

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

Interim       Final

**Date of Interim Audit Report:**       N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:**      **October 29, 2021**

**Name:** Barbara Jo Denison

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**Company Name:** Shamrock Consulting, LLC

**Mailing Address:** 2617 Xavier Ave.

**City, State, Zip:** McAllen, TX 78504

**Telephone:** 956-566-2578

**Date of Facility Visit:** October 4-5, 2021

### Agency Information

**Name of Agency:** CoreCivic

**Governing Authority or Parent Agency (If Applicable):** N/A

**Physical Address:** 5501 Virginia Way, Suite 110

**City, State, Zip:** Brentwood, TN 37027

**Mailing Address:** SAA

**City, State, Zip:** SAA

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Agency Website with PREA Information:** <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

### Agency Chief Executive Officer

**Name:** Damon Hininger, President and Chief Executive Officer

**Email:** Damon.Hininger@corecivic.com

**Telephone:** 615-263-3000

### Agency-Wide PREA Coordinator

**Name:** Eric S. Pierson, Senior Director, PREA Compliance and Programs

**Email:** eric.pierson@corecivic.com

**Telephone:** 615-263-6915

**PREA Coordinator Reports to:** Steven Conry  
President, Operations Administration

**Number of Compliance Managers who report to the PREA Coordinator:**  
65 (indirect)

## Facility Information

**Name of Facility:** Arapahoe Community Treatment Center (ACTC)

**Physical Address:** 3265 W. Girard Ave..

**City, State, Zip:** Englewood, CO 80110

**Mailing Address (if different from above):**  
SAA

**City, State, Zip:** SAA

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
N/A

### Facility Director

**Name:** Rory Gryniwicz

**Email:** rory.gryniwicz@corecivic.com

**Telephone:** 303-761-7685, ext. 113

### Facility PREA Compliance Manager

**Name:** Sean Benge

**Email:** sean.benge@corecivic.com

**Telephone:** 303-761-7685, ext. 109

**Facility Health Service Administrator**  N/A

**Name:**

**Email:**

**Telephone:**

### Facility Characteristics

**Designated Facility Capacity:**

120

**Current Population of Facility:**

74

Average daily population for the past 12 months:	88
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-76
Average length of stay or time under supervision	180 days
Facility security levels/resident custody levels	Minimum
Number of residents admitted to facility during the past 12 months	177
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	174
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	156
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input checked="" type="checkbox"/> Judicial district correctional or detention facility (18 <sup>th</sup> Judicial District) <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	16
Number of staff hired by the facility during the past 12 months who may have contact with residents:	12
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

## Physical Plant

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

## Medical and Mental Health Services and Forensic Medical Exams

<p><b>Are medical services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<p><input type="checkbox"/> On-site  <input checked="" type="checkbox"/> Local hospital/clinic  <input type="checkbox"/> Rape Crisis Center  <input type="checkbox"/> Other (please name or describe: _____)</p>
<p><b>Investigations</b></p>	
<p><b>Criminal Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p>0</p>
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<p><input type="checkbox"/> Facility investigators  <input type="checkbox"/> Agency investigators  <input checked="" type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<p><input type="checkbox"/> Local police department  <input checked="" type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input type="checkbox"/> N/A</p>
<p><b>Administrative Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p>1</p>
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<p><input checked="" type="checkbox"/> Facility investigators  <input type="checkbox"/> Agency investigators  <input type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p><input type="checkbox"/> Local police department  <input type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input type="checkbox"/> Other (please name or describe: _____)  <input checked="" type="checkbox"/> N/A</p>

## **Audit Findings**

The Arapahoe Community Treatment Center located at 3265 W. Girard Ave., Englewood, Colorado is a private prison owned and operated by CoreCivic. CoreCivic contracts with the Colorado Department of Corrections (CDOC) to house their adult male offenders and with the 18<sup>th</sup> Judicial District to house sentenced Diversion offenders. Also, provided are non-residential services. Non-residential residents report to the Monitor's Station when called in for services or to meet with their Case Manager.

### **Pre-Onsite Audit Phase**

Pre-onsite audit preparation included a thorough review of the following CoreCivic policies:

*14-2 CC Sexual Abuse Prevention and Response,*

*5-1, Incident Reporting*

*1-15 CC, Retention of Records*

In addition, facility procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards were reviewed. On 8/27/21, electronic PREA files were received from the agency's PREA Coordinator. Sean Benge, Assistant Facility Director, designated as the facility's PREA Compliance Manager, was contacted on 8/31/21, as an introduction and to discuss the audit process. The PREA Compliance Manager answered questions and provided additional information and documentation as requested throughout the Pre-Onsite Audit Phase.

The agency's PREA Coordinator provided the PREA Compliance Manager with facility notices in English and Spanish several weeks prior to the onsite audit visit informing residents of the scheduled audit dates. Notices included my name and mailing address and residents were informed correspondence would remain confidential. The facility provided photos of the posted notices in English and Spanish with the date posted noted as 8/19/21.

The facility has a Memorandum of Understanding (MOU) with the Blue Bench to provide crisis intervention services to residents of the Arapahoe Community Treatment Center. The Director of Client Services of the Blue Bench was contacted to confirm and review the terms of the MOU. The Blue Bench provides residents of the Arapahoe Community Treatment Center with a 24-hour crisis hotline. If a resident calls the hotline number and reports sexual abuse, the caller would be provided options for reporting the abuse. In the event of an allegation of sexual abuse by a resident of the Arapahoe Community Treatment Center, advocates are available 24-hours a day to provide hospital accompaniment during the SANE exam process. Following the SANE exam, the victim would be offered up to three follow-up visits with a Blue Bench Case Manager. If therapy is needed, the Blue Bench has Therapists on staff to provide

group or individual therapy. The Blue Bench also offers accompaniment for legal proceedings related to the sexual abuse.

The Arapahoe Community Treatment Center has an MOU with the St. Anthony North Neighborhood Health Center to provide forensic exams for resident victims of sexual abuse. The Forensic Nurse Examiner Program Coordinator of St. Anthony North Neighborhood Health Center was contacted to discuss the process of SANE services. The Health Center has 11 SANE nurses who are on call 24-hours a day. Response time of SANE nurses to the hospital is within one hour. Victims receive one dose of antibodies for Gonorrhea and Chlamydia. If warranted, a four-day supply of HIV medication and are provided and victims would be directed to go to Denver Health to receive additional doses of HIV medications. All services provided are at no cost to the victim.

According to a written agreement, the Arapahoe County Sheriff's Office is responsible for criminal investigations of sexual abuse and sexual harassment at the Arapahoe Community Treatment Center. The Captain of Investigations was contacted to discuss the process for investigations of allegations of sexual abuse at the Arapahoe Community Treatment Center. In the event of a sexual abuse, a Patrol Deputy would be dispatched to the facility. If the abuse occurred within a timeframe that evidence would be collected, an Investigator and a Crime Scene Technician would be dispatched to the facility to collect evidence. A Victim Advocate through the Sheriff's Office would be notified to meet the victim at the local hospital. A criminal case filing would be made to the county District Attorney's office for prosecution, if the investigation appeared to be criminal. In some cases, the alleged suspect may be taken into custody at the local jail the same day the abuse occurs. The Sheriff's Office does not provide criminal investigative reports to the facility upon completion of the investigation. The facility must file an Open Records Request with the Records Department to obtain a copy of the investigative report.

Four days prior to the onsite audit visit, the PREA Compliance Manager provided a list of security and non-security staff by title scheduled to work on the audit dates. From this information, staff to be interviewed during the onsite audit visit were selected.

### **Onsite Audit Phase**

The PREA audit of the Arapahoe Community Treatment Center was conducted on October 4-5, 2021. On the first day of the audit, an entrance meeting was held to discuss the audit schedule and audit process with the following persons attending:

Rory Gryniewicz, Facility Director

Sean Benge, Assistant Facility Director/PREA Compliance Manager

Heather Baltz, Director, PREA Compliance and Investigations

A site review of the facility was conducted with those in attendance of the entrance meeting accompanying me on the site review. During the site review the locations of cameras and mirrors, room layouts, restrooms and the placement of PREA posters and information was

observed. Facility notices in English and Spanish provided during the Pre-Onsite Audit Phase were found displayed in numerous locations throughout the facility with the date posted noted as 8/19/21. No correspondence was received from residents or staff from the Arapahoe Community Treatment Center. Resident PREA reporting information was posted in numerous locations throughout the facility and in all resident rooms. An *ACTC PREA Resource Board* was found on both levels of the facility that displayed PREA reporting information. Signs on entry doors of resident rooms remind opposite-gender staff to announce themselves before entering the room. This practice was observed during the site review and confirmed during interviews with residents and staff. During the site review some residents were informally questioned about their knowledge of PREA and the methods of reporting available to them.

There were some areas of concern noted during the site review in the following areas:

1. Kitchen dry storage room: A recommendation was made to add a mirror to capture area to the left corner of the room in an area where metal shelves are kept. There is one camera in the dry storage room above the entry door. In review of the camera monitor, it was confirmed this area was not visible to the camera. After reexamining the area, it was decided that moving the shelves closer together would eliminate the blind spot.
2. Room 1: A recommendation was made to add a mirror in the far left back corner of the room to provide a visual to an alcove off to the right-hand side of the room.
3. Mop closet in lower level: Door was found opened. The door handle did not have a lock. It was recommended to replace the door handle with one that locks and ensure the door is kept locked at all times.
4. Recreation yard: A recommendation to consider a camera on the right-hand side of the building that wraps partially around the building.
5. Shower curtains: Shower curtains in both restrooms were long and did not allow staff visibility of resident(s) in showers. A recommendation was made to replace the shower curtains.

The administrative team concurred with the above recommendations. On the last day of the audit, the Facility Director provided an invoice for the purchase of new shower curtains. In review of the invoice, it was noted the quantity ordered was only two curtains. The Facility Director reported the curtains would be reordered to include 20 curtains. He reported a door lock for the mop closet and mirror for Room 1 would be purchased and installed. The Facility Director was asked to provide photos once the items were received and installed and photos of the shower curtains once replaced.

The reporting number for the Colorado DOC TIPS Line (1-877-362-8417) was dialed on a resident pay phone to ensure the number was accessible. A message informs the caller they



can report anonymously to the Office of Inspector General by leaving a message. The toll-free number to the Blue Bench was also dialed (1-888-394-8044) and the number was not accessible and a message of “error 13” was received. The PREA Compliance Manager contacted the Blue Bench. On the last day of the audit, the number was again dialed and still found to be inaccessible. Reporting information for the Blue Bench informs residents of the toll-free number and two non-toll-free numbers. The majority of residents have cell phones and have the ability to reach the Blue Bench on their cell phones. The PREA Compliance Manager will reach out to the Blue Bench again.

On information provided on the Pre-Audit Questionnaire, the average daily population of the Arapahoe Community Treatment Center for the past 12 months was 88 residents. On the first day of the audit there were 74 residents assigned to the facility, which included 45 DOC residents and 20 Diversion residents. Random residents from each resident room were selected to be interviewed for a total of 18 residents. The total number of residents interviewed included targeted residents with the following special designations:

<b>Special Designations</b>	<b>Number Assigned to the Facility on First Day of Audit</b>	<b>Number of Residents Interviewed</b>
Residents with Physical Disabilities	0	0
Residents Who Were Blind	0	0
Residents Who Had Low Vision	0	0
Residents Who Were Deaf	0	0
Residents Who Were Hard of Hearing	0	0
Residents Who Were LEP	1	1
Residents with Low Reading Skills	1	1
Residents With Cognitive Disabilities	3	2
Residents Who Identified as Gay	0	0
Residents Who Identified as Bisexual	1	1
Residents Who Identified as Transgender	0	0

Residents Who Identified as Intersex	0	0
Residents Who Reported Sexual Abuse	0	0
Residents Who Reported Sexual Victimization During Risk Screening	8	1
Residents Screened as Potential Victims	5	1
Residents Screened as Potential Victims and Potential Predators	6	2
Residents Screened as Potential Predators	16	1
	<b>Total Targeted Residents Interviewed</b>	10

The limited English proficient resident was found to understand some English, but the Operations Supervisor provided translation as needed. The resident reported he received all written information in Spanish and saw the Spanish PREA video. The resident with low reading skills reported another resident read the PREA information to him.

Residents interviewed were knowledgeable of the zero-tolerance policy and of the methods of reporting allegations of sexual abuse, sexual harassment and retaliation. Residents interviewed were asked if they felt safe from sexual abuse at this facility, all responded they did.

The agency's PREA Coordinator and the Vice President, Operations Administration were interviewed by telephone at the beginning of this three-year accreditation period. All staff scheduled to work during the onsite audit visit were interviewed. This included twelve specialized staff and six random staff, two from each security shift. The breakdown of staff interviews is as follows:

<b>Staff Interview Category</b>	<b>Interviews Conducted</b>
Agency Head or Designee	1
PREA Coordinator	1
Facility Director	1
PREA Compliance Manager	1
Human Resources Staff	2
Facility Investigator	1
Staff Responsible for Risk Screenings	11
Incident Review Team Members	3
Staff Who Monitor for Retaliation	2

First Responders (Security)	1
First Responders (Non-Security)	0
Contractors	1
<b>Total Staff Interview Categories</b>	<b>25</b>

The contractor was interviewed by telephone. He reported he is an independent contractor who has facilitated Relapse Prevention and Transition Groups for several years at the Arapahoe Community Treatment Center. Due to the Covid-19 pandemic, he has not provided these services since March 2020 and he will no longer renew his contract to provide these services in the future.

Staff who had multiple roles were asked interview questions as they relate to each of those roles. Staff interviewed confirmed receiving PREA training as part of their pre-service training and annually during in-service training. Staff carry with them a First Responder Card reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and all staff are trained on first responder duties.

The human resource files are maintained in the Regional Human Resource office located at the Fox facility in Denver, CO. The Human Resource Generalist and Human Resource Assistant brought the human resource files of all sixteen assigned employees to the Arapahoe Community Treatment Center on the first day of the audit. All files were reviewed to determine compliance with criminal background check procedures. Files reviewed revealed criminal background checks are conducted on new hires, every five years and on employees who transfer from any confinement facility outside of the Denver area by the Office of Community Corrections through the Colorado Crime Information Center. CBI/FBI fingerprint checks are also conducted at the time of criminal background checks. Employees complete a *Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H-CC)* form as an applicant, as a new hire, during annual performance evaluations and during the promotional process. In review of employee files, two annual 14-2H-CC for 2020 and two promotional 14-2H-CC forms could not be located. The Facility Director and PREA Compliance Manager were reminded to ensure completion of these forms as required and forward them to the Regional Human Resource office to be maintained.

Employee training is held at the Fox facility. The Manager, Learning and Development maintains training records and the employee human resource files also contain documentation of employee PREA training. Records reviewed of employees who have been employed since the last PREA audit confirmed completion of PREA training by new hires during pre-service training and annually during in-service training. The contractor's file showed he last completed PREA training facilitated by the Facility Director in 2018.

Fifteen random resident records were reviewed to determine compliance with risk screening procedures and required PREA education for residents. Security Monitors are responsible for conducting initial screenings using the *Sexual Abuse Screening Tool (14-2B-CC)* on a resident's day of arrival to the facility. Assigned Case Managers are responsible for

conducting 30-day reassessment screenings using the 14-2B-CC form. The review of records showed initial risk assessments are completed on the day of arrival to the facility. Thirteen of the resident files reviewed showed 30-day reassessments were timely. One 30-day reassessment was conducted 51 days after the resident's date of arrival and one was conducted 81 days after the resident's day of arrival. In both cases, the screening was conducted by a Case Manager who is no longer employed by the agency. It was noted during the review, that old 14-2B-CC forms dated 1/15/16 were used for more than half of the screenings reviewed. The most current revision of the 14-2B-CC form is dated 9/25/18. It was recommended the facility discard the old forms and utilize the most current revised form.

Resident records reviewed showed residents receive a *Resident Handbook*, a CoreCivic *PREA A Guide to the Prevention and Reporting of Sexual Misconduct* brochure and view the *PREA: What you Need to Know* video on the day of arrival to the facility. Residents sign a *PREA Advisement* and a *Prison Rape Elimination Act (PREA) Orientation Information* form acknowledging receipt and understanding of the reporting information contained on the forms. The screeners review the information with the residents. Comprehensive PREA education is provided within the first three days of arrival to the facility during Case Manager Orientation. Case Managers review the *PREA Advisement* and the *Prison Rape Elimination Act (PREA) Orientation Information* forms again with residents. Upon the completion of the entire orientation process, residents sign the *Case Manager Orientation* form. In review of the 15 resident records, all records contained *PREA Advisement* form, a *Prison Rape Elimination Act (PREA) Orientation Information* form and a *Case Management Orientation* form.

The Facility Director has been the facility's trained Investigator for administrative investigations for allegations of sexual abuse and sexual harassment during this reaccreditation period. On 9/29/21, the Assistant Facility Director/PREA Compliance Manager completed specialized investigator training. In interview with the Facility Director, since the last PREA audit there were five PREA allegations reported and investigated (four in 2019 and one in 2021). The Arapahoe County Sheriff's Office is notified of all allegations and is responsible for the investigations of allegations that appear to be criminal. The investigative file of the one allegation reported in the past 12 months and the allegations received within this reaccreditation period were reviewed. The following was a breakdown of those investigations:

<b>Number</b>	<b>Type of Allegation</b>	<b>Disposition</b>
4	Employee-on-Inmate Sexual Abuse	2 – Substantiated 2 - Unsubstantiated
1	Employee-on-Inmate Sexual Harassment	1- Unfounded

In review of investigative files, incident reviews were conducted on all but one of the allegations of employee-on-inmate sexual abuse. One substantiated allegation of employee-on-inmate sexual abuse was referred for prosecution. In all but one file the Investigator used the 5-1E, *PREA Reporting* form that is an old CCA form. The Investigator was informed to discard those forms and use the current 14-2E-CC, *Resident Allegation Status Notification* form.

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and onsite observations with the following persons in attendance:

Rory Gryniwicz, Facility Director  
Sean Benge, Assistant Facility Director/PREA Compliance Manager  
Guadalupe Lara-Almanza, Operations Supervisor  
Heather Baltz, Director, PREA Compliance and Investigations

The team was thanked for their cooperation prior to the onsite visit and throughout the audit process and complimented on their success in achieving compliance to all of the PREA standards. They were reminded of the following pending items:

1. Photos of the corner mirror in Room 1
2. Photos of the lock on the lower-level mop closet
3. Photos of the new shower curtains when installed
4. Follow-up with the Blue Bench about access to the toll-free number

The team was informed of the process that would follow the onsite audit visit, including CoreCivic's responsibility to publish the final report on their website.

### **Post-Onsite Audit Phase**

On 10/8/21, the PREA Compliance Manager reported he contacted the Blue Bench again and was told they no longer have a toll-free number. The PREA Compliance Manager will update any written PREA information that has the Blue Bench toll-free number. He will forward any revisions of information to me.

On 10/26/21, the Facility Director forwarded a corrected invoice for a 10/12/21 order for 20 shower curtains. As of the date of this report, the shower curtains have not been received. The PREA Compliance Manager will send photos of the shower curtains once installed.

On 10/28/21, the PREA Compliance Manager forwarded photos of the corner mirror installed in Room 1, the door lock on the lower-level mop closet and the PREA Resource Boards on the upper and lower levels showing new Blue Bench information.

Documentation reviewed during the Pre-Onsite Audit Phase and documentation, observations and information obtained from staff and resident interviews during the Onsite Audit Phase and additional information received during the Post-Onsite Audit Phase were reviewed. In review, the facility was found to achieve compliance to all of the PREA standards.

## **Facility Characteristics**

The Arapahoe Community Treatment Center is located at 3265 West Girard Avenue, Englewood, CO. CoreCivic has owned and operated the facility since January 2017.

CoreCivic contracts with the Colorado Department of Corrections (CDOC) and Arapahoe County to offer an alternative to jail or prison. The Arapahoe Community Treatment Center provides residents with resources and tools needed to successfully transition back into the community. Due to the COVID-19 pandemic, in-house programming has been suspended and residents have been provided with private or semi-private space to engage in therapy remotely.

The Arapahoe Community Treatment Center consists of one building circular building with an upper and lower level. A Monitor's Station is located on the upper level where residents, staff and visitors check in and out of the facility. Residents sign in and out on kiosks in the entry way of the building by entering their pin number which interfaces with Correct Tech, the online electronic resident program.

Security Monitors posted in the Monitor's Station review camera monitors and conduct random breathalyzers, urinalysis and pat searches. Urinalysis are conducted in a UA restroom with a shower located to the right when entering the facility. This restroom is offered to transgender and intersex residents who wish to shower alone.

On the upper level, there are six resident rooms (Rooms 1-6) and an isolation room. On the lower level there are eight resident rooms (Rooms 8-15). Each resident room has four or five bunkbeds, lockers and a table. Signs on the doors of rooms reminds staff to make opposite gender announcements. On each level there is a resident pay telephone in the day room area.

On the upper level, there are administrative offices and case management offices with resident access restricted by locked doors to these areas. There is a large day room in view of the Monitor's Station and adjacent to the day room there is a TV room with vending machines, a TV and table. A resident laundry room with two washers and two dryers is on this level. A common restroom on the upper level has three sinks, two toilet stalls and a shower room with four showers.

A stairway near the Monitor's Station leads to the lower level. There is also an elevator that can be used by staff and only residents with mobility problems. There are eight resident rooms on the lower level. There is also a conference room, large day room/dining area, kitchen and dry storage room on the lower level. A common restroom on the lower level has six toilet stalls, 10 sinks and two urinals on one side and a multi-person shower room on the opposite side.

Access to a large fenced in recreation yard in the back of the building is from the lower level. The recreation yard is a designated smoking area for residents. There are picnic tables, a weight bench and basketball hoops.

The Arapahoe Community Treatment Center currently has 16 employees. The staffing plan allows for 20 allocated positions. Currently there are vacancies for three Monitor I's and one Sr. Monitor. Security Monitors conduct seven counts in a 24-hour period at random times throughout the day. Walkthroughs at a minimum are conducted three times on the first shift,

and twice on the second and third shift, all at random times. Counts and Walkthroughs are documented in Correct Tech.

The facility has a total of 36 cameras that are monitored from Monitor's Station and can be viewed on the desktops of the Facility Director, Assistant Facility Director/PREA Compliance Manager and the Operations Supervisor. There is one server in the Monitor's Station with the ability to retain video footage for seven days. Camera monitors were reviewed with the Operations Supervisor. Interior cameras are located in hallways and common areas and do not provide a visual into resident rooms or restrooms. Exterior cameras provide coverage to the entrance of the building, the parking lot and the recreation yard. There are cutout windows in all resident rooms and staff offices and mirrors are placed in several areas to enhance staff supervision.

CoreCivic's Mission is the following:

We help government better the public good through:

**CoreCivic Safety:** We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety.

**CoreCivic Community:** We deliver proven and innovative practices in setting that help people obtain employment, successfully integrate into society and keep communities safe.

**CoreCivic Properties:** We offer innovative and flexible real estate solutions that provide value to government and the people we serve.

## Summary of Audit Findings

The PREA Audit of the Arapahoe Community Treatment Center found 37 standards in compliance and four standards exceeding the requirements of the standard. An explanation of the findings related to each standard showing policies, practice, observations, interviews and recommended corrective action plans are provided in the narrative section of each standard in this report.

### Standards Exceeded

**Number of Standards Exceeded:** 4  
**List of Standards Exceeded:** 115.211  
115.231  
115.233  
115.288

### Standards Met

**Number of Standards Met:** 37

### Standards Not Met

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** N/A



## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

**115.211 (a) CoreCivic's** policy 14-2 CC, *Sexual Abuse Prevention and Response*, 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. Pages 3 & 4 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.

**115.211 (b):** The agency employs a PREA Coordinator, who when interviewed at the beginning of this reaccreditation period, reported that he has sufficient time and authority to develop, implement and oversee CoreCivic's efforts to comply with the PREA standards. The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts the PREA Coordinator's position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all CoreCivic's facilities. Page 2 of policy 14-2 CC outlines the responsibilities of the PREA Coordinator. When interviewed, the PREA Coordinator stated he has sufficient time and authority to oversee the agency's PREA program. He is assisted by the Director, PREA Compliance and Investigation.

**115.211 (c):** CoreCivic operates 65 facilities and each facility has a designated PREA Compliance Manager. The responsibilities of the PREA Compliance Managers are found on Page 2 of policy 14-2 CC. The Assistant Facility Director is designated as the PREA Compliance Manager. The facility's organizational chart depicts the PREA Compliance Manager's position. The PREA Compliance Manager answers to the Facility Director and indirectly to the agency's PREA Coordinator. When interviewed, the PREA Compliance Manager stated he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The agency 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.

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

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

#### **115.212 (a)**

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

#### **115.212 (b)**

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

#### **115.212 (c)**

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

### Auditor Overall Compliance Determination

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

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.

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

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

### 115.213 (b)

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

### 115.213 (c)

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

### Auditor Overall Compliance Determination

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

**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. 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 facilities review staffing plans annually, but if the mission of the facility or the contract changes, the PREA staffing plan is reviewed and adjusted as needed. In interview with the Facility Director and the PREA Compliance Manager, they confirmed what they consider when they assess staffing levels.

**115.213 (b):** The facility makes every effort to comply with the approved PREA staffing plan and documents and justifies any deviations. The current staffing plan was predicted on an average population of 120 residents. The average daily population in the past 12 months was 88 residents. The 2021 PREA Staffing Plan allocates two Security Monitors on the first and third shifts and three on the second shift. The Operations Supervisor is responsible for reviewing the staffing plan in conjunction with the daily shift roster. If there is deviation to the staffing plan, the PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and 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 sends him a staffing schedule daily to review.

**115.213 (c):** The staffing plan is reviewed annually by the PREA Compliance Manager who completes an *Annual PREA Staffing Plan Assessment* (14-2I-CC) and forwards it to the Facility Director for review, who 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, Community Corrections 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 *Annual PREA Staffing Plan Assessments* completed each year since the last PREA audit were provided for review. There were no recommendations for any changes to the established staffing plan.

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

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

### 115.215 (a)

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

### 115.215 (b)

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

### 115.215 (c)

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

#### 115.215 (d)

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

#### 115.215 (e)

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

#### 115.215 (f)

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

#### Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**115.215 (a):** Based on review of policy 14-2 CC, pages 13-15, section J, cross-gender resident strip searches shall not be conducted except in exigent circumstances. DCJ policy CS-030 states staff are not authorized to conduct strip searches at any time.

In 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. If cross-gender strip searches are performed, the searches will be documented in the 5-1 Incident Report using form 5-1B, *Notice of Administration*.

**115.215 (b):** The Arapahoe Community Treatment Center does not house female residents; therefore, this provision of this standard is not applicable to this facility.

**115.15 (c):** The Arapahoe Community Treatment Center does not house female residents; therefore, this portion of this provision is not applicable to this facility. Strip searches of male residents by female staff is not allowed.

**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. A verbal announcement upon arrival is required when a female staff enters a housing unit. Signs above resident rooms remind staff to make opposite gender announcements before entering. The practice of opposite gender staff announcing their presence when they entered the housing units was observed during the site review of the facility. Residents interviewed confirmed announcements are made and shared they have privacy when they shower, toilet and change clothing when opposite gender staff are in their room. Residents are advised they are required to change clothing in the restroom or shower areas.

**115.215 (e):** According to policy 14-2 CC, page 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. At the time of the onsite audit visit, there were no transgender residents assigned to the Arapahoe Community Treatment Center.

**115.215 (f):** 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. The *Guidance in Cross Gender and Transgender Pat Searches* was provided for review. Staff are trained on how to conduct pat-searches, including searches of transgender and intersex

residents, in a professional and respectful manner. 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.

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

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

#### **115.216 (a)**

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



- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

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

#### 115.216 (c)

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

#### Auditor Overall Compliance Determination

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

**115.216 (a):** Based on review of policy 14-2 CC, pages 111 & 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, Operations Administration (agency head designee), he stated the CoreCivic corporate office provides assistance to facilities to enable them to locate potential vendors or agencies to provide support services for residents with disabilities. Residents who are deaf or are hard of hearing have access to a TTY to relay PREA information to them or by written communication. Two residents with cognitive deficits interviewed answered questions appropriately. One resident with low reading skills reported another resident read the PREA information to him. At the time of the audit, there were no residents who were deaf, hard of hearing, blind, with low vision or with physical disabilities.

**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 view the *PREA: What You Need to Know* video, available in both English and Spanish, and receive a *Resident Handbook* and a CoreCivic *PREA A Guide to the Prevention and Reporting of Sexual Misconduct* brochure, both available in English and Spanish. A contract with Language Line Services is used for the translation of any other languages. The facility identified one resident who was limited English proficient (Spanish). In interview with the limited English proficient, the Operations Supervisor was available to translate, but the resident understood and spoke some English.

When interviewed the Vice President, Operations Administration (agency head designee), stated the agency maintains a comprehensive contract with Language Line Services and some facilities even have an MOU with organizations in the communities to provide translation services when needed.

**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 Language Line Services 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 staff interviewed knew the agency prohibits using residents for this purpose.

## Standard 115.217: Hiring and promotion decisions

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

#### 115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the

community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

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

#### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

#### 115.217 (h)

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

#### Auditor Overall Compliance Determination

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

**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 Regional Human

Resource Generalist and her assistant, they explained the process for criminal background checks.

**115.217 (b):** 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.

**115.217 (c):** The agency requires that before hiring new employees a criminal background check be conducted. According to the Regional Human Resource Generalist, once an applicant has been offered a position, a criminal background check by the Colorado Department of Public Safety conducts a criminal background check and a fingerprint check is conducted by the Colorado Bureau of Investigation. The Office of Community Corrections provides the results of the criminal background check and the fingerprint check to the Regional Human Resource Office. An applicant transferring from any institutional facility, with the exception of a community confinement facility in Colorado, would require a criminal background and fingerprint check.

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. According to information provided on the Pre-Audit Questionnaire, in the past 12 months, there were 12 criminal background checks performed on news hires.

**115.217 (d):** CoreCivic performs criminal background checks before enlisting the services of any unescorted contractor who may have contact with residents.

**115.217 (e):** According to policy 14-2 CC, page 6, section 3-c, CoreCivic ensures criminal background checks are conducted at least every five years. Five-year background checks are conducted by the Colorado Bureau of Investigations and fingerprint checks by the Colorado Bureau of Investigation.

**115.217 (f):** All applicants and employees are asked about previous misconduct. The *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2H-CC) is completed as part of the hiring process, when an employee is being considered for a promotion and annually. Employees have a continuing affirmative duty to disclose any sexual misconduct. In review of all employee files, two annual and two promotional 14-2H-CC forms for 2020 could not be located.

**115.217 (g):** Material omissions regarding sexual misconduct or giving false information are grounds for termination.

**115.217 (h):** Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer that the employee has applied for work. In interview with the Regional Human Resource Generalist, in the past 12 months there were no requests

involving a former employee by an institutional employer. If these requests are received, response would be made by the Regional Human Resource office.

In review of the Human Resource files of all employees, initial criminal background checks and five-year criminal background checks are being completed per agency policy and standard requirements.

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

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

#### 115.218 (b)

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

### Auditor Overall Compliance Determination

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

**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. In interview with the Vice President, Operations Administration (agency head designee), he stated during

acquisitions, the staff making the site visits develop a preliminary assessment and the PREA Coordinator is involved in the review of the 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. According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit there were no expansions or modifications of the existing facility and the facility has not acquired any new facilities.

**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 interview with the Facility Director, since the last PREA audit the facility has not installed or updated the video monitoring system or the electronic surveillance system. The Facility Director stated there are plans to update and install additional cameras in the near future.

## RESPONSIVE PLANNING

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

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

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

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)



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

### Auditor Overall Compliance Determination

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

**115.221 (a):** Based on policy 14-2 CC, page 26, section O - 4, CoreCivic and the Arapahoe Community Treatment Center are responsible for conducting administrative sexual abuse investigations on both inmate-on-resident and staff sexual misconduct. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The Arapahoe County Sheriff's Office is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. The Arapahoe County Sheriff's Office follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

**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.

**115.221 (c):** Victims of sexual abuse have access to forensic medical examinations. Residents in need of forensic exams are referred to the St. Anthony North Neighborhood Health Center for SANE exams at no cost to the victim. The facility has an MOU with St. Anthony's, which was provided for review. According to information reported on the Pre-Audit Questionnaire and in interview with the Forensic Nurse Examiner Program Coordinator, in the past 12 months there no residents referred for a SANE exam.

**115.221 (d):** The facility has an MOU with the Blue Bench. The Blue Bench provides resident victims of sexual abuse with a 24-hour sexual abuse crisis hotline emotional support and crisis intervention services, victim and court advocacy services and referrals and resources for follow-up services.

**115.221 (e):** As requested by the victim, an advocate from the Blue Bench would be called upon to accompany the victim through the forensic exam process. In conversation with the Captain of Investigations of the Arapahoe County Sheriff's Office, a victim advocate from their office is also available upon request of the victim.

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

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

#### **115.222 (a)**

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

#### **115.222 (b)**

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

#### **115.222 (c)**

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

#### **115.222 (d)**

- Auditor is not required to audit this provision.

#### **115.222 (e)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

**115.222 (a):** Policy 14-2 CC, pages 25 & 26, Section N, outlines the agency’s policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative 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 Arapahoe County Sheriff’s Office is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. If an employee is a perpetrator in a sexual abuse allegation, FSC would assign an investigator from another CoreCivic facility to conduct an administrative investigation. According to information reported on the Pre-Audit Questionnaire, in the past 12 months there were no allegations of sexual abuse or sexual harassment reported.

In interview with the Vice President, Operations Administration (agency head designee), he stated it is CoreCivic’s policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies and that all administrative investigations are investigated by CoreCivic investigators who have received specialized PREA training.

**115.222 (b):** According to page 26, section O-1 of policy 14-2 CC, CoreCivic facilities do not conduct criminal investigations of allegation of sexual abuse. If an allegation of sexual abuse or sexual harassment appears to be criminal, the PREA Compliance Manager or the Facility Director will immediately report the allegation to the Arapahoe County Sheriff’s Office. 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>).

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

In the past 12 months, there was one allegation of employee-on-inmate sexual harassment reported and administratively investigated. In interview with the Facility Director, who is the facility’s Investigator, he knew to refer any allegations that appear to be criminal for criminal investigation to the Arapahoe County Sheriff’s Office.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

### 115.231 (a)

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

### 115.231 (b)

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

### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

**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 *PREA Overview* curriculum was provided for review. The training, completed by employees at orientation and annually in in-service training, was found to include information on the agency's zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities, the residents' right to be free from sexual abuse and sexual harassment, the rights of residents and staff to be free from retaliation, the dynamics of sexual abuse in a confinement setting, the common reactions of victims, how to detect and respond to signs of threatened sexual abuse, signs of predatory behavior, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with LGBTI residents and how to comply with relevant mandatory reporting laws.

**115.231 (b):** The training is tailored to meet the needs of male residents. Employees who are reassigned from facilities housing only female residents are given additional training to meet the needs of the opposite gender population. Between trainings, employees are provided with ongoing PREA information in staff meetings.

**115.231 (c):** In information provided on the Pre-Audit Questionnaire, In the past 12 months, all assigned employees of the Arapahoe Community Treatment Center completed PREA training.

**115.231 (d):** Upon completing the training staff sign a *CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement* form (14-2A-CC) acknowledging they have reviewed agency policy 14-2 CC and have completed and understood the PREA training provided. In review of all employee training records, this documentation is being maintained by the facility.

In review of the training records, the records were found to be complete with all necessary documentation showing required PREA training at pre-service and annually as part of the in-service training. Records of employees assigned to the facility since the last PREA audit had documentation of PREA training each year since the last PREA audit.

All staff interviewed acknowledged receiving PREA training and were knowledgeable of the zero-tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment. It was evident by the knowledge of staff interviewed of the policy and procedures to follow as outlined in policy 14-2 CC, the facility exceeds in the requirements of this standard.

## Standard 115.232: Volunteer and contractor training

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

### 115.232 (a)

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

### 115.232 (b)

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

### 115.232 (c)

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

## Auditor Overall Compliance Determination

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

**115.232 (a):** CoreCivic policy 14-2 CC, page 7, section C-8, and outlines the training requirements for volunteers and contractors. The objectives of the trainings ensure volunteers and contractors are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. The facility has one contractor, but due to the COVID-19 pandemic has not provided services to the residents of the facility.

**115.232 (b):** The level and type of training provided to contractors and volunteers is based on the services they provide. The facility provided documentation the contractor completed *Zero-Tolerance Policy – Prohibited Sexual Behavior* on 8/6/18. The curriculum of that training was provided for review.

**115.232 (c):** In review of the contractor’s training record, the facility maintains documentation of training for the volunteer.

In a telephone interview with the contractor, he stated he knew who to report allegations of sexual abuse to.

## Standard 115.233: Resident education

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

#### 115.233 (a)

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

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

#### 115.233 (b)

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

#### 115.233 (c)

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

#### 115.233 (d)

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

#### 115.233 (e)

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

#### Auditor Overall Compliance Determination

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



**115.233 (a):** Based on CoreCivic's policy 14-2 CC, page 11, section H, all residents receive information at the time of intake 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 177 residents admitted to the Arapahoe Community Treatment Center received PREA information at intake.

Residents receive a *Resident Handbook*, a CoreCivic brochure, *PREA a Guide to the Prevention and Reporting of Sexual Misconduct* and view the *PREA: What You Need to Know* video on day of arrival to the facility. Within three days of arrival to the facility, residents meet with their assigned Case Manager and a *PREA Advisement* and a *Prison Rape Elimination Act (PREA) Orientation Information* form that is reviewed and signed by them on the day of arrival, is reviewed with the resident by the Case Manager. Residents are informed of the zero-tolerance policy informing them of methods of reporting allegations of sexual abuse and sexual harassment. When interviewed, the Security Monitors, the PREA Compliance Manager and the Case Managers confirmed this information is provided to all resident. Random residents interviewed confirmed receiving written PREA information and viewing the PREA video on the day of arrival to the facility and meeting with their Case Manager a few days after their 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, seven residents who transferred from a different community confinement center received PREA information upon intake to the facility.

**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 shown in both English and Spanish. Bilingual staff provide translation to Spanish-speaking residents and the facility has a contract with Language Line Services for the translation of any other language.

**115.233 (d):** In review of 15 resident-training records, documentation of PREA education is maintained by the facility. Residents sign the *PREA Advisement* and the *Prison Rape Elimination Act (PREA) Orientation Information* handout, acknowledging receipt and understanding of the PREA information they received.

**115.233 (e):** In addition to providing PREA education to all residents upon intake, PREA information is posted in numerous locations throughout the facility in English and Spanish providing ongoing PREA information is continuously available to residents. Monthly House Meetings where PREA was discussed were held prior to the pandemic, but there are plans to implement those meetings again.

Random residents interviewed were aware of the zero-tolerance policy and the methods of reporting sexual abuse and sexual harassment available to them. The facility was found to exceed in the requirements of this standard as evident by the random resident record review

and in the response of residents to interview questions, as well as the facility's efforts to provide training opportunities to residents continuously through posted PREA information and Monthly House Meetings.

## Standard 115.234: Specialized training: Investigations

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

#### 115.234 (a)

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

#### 115.234 (b)

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

#### 115.234 (c)

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

#### 115.234 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

**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.

**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 *Investigating Sexual Abuse in Confinement Setting* curriculum provided for review.

**115.234 (c):** The Facility Director is the facility's trained facility Investigator. The facility provided a certificate of completion showing the Facility Director completed an eight-hour PREA training for community corrections on 6/28/19, which included specialized training for investigators. On 9/29/21, the Assistant Facility Director/PREA Compliance Manager completed the *Investigating Sexual Abuse in Confinement Setting* training and provided a certificate of completion. The facility also maintains documentation of the general PREA training provided to all employees that the Facility Director and the Assistant Facility Director/PREA Compliance Manager completed.

When interviewed, the Facility Director knew his responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and his responsibility for referral of any allegations that appear to be criminal to the Arapahoe County Sheriff's Office.

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

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

#### 115.235 (a)

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

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

#### 115.235 (b)

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

#### 115.235 (c)

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

#### 115.235 (d)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**115.235 (a):** According to CoreCivic policy 14-2 CC, pages 6 & 7, section C-6 & 7, in addition to general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work regularly in the facility shall receive specialized medical training.

The Arapahoe Community Treatment Center does not employ medical or mental health staff; therefore, this standard is not applicable to this facility. All medical and mental health services are provided off-site.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.241 (a)

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

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

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

#### 115.241 (e)

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

#### 115.241 (f)

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

### 115.241 (g)

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

### 115.241 (h)

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

### 115.241 (i)

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

### Auditor Overall Compliance Determination

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

**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 9-11, section G. Upon admission to the Arapahoe Community Treatment Center, all residents are screened for their risk of being sexually abused or sexually abusive towards others. The Monitors conduct initial risk assessments. Monitors interviewed explained the intake screening process.

**115.241 (b):** At the Arapahoe Community Treatment Center intake screening is completed within 24 hours off arrival to the facility, exceeding in the requirements of this provision of this standard. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 170 residents admitted 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.

**115.241 (c):** Residents are screened, using CoreCivic's *Sexual Abuse Screening Tool* (14-2B-CC), an objective screening tool. Upon completion, the 14-2B-CC form is scanned into Correct Tech and notes of the screening are entered into Correct Tech. Screening forms are e-mailed to the Facility Director, PREA Compliance Manager, Operations Supervisor, the resident's assigned Case Manager and the first shift Senior Monitor who makes housing decisions.

**115.241 (d):** In review of the screening tool, it was found to consider all of the criteria required in this provision of this standard. The Intake Coordinator interviewed confirmed what information the *Sexual Abuse Screening Tool* (14-2B-CC) screening tool contains.

**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 interview of Monitors.

**115.241 (f):** According to policy 14-2 CC, page 10, section G-11, within 30 days of arrival to the facility, residents are rescreened using the *Sexual Abuse Screening Tool* (14-2B-CC) to reassess the resident's risk of victimization or abusiveness. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 156 residents assigned to the facility whose length of stay was over 30 days were reassessed for their risk of victimization or abusiveness. Assigned Case Managers conduct 30-day reassessments. When interviewed they explained the process of 30-day reassessments.

**115.241 (g):** In interview of 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.

**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.

**115.241 (i):** The 14-2B-CC forms are stored electronically in Correct Tech. To maintain confidentiality of screening information, all staff, with the exception of the Food Service Worker, are allowed access to screening information.

In review of 15 random resident records, initial screenings are being conducted on day of arrival to the facility. Case Managers interviewed reassessment screenings are being conducted within 21-30 days after arrival to the facility.

## **Standard 115.242: Use of screening information**

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

#### **115.242 (a)**



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

#### 115.242 (b)

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

#### 115.242 (c)

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

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

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

#### Auditor Overall Compliance Determination

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

**115.242 (a):** According to policy 14-2 CC, page 12, section I-1-6, the agency uses the information from the risk screening form 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.

**115.242 (b):** Individualized determinations are made about how to ensure the safety of each resident. In interview with the PREA Compliance Manager, Monitors and Case Managers, they explained how the facility utilizes information from the screening to keep residents safe from

sexual abuse. The first shift Senior Monitor assigns housing to residents. Residents who score at risk for victimization or abusiveness are not housed together and are tracked according to their room placement. The Senior Monitor maintains a color-coded tracking form by room number.

**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 12-13, 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. Interview of the PREA Compliance Manager and Case Managers confirmed this practice.

**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. At the time of the onsite audit visit, there were no residents who self-disclosed being transgender or intersex.

**115.242 (e):** Transgender and intersex residents' own view of his or her safety is given serious consideration.

**115.242 (f):** According to agency policy, transgender and intersex residents are given the opportunity to shower separately from other residents. In interview with the PREA Compliance Manager, transgender and intersex residents would be offered to shower in the UA restroom located on the upper level.

## REPORTING

### Standard 115.251: Resident reporting

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

##### 115.251 (a)

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

##### 115.251 (b)

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

#### 115.251 (c)

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

#### 115.251 (d)

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

#### Auditor Overall Compliance Determination

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

**115.251 (a):** Policy 14-2 CC, pages 16 & 17, section K, 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 *Resident Handbook*, the CoreCivic brochure, *PREA a Guide to the Prevention and Reporting of Sexual Misconduct* and the *PREA: What You Need to Know* video. Within three days of arrival to the facility, residents meet with their assigned Case Manager and a *PREA Advisement* and a *Prison Rape Elimination Act (PREA) Orientation Information* form that is reviewed and signed by them on the day of arrival, is reviewed with the resident by their assigned Case Manager. Residents are informed they can report allegations to their Case Manager or community Parole Officer, contact facility administration staff and are given the phone number and extensions to reach the Facility Director, Assistant Facility Director and the Operations Supervisor. They are also told they can verbally report to any staff member and that family and friends can report an allegation on their behalf. Residents and staff interviewed were aware of resident reporting options.

Residents interviewed formally and informally were aware of the methods of reporting 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. In the *Resident Handbook* residents are provided with the telephone number to the DOC TIPS line (1-877-362-8477) and the telephone number and address to CoreCivic’s Facility Support Center and to the Blue Bench.

**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 17, section K-2-e of policy 14-2 CC. Staff interviewed knew the reporting options for residents and knew verbal reports must be documented.

**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 on their website at [www.corecivic.com/ethicsline](http://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 on *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. 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.

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

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

#### 115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.252 (c)

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

#### 115.252 (d)

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

#### 115.252 (e)

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

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

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (g)

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

#### Auditor Overall Compliance Determination

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

**115.252 (a):** According to policy 14-2 CC, page 17, section K-1-d, CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract.

The Arapahoe Community Treatment Center does not have an administrative procedure for addressing residents' grievances regarding sexual abuse. All PREA allegations received as a grievance are submitted to a Facility Director. Upon receipt of the allegation the Facility Director will assign a PREA Investigator to conduct an administrative investigation of the allegation. On information provided on the Pre-Audit Questionnaire, in the past 12 months the facility has not received any grievances alleging sexual abuse. In interview with the Facility Director, he confirmed this information.

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

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

### **115.253 (a)**

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

### **115.253 (b)**

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

### **115.253 (c)**

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

## **Auditor Overall Compliance Determination**



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

**115.253 (a):** Policy 14-2 CC, page 10, 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 and address to the Blue Bench to request victim advocacy and emotional support services. Residents are informed they may remain anonymous upon request. In interview with random residents, they knew they could find posted information about the Blue Bench and how to contact them.

**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 will not be recorded and are not monitored. When interviewed, random residents knew they could call the Blue Bench and remain anonymous.

**115.253 (c):** The facility has an MOU with the Blue Bench. The facility provided a copy of the MOU for review. When contacted, the Director of Client Services explained the services the Blue Bench provides and stated confidentiality is always maintained.

## Standard 115.254: Third-party reporting

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

### 115.254 (a)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**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 (<http://corecivic.com/ethicsline>) with instructions for outside parties to contact the Facility Director or the PREA Coordinator, with telephone numbers and mailing addresses provided. They are also given the CoreCivic 24-hour Ethics Line telephone number and their website and the DOC Tips Line telephone number.

Visitors to the facility are sign a *Visitation Log*, which includes information about the facility/agency's zero-tolerance policy and instructs visitors to report to any staff member if they observe or suspect an incident of sexual abuse.

Residents are made aware of this method of reporting in the in the *Resident Handbook* and on posted third party reporting information. Residents interviewed were knowledgeable of this method of reporting.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

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

#### 115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary,

as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.261 (c)

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

#### 115.261 (d)

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

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

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

**115.261 (a):** Based on agency policy 14-2 CC, pages 17 & 18, 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 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 this information during pre-service and in-service training.

**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 Arapahoe Community Treatment 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 Arapahoe Community Treatment Center houses adult male residents, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute, as verified by interview with the Facility Director. In interview with the PREA Coordinator, he explained the agency does not house residents under the age of 18. 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, he reported he would contact the Arapahoe County Sheriff's Office for information on local laws involving vulnerable adults.

**115.261 (d):** The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the PREA Compliance Manager. The *Sexual Abuse Incident Check Sheet (14-2C-CC)* is used to ensure all required steps and notifications are made. Interview with all specialized and random staff revealed that 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 abuse incident to anyone other than to the extent necessary.

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.262 (a):** When the agency/facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Policy 14-2 CC, page 19, section M-1 and staff PREA training 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.

In interview with the Vice President, Operations Administration (agency head designee), he stated that staff immediately take action protect the resident by removing the resident from the area and/or individuals where risk may be stemming from and immediately initiate an investigation.

In interview with the Facility Director 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 regards to a resident being at substantial risk of sexual abuse. The Facility Director stated he would have the ability to transfer a resident to another facility if felt it was necessary. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse. All staff carry with them a First Responder Card reminding them of the actions to take in the event they are a first responder to an allegation of sexual abuse. The *Sexual Abuse Incident Check Sheet (14-2C-CC)* is used to ensure all required steps and notifications are made.

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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. A copy of the statement of the resident is to be forwarded as part of the notification.

**115.263 (b):** This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, there were no notifications received that a resident was abused while confined to another facility.

**115.263 (c):** The Facility Director is required to document on the 5-1B, *Notice to Administration* form 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 with the Vice President, Operations Administration (agency head designee), he stated the facility receiving the information would notify the Facility Director at the other facility within 72 hours. If the information received occurred within the CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified. In information reported on the Pre-Audit Questionnaire and in interview with the Facility Director, the past 12 months the facility has not received any notifications from other facilities reporting sexual abuse by a former resident of this facility. In interview with the Facility Director, he stated if he receives a notification, he would initiate an investigation immediately.

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

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

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

#### 115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.264 (a):** CoreCivic policy 14-2 CC, page 19, sections M-1-6, outlines the procedure 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 staff member to respond 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 time frame 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. Staff will ensure the alleged abuser does not take any actions that could destroy physical evidence.

**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.

All staff carry with them a First Responder Card that highlights 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. Random interviews with security and non-security staff revealed that they knew the policy and practice to follow if

they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and the physical evidence.

## Standard 115.265: Coordinated response

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

### 115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

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

**115.265 (a):** Policy 14-2 CC, page 18, section L, outlines the facility's coordinated response to an incident of sexual abuse. In information provided by the facility, the Managing Director assigned the members of the Sexual Abuse Response Team (SART). It is the responsibility of the SART to ensure coordination of the facility's coordinated response plan. The SART includes the Facility Director, Assistant Facility Director/PREA Compliance Manager, Operations Supervisor and the agency's Senior Director. The Facility Director confirmed the members of the SART.

A *Sexual Abuse Incident Check Sheet* (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 First Responder Card to remind them of the steps to take in response to an allegation of sexual abuse. Interviews with Facility Director, PREA Compliance Manager and Operations Supervisor revealed members of the SART know their responsibilities in carrying out the coordinated response plan.

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

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



### 115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**115.266 (a):** CoreCivic policy 14-2 CC, page 30, section S-2-g & h, was used to verify compliance to this standard. CoreCivic would not enter into 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.

According to information provided by the facility, since the last PREA audit, the Arapahoe Community Treatment Center has not entered into or renewed any collective bargaining agreements that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation.

In interview with the Vice President, Operations Administration (agency head designee) at an earlier date, he stated all collective bargaining agreements permit CoreCivic to remove alleged staff sexual abusers from contact with a resident pending an investigation or disciplinary action.

## Standard 115.267: Agency protection against retaliation

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

### 115.267 (a)

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

#### 115.267 (b)

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

#### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**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 page pages 21 & 22, section M-14. The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims.

The PREA Compliance Manager or the Facility Director are responsible for monitoring residents and employees for retaliation. Monitoring is documented on the 14-2D-CC, *PREA Retaliation Monitoring Report*.

**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 Vice President, Operations Administration (agency head designee), and the PREA Compliance Manager, they explained what protection measures are taken to protect residents and staff from retaliation. When interviewed the Facility Director stated he would ensure the alleged victim is monitored for retaliation. He further stated there is zero-

tolerance for retaliation and a resident who is found retaliating against another resident would be removed from the program and a staff suspected of retaliation would be terminated.

**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 PREA Compliance Manager and the Facility Director, they explained the process and time frames of retaliation monitoring and the things they would look for to determine if retaliation may be occurring.

**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.

**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 PREA Compliance Manager and the Facility Director, no incidents of retaliation have occurred in the past 12 months.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

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

#### 115.271 (b)

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

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.271 (d)

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

#### 115.271 (e)

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

#### 115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**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 Arapahoe Community Treatment 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, pages 25, section N, and criminal investigations is outlined on pages 26 & 27, section O. In interview with the Facility Director who is the facility's Investigator, he knew his responsibilities in the conduct of administrative investigations.

**115.271 (b):** Documentation provided showed the Facility Director completed specialized training in sexual abuse and sexual harassment investigating on 6/28/19. A copy of a certificate of completion showed he completed an 8-hour Iron Pen PREA Training for Community Corrections.

**115.271 (c):** The Investigators gathers and preserves 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 Arapahoe County Sheriff's Office. If the evidence appears to support criminal prosecution, compelled interviews will be conducted after consulting with prosecutors.

**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 interview with the Facility Director.

**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 in the *Incident Investigative Report (5-1G)* via the IRD. 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. In conversation with the Captain of Investigations of the Arapahoe County Sheriff's Office, he stated the criminal investigative report would not be provided to the facility unless the facility requested a report.

**115.271 (h):** Substantiated allegations shall be referred for prosecution. On information provided on the Pre-Audit Questionnaire, since the last PREA audit there was one allegation of employee-on-inmate sexual abuse referred for prosecution in 2019.

**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 Arapahoe County Sheriff's Office 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, the Facility Director and the PREA Compliance Manager, the facility stays in contact with outside investigators through e-mail or telephone. The Captain of Investigations stated the facility could contact the assigned investigator for updates of the status of the investigation at any time.

### Standard 115.272: Evidentiary standard for administrative investigations

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

#### 115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

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

Based on CoreCivic's policy 14-2 CC, pages 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 Investigator was asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency's policy.

### Standard 115.273: Reporting to residents

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

#### 115.273 (a)



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

#### 115.273 (b)

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

#### 115.273 (c)

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**115.273 (a):** Policy 14-2 CC, page 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 PREA Compliance Manager to present the notice to the victim. In interview with the Facility Director and the PREA Compliance Manager they confirmed this requirement.

**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 the last 12 months, there was one employee-on-inmate sexual harassment allegation reported and administratively investigated.

**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.

**115.273 (d):** Following a resident's allegation that another resident sexually abused him, 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 one report of inmate-on-inmate sexual abuse the perpetrator was arrested and notification was made to the victim.

**115.273 (e):** All notifications or attempted notifications shall be documented on the 14-2E-CC, *Resident Allegation Status Notification* form. The resident signs the 14-2E-CC and the form is filed in the corresponding investigative file. In information provided on the Pre-Audit Questionnaire, there was no allegations of sexual abuse reported in the past 12 months. The

Facility Director stated he verbally informed the employee of the outcome of the investigation. The Facility Director was reminded of the requirement of this provision to document notifications.

**115.273 (f):** The facility's obligation to notify the resident shall terminate if the resident is released from custody.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**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.

**115.276 (b):** Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

**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.

**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.

From information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months, there were no staff found in violation of the agency's sexual abuse and sexual harassment policy.

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

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

### **115.277 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### **115.277 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### **Auditor Overall Compliance Determination**

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

**115.277 (a):** Based on review of policy 14-2 CC, page 29, section S-2-e-g, 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 does not utilize the services of volunteers and has one contractor.

**115.277 (b):** Any other violation of CoreCivic sexual abuse or sexual harassment policies by the volunteer will result in further prohibitions. When the contractor completes PREA training, he signs a *Zero-Tolerance Policy – Prohibited Sexual Behavior* form acknowledging they understand the zero-tolerance policy. This form was provided for my review of training the contractor completed in 2019.

In interview with the Facility Director and documentation provided on the Pre-Audit Questionnaire, in the past 12 months the Arapahoe Community Treatment Center has not received any reports of sexual abuse of residents by the contractor. The Facility Director stated that if a volunteer violated the agency’s zero-tolerance policy the contractor would no longer be allowed access to the facility.

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

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

**115.278 (a)**

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

**115.278 (b)**

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

**115.278 (c)**

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

#### 115.278 (d)

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

#### 115.278 (e)

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

#### 115.278 (f)

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

#### 115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**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 made aware in the *Resident Handbook* and on the CoreCivic brochure, *PREA A Guide to the Prevention and Reporting of Sexual Misconduct* residents receive on day of arrival, that there is no consent to sexual activity at this facility. According to information provided on the Pre-Audit Questionnaire, in the past 12 months and in interview with the Facility Director, there were no residents found in violation of the zero-tolerance policy.

**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. In interview, the Facility Director confirmed this requirement.

**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.

**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.

**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.

**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.

**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.

## MEDICAL AND MENTAL CARE

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

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

#### 115.282 (a)

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

#### 115.282 (b)

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

#### 115.282 (c)

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

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### Auditor Overall Compliance Determination

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

**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, page 23, section M-15-a-d.

**115.282 (b):** The Arapahoe Community Treatment 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 the St. Anthony North Neighborhood Health Center for medical services and to the Blue Bench for mental health services. Security and non-security staff confirmed their knowledge of the requirements to protect the victim.

**115.282 (c):** Resident victims of sexual abuse are transferred to the St. Anthony North Neighborhood Health Center where SANE exams are performed. Victims of sexual abuse are offered sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care.



**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.

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

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

### **115.283 (a)**

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

### **115.283 (b)**

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

### **115.283 (c)**

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

### **115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### **115.283 (e)**

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### **115.283 (f)**

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known inmate-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

#### Auditor Overall Compliance Determination

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

**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.

**115.283 (b):** Ongoing medical services are offered at the St. Anthony North Neighborhood Health Center. Mental health services are provided by the Blue Bench who offer three follow-up visits to victims and Case Managers are available for individual or group therapy.

**115.283 (c):** Resident victims of sexual abuse are provided medical and mental health services consistent with the community level of care.

**115.283 (d):** The Arapahoe Community Treatment Center houses male residents only; therefore, this provision of this standard is not applicable to this facility.

**115.283 (e):** The Arapahoe Community Treatment Center houses male residents only; therefore, this provision of this standard is not applicable to this facility.

**115.283 (f):** Resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. The Forensic Nurse Examiner Program Coordinator from St. Anthony

North Neighborhood Health Center stated victims are given antibiotics for Gonorrhea and Chlamydia and four doses of HIV medication.

**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.

**115.283 (h):** Inmate-on-resident abusers would be referred to community providers for a mental health evaluation, to be seen within 60 days.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1) - (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

**115.286 (a):** Based on policy 14-2 CC, page 27, section P, the 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.

**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, Operations Supervisor and the Senior Director. In interview with the Facility Director, he confirmed the members of the SART.

**115.286 (d):** When reviewing an incident, the SART considers the requirements of 115.286 (d) of this standard, which includes whether the incident was motivated by race, ethnicity, and gender identity, sexual orientation or gang affiliation. They examine the area in the facility where the incident alleged to have occurred to assess for physical barriers, assess the adequacy of staffing levels in the area during different shifts to include supervisory staff and assess whether monitoring technology should be deployed. All findings and recommendations for improvement

are documented on the 14-2F-CC, *Sexual Abuse or Assault Incident Review Form*. Completed 14-2F-CC forms are forwarded to the PREA Coordinator.

**115.286 (e):** The facility will implement the recommendations for improvement or will document reasons for not doing so.

On information provided on the Pre-Audit Questionnaire, in the past 12 months there was one allegation of employee-on-inmate sexual harassment reported and administratively investigated. An incident review was conducted, although not required as the allegation was not a sexual abuse allegation and was determined to be unfounded. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

## Standard 115.287: Data collection

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

#### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes    No    NA

**Auditor Overall Compliance Determination**

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

**115.287 (a):** Information on data collection is found on page 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, *Incident Reporting*.

**115.287 (b):** At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data.

**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).

**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. All incident reports, investigative files and aggregated data is retained according to the *CoreCivic Retention Schedule (1-15B)* for 10 years.

**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.

**115.287 (f):** Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. DOJ requested this information in the previous calendar year, according to information reported on the Pre-Audit Questionnaire.

**Standard 115.288: Data review for corrective action**

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

**115.288 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.288 (a):** Based on policy 14-2 CC, page 30, section T-4-6, 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. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and as the agency as a whole. When interviewed the Vice President, Operations

Administration (agency head designee) stated incident data is provided daily to select FSC staff in a *Daily PREA Report*. Review of PREA data is made on a daily, monthly and annual basis. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

**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.

**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 agency's website.

**115.288 (d):** Before making aggregated sexual abuse data public, all personal identifiers are redacted. In interview with the PREA Coordinator, he stated there are no names of staff, residents, auditors or identifying information included in the annual report

The annual reports prepared by the PREA Coordinator since the last PREA audit were well written with easy-to-read tables according to the type of allegations and the investigative findings, 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.

## Standard 115.289: Data storage, publication, and destruction

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

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

#### 115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No



### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

**115.289 (a):** According to policy 14-2 CC, page 30, section T-7-10, the agency ensures that the data collected is securely retained. PREA files are electronically stored in Correct Tech. In interview with the PREA Coordinator, he reported that aggregated data is entered into the agency's F-1 system that is used throughout the agency. Specific facility information can only be accessed by the facility.

**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>.

**115.289 (c):** Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

**115.289 (d):** According to the *CoreCivic Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years. This information was confirmed in interview with the PREA Coordinator.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**115.401 (a):** Based on policy 14-2 CC, page 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 last PREA audit of this facility was conducted in 2018.

**115.401 (f):** I received and reviewed all relevant agency-wide policies for the Arapahoe Community Treatment 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 were notified 60 days before the audit on 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 any residents of the Arapahoe Community Treatment Center.

**115.401 (o):** During the On-Site Audit Phase, I contacted the Director of Client Services of the Blue Bench. I also contacted the Forensic Nurse Examiner Program Coordinator of St. Anthony North Neighborhood Health Center and the Captain of Investigations of the Arapahoe County Sheriff's Office.

## Standard 115.403: Audit contents and findings

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

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**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.

**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 *Sexual Abuse Prevention, Response policy (14-2 CC)*, the policy was found to be well written and comprehensive complying with the PREA National Standards.

**115.403 (c):** For each standard, I made a determination of a finding of Exceeds Standard or Meets Standard. There were no standards determined to be non-compliant. See page 16 for a summary of my findings for each of the PREA standards.

**115.403 (d):** This report describes the methodology, sampling sizes and basis for my conclusions as required.

**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>.

<b>AUDITOR CERTIFICATION</b>
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I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara Jo Denison  
**Auditor Signature**

October 29, 2021  
**Date**