quality Assurance Department in conjunction with the PREA Coordinator ensures that a DOJ Certified PREA Auditor conducts the external audit.

115.401 (b): According to the agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, CoreCivic ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. The previous PREA audit of this facility was conducted in 2023.

115.401 (f): I received and reviewed all relevant agency-wide policies for the Adams Transitional Center.

115.401 (g): I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

115.401 (h): During the audit, I was allowed access to all areas of the facility.

115.401 (i): I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.

115.401 (j): I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

115.401 (k): I interviewed a representative sample of residents and staff, supervisors and administrators.

115.401 (l): I reviewed camera monitors and electronically stored data.

115.401 (m): I was permitted to conduct private interviews with residents and staff ensuring confidentiality to our conversation.

115.401 (n): Residents and staff were notified on 2/20/26 through posted facility notices in both English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive correspondence from residents or staff of the Adams Transitional Center.

115.401 (o): CoreCivic/Adams Transitional Center have a Memorandum of Understanding (MOU) with the Blue Bench. The MOU renewed 10/7/19 provides for emotional support services for resident victims of sexual abuse. On 2/26/26 the Co-Director of Client Services of the Blue Bench was contacted to confirm and review the terms of the MOU. The Blue Bench provides a 24/7 emotional support hotline for survivors of sexual abuse. The Blue Bench has partnered with RAINN to answer hotline calls. Advocates answering the calls forward information to the Blue Bench. Callers are informed of the Blue Bench's mandatory reporting rules. Callers

	<p>can remain anonymous upon request. Residents can also reach out to the Blue Bench by sending a letter or an e-mail. Allegations of sexual abuse will be shared with the Adams Transitional Center only with written permission from the alleged victim. The Blue Bench has full-time Case Managers and part-time Advocates. Advocates are called upon to provide accompaniment to victims through the forensic exam process. Following the SANE exam, the alleged victim will be given an Intake Form and can give permission for follow-up services such as therapy and referrals for community resources. There is no cost to alleged victims for any services provided by the Blue Bench.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.403 (a): Based on policy 14.2 CC, page 31, section U-4, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits. I certify by my signature in the Auditor's Certification section of this report that no conflict of interest exists with my ability to conduct this audit.</p> <p>115.403 (b): Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of CoreCivic's <i>Sexual Abuse Prevention, Response</i> policy (14-2 CC), the policy was found to be well written and comprehensive complying with the PREA National Standards.</p> <p>115.403 (c): For each standard, I made a determination of a finding of Exceeds Standard or Meets Standard. Standards 115.211, 115.217, 115.231 and 115.288 were found to exceed in the requirements of the standards. Standards 115.241 and 115.252 were found to not meet the standard and the facility entered into a corrective action period. On 6/15/26 the facility completed the corrective action for standards 115.241 and 115.252 and it was determined the facility achieved compliance to all provisions of those standards.</p> <p>115.403 (d): This report describes the methodology, sampling sizes and basis for my conclusions as required.</p>

115.403 (e): I have redacted any personal identifiable resident or employee information, but I can provide such information to CoreCivic or the Department of Justice upon request.

115.403 (f): Per agency policy and standard requirements, CoreCivic ensures that this final report will be published on their website at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	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 adopt and 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.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	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.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	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 inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	Does the agency take appropriate steps to ensure that residents	yes

	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?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	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
	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: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident	yes

	interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	
115.217 (a)	Hiring and promotion decisions	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	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
	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

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	yes

	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.)	
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222	Policies to ensure referrals of allegations for investigations	

(b)		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	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
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	

	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	Resident education	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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.)	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.)	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.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
	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

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	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
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	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

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	Use of screening information	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.251 (b)	Resident reporting	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	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.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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.)	na
115.252	Exhaustion of administrative remedies	

(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.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	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.)	na
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	na

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	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.)	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.)	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.)	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.)	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.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.253 (a)	Resident access to outside confidential support services	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
115.267 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	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
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	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?	
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	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
	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
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a 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
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	Disciplinary sanctions for staff	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	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
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	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

115.278 (g)	Disciplinary sanctions for 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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	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
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	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
	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
	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
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

	and security of a facility?	
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes