

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

Interim Final

Date of Report October 25, 2018

Auditor Information

Name: Jennifer L. Feicht	Email: jennifer@jlfconsulting.net
Company Name: Jennifer L. Feicht Consulting, LLC.	
Mailing Address: P.O. Box 308	City, State, Zip: St. Petersburg, PA 16054
Telephone: (724) 679-7280	Date of Facility Visit: December 6-7, 2017

Agency Information

Name of Agency: CoreCivic		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 10 Burton Hills Blvd.		City, State, Zip: Nashville, TN 37215	
Mailing Address: Same as Above		City, State, Zip: Same as Above	
Telephone: (615) 263-3000		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: 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 settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties – We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

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

Agency Chief Executive Officer

Name: Damon Hininger	Title: President & Chief Executive Officer
Email: damon.hininger@corecivic.com	Telephone: (615) 263-6915

Agency-Wide PREA Coordinator

Name: Eric Pierson	Title: Sr. Director – PREA Compliance & Programs
Email: eric.pierson@corecivic.com	Telephone: (615) 263-6915
PREA Coordinator Reports to: John Robinson, Vice President, Correctional Programs	Number of Compliance Managers who report to the PREA Coordinator Indirectly 63/Directly 0

Facility Information

Name of Facility: Longmont Community Treatment Center			
Physical Address: 236 Main Street, Longmont, CO 80501			
Mailing Address (if different than above): Same as Above			
Telephone Number: (303) 651-7071			
The Facility Is:		<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal		<input type="checkbox"/> County	<input type="checkbox"/> Private not for Profit
		<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: 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 settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties – We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

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

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Vanessa Joseph	Title: Facility Director
Email: vanessa.joseph@corecivic.com	Telephone: (303) 651-7071

Facility PREA Compliance Manager			
Name: Vanessa Joseph		Title: Facility Director	
Email: vanessa.joseph@corecivic.com		Telephone: (303) 651-7071	
Facility Health Service Administrator			
Name: N/A		Title: Click or tap here to enter text.	
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	
Facility Characteristics			
Designated Facility Capacity: 69		Current Population of Facility: 58	
Number of residents admitted to facility during the past 12 months			194
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			2
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			189
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			194
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18-100+	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision:			78 days
Facility Security Level:			Minimum
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			18
Number of staff hired by the facility during the past 12 months who may have contact with residents:			13
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		20 rooms with 2 to 12 beds	
Number of Open Bay/Dorm Housing Units:		3	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>This facility operates the Milestone camera system. The DVR's are set up for recording all cameras in the building. The system records 24/7/365. The system will store video for approximately 87 days. There is only audio recording at the front desk. All other cameras are visual only.</p>			

Medical	
Type of Medical Facility:	Local Hospital
Forensic sexual assault medical exams are conducted at:	Medical Center of the Rockies, 2500 Rocky Mountain Ave., Loveland, CO 80538
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	2
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	3

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Longmont Community Treatment Center (CTC) is owned and operated by CoreCivic. CoreCivic engaged this auditor to perform the required PREA audit in December 2017. This is the second audit for the Longmont CTC with the first one completed by Gerald McCormac, Certified PREA Auditor. The facility provided all required pre-audit information requested from this auditor. The pre-audit questionnaire was fully completed. Additional supporting information was also provided for each standard.

The Longmont CTC is closely connected with the Boulder CTC. Both facilities share the same Facility Director/PREA Compliance Manager. In addition, there is one staff member who works directly with residents at both facilities. These two facilities are approximately 30 minutes apart. As part of the same agency, the two facilities operate under the same policies. Due to the fact that these two facilities are so closely connected, many areas of the audit are very similar.

The pre-audit information was reviewed and a list of questions was developed from that pre-audit information. These questions were either answered during the onsite visit or from information being requested. The facility director ensured that the audit notices were posted for at least six weeks prior to December 6, 2017. There were no communications received by this auditor from any residents or staff from the Longmont CTC.

The onsite portion of this visit took place on December 6-7, 2017. The day started with an entrance meeting to discuss the agenda and answer any early questions. The staff present for this meeting was the Facility Director/PREA Compliance Manager, Assistant Facility Director and the agency wide PREA Coordinator, Eric Pierson. After this initial discussion, this group toured the entire facility.

This facility is a co-ed facility. The building has two floors. The main floor contains all the resident sleeping rooms, resident laundry area, security office and the Director's office. The basement floor houses all Case Manager offices, two conference rooms, a large "day room" type area, kitchen, pantry and walk in cooler. Overall there are twenty (20) sleeping rooms in the facility. Six (6) rooms are dedicated to female residents, while the other fourteen (14) house male residents.

Interviews were conducted with both residents and staff members in one of the conference rooms on the basement floor. There were sixteen (16) interviews with residents. These interviews included randomly selected residents and of those residents, one (1) is cognitively disabled, three (3) who had disclosed previous sexual abuse in their history and one (1) identified with the LGBTIQ population.

In addition to the sixteen (16) residents that were interviewed, this auditor also interviewed eleven (11) staff members on all three shifts.

At the end of the interviews and file reviews, there was an exit meeting with the Facility Director, Assistant Facility Director and the agency PREA Coordinator to discuss initial issues.

One item that does need to be addressed as it was noted both in the pre-audit review and while onsite at the facility is the fact that staff are working under policies that are written three different ways. Some policies, and paperwork, are still being utilized from when the facility was owned by Correctional Management, Inc. (CMI). Other information that was provided was used when CoreCivic was known as Corrections Corporation of America (CCA). And finally, some information was current and under the CoreCivic policies.

Staff indicated that this could sometimes be confusing as not all of the policies and documentation matches up in terms of what it is used for or what it is titled. This auditor did find this a bit confusing at times when reviewing information during the pre-audit phase. Please provide clarification on if/when these policies and documentation will be fully under CoreCivic.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

At the time of the Longmont CTC audit, the company that previously owned it and twelve (12) other facilities, one (1) of those being Boulder CTC, Correctional Management, Inc. (CMI), sold all properties to Corrections Corporation of America (CCA) which then transitioned to CoreCivic. The facility was still in the transition from CMI to CoreCivic during this audit.

Another layer that added to some confusion was the fact that that CoreCivic, just a year prior, had rebranded itself from Corrections Corporation of America (CCA) to CoreCivic. As such, there was also some information that still contains CCA information rather than CoreCivic.

The CTC operates under a contract with Boulder County. Longmont CTC does not hold a direct contract with the Colorado Department of Corrections. The Department of Corrections sends inmates/residents back to the county to provide local jurisdictional oversight.

One item that did come up during the meeting with the Facility Director when at Boulder CTC, is the name of the facility versus what services the facility actually provides. The Boulder County Treatment Center (CTC) does not actually provide therapeutic services. The center does provide assistance with job placement. The same is true for the Longmont CTC.

The facility/agency employs an Employment Specialist who works with residents on developing a resume, work on a job search and develop and practice interview skills. In addition, the Employment Specialist also works out of the Boulder facility providing the same services.

The Longmont CTC is housed in a converted roller skating rink in the city of Longmont. It is located on one of the main streets in the town of Longmont.

The facility does have some issues with parking for the staff and residents that do have transportation. There is only street parking in front of the facility. Staff joked about parking at their own risk of getting a parking ticket. There is public parking lot available around the block from the facility as well.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 2

115.211 – Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator; 115.251 – Resident reporting

Number of Standards Met: 36

115.212 – Contracting with Other Entities for the Confinement of Residents; 115.213 – Supervision and Monitoring; 115.215 – Limits to Cross Gender Viewing and Searches; 115.216 – Residents with Disabilities and Residents who are Limited English Proficient; 115.217 – Hiring and Promotion Decisions; 115.218 – Upgrades to Facilities and Technologies; 115.221 – Evidence Protocol and Forensic Medical Examinations; 115.222 – Policies to Ensure Referrals of Allegations for Investigations; 115.231 – Employee Training; 115.232 – Volunteer and Contractor Training; 115.233 – Resident Education; 115.234 – Specialized Training: Investigations; 115.235 – Specialized Training: Medical and Mental Health; 115.241 – Screening for Risk of Victimization and Abusiveness; 115.242 – Use of Screening Information; 115.252 – Exhaustion of Administrative Remedies; 115.253 – Resident Access to Outside Confidential Support Services; 115.254 – Third-Party Reporting; 115.261 – Staff and Agency Reporting Duties; 115.262 – Agency Protection Duties; 115.263 – Agency Protection Duties; 115.264 – Staff First Responder Duties; 115.265 – Coordinated Response; 115.266 – Preservation of Ability to Protect Residents From Contact with Abusers; 115.267 – Agency Protection Against Retaliation; 115.271 – Criminal and Administrative Agency Investigations; 115.272 – Evidentiary Standard for Administrative Investigations; 115.273 – Reporting to Residents; 115.276 – Disciplinary Sanctions for Staff; 115.277 – Corrective Action for Contractors and Volunteers; 115.278 – Disciplinary Sanctions for Residents; 115.282 – Access to Emergency Medical and Mental Health Services; 115.283 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers; 115.287 – Data Collection; 115.288 – Data Review for Corrective Action; 115.289 – Data Storage, Publication, and Destruction; 115.401 – Frequency and Scope of Audits; 115.403 – Audit Contents and Findings

Number of Standards Not Met: 0

None

Summary of Corrective Action (if any)

Corrective action items are contained in each standard listed if any were identified. If corrective action was identified for the particular standard, the corrective action taken by the facility to correct the issue is discussed with each standard.

The facility was proactive in correcting some issues before this Auditor left the onsite visit and other items outstanding in the Interim Report were quickly corrected and information was provided to staff members through a training to ensure the corrected information was understood and would be implemented appropriately.

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*)

Instructions for Overall Compliance Determination Narrative

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

The overall agency has a zero-tolerance policy that applies to all community corrections centers in the organization. This statement can be found in Sexual Abuse Prevention and Response, Chapter 14, Policy 14-2 CC, Page 1 of 31. It reads as follows: ***“CCA has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited by this policy and will not be tolerated; to include inmate/resident-on-inmate/resident sexual abuse or harassment and employee-on-inmate/resident sexual abuse or harassment. When it is learned that an inmate/resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/resident. (115.262)”***

Also found on page 2 of 31 in the same policy, the agency identifies a FSC PREA Coordinator. FSC stands for Facility Support Center. The policy reads as follows: ***“An upper-level management FSC employee designated to develop, implement, and oversee CCA's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program. He/she must provide supervisory oversight to all CCA facilities ensuring coordination in the prevention, detection, intervention, investigation and discipline/prosecution of sexual abuse as specified in the policy. (115.21 (b))”***

CoreCivic owns/operates 91 adult facilities. The agency employs a PREA Coordinator, Eric Pierson, who is located in the Nashville Headquarters. His official title is Senior Director – PREA Compliance and Programs. The Senior Director – PREA Compliance and Programs for the agency answers directly to the Vice President of the company.

In addition to the Senior Director – PREA Compliance and Programs, every facility has its own PREA Compliance Manager (PCM) or shares the PCM with one other facility. In the Longmont CTC, the PCM is also the Facility Director. This position gives the PCM the authority to handle any PREA related situation should one arise.

As stated above in the Audit Narrative, these policies have not yet been revised to reflect the change in company/leadership. CCA did become CoreCivic and all policies need to be revised to capture such a change. From talking with the PREA Coordinator and Facility Director, it is understood that the company is working towards that change.

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 OR the response to 115.212(a)-1 is "NO".) 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*)

Instructions for Overall Compliance Determination Narrative

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

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

Longmont CTC does not contract with any other entities to house residents from this facility. If there is a need to move a resident, Longmont CTC will move them to another CoreCivic facility, typically Boulder CTC. The Longmont CTC and the Boulder CTC work together on a regular basis as they do share some staff members.

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 agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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*)

Instructions for Overall Compliance Determination Narrative

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

Longmont CTC follows the policy regarding staffing plan from CoreCivic. CoreCivic's PREA Policy, Sexual Abuse Prevention and Response #14-2 CC, Page 9-10 of 31 states **"D.1. FSC will develop, in coordination with the facility, a staffing plan that provides adequate levels of staffing to protect inmates/residents against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. (115.213 (a)) D.2. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: D.2.a. The physical layout of each facility; b. The composition of the inmates/resident population; d. Any other relevant factors. (115.213 (a)(1-4)) D.3. The facility shall make its best effort to comply, on a regular basis, with the approved PREA Staffing Plan and shall document and justify all deviations. (115.213 (b)) Deviations shall be documented and notification made on the 5-1B Notice to Administration via the Incident Reporting Database (IRD).**

D.5.a. In conjunction with the PREA Coordinator, the Administrator/Director and the PREA Compliance Manager will complete the 14-2 CC-I Annual PREA Staffing Plan Assessment will be forwarded to the FSC PREA Compliance Coordinator. D.5.b. In consultation with the respective

Vice President, Operations, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to: D.5.b.i. Prevailing staffing patterns D.5.b.ii. The staffing plan established pursuant to this section D.5.b.iii. The facility's deployment of video monitoring systems and other monitoring technologies; and D.5.b.iv. The resources the facility has available to commit to ensure adherence to the staffing plan. (115.213 (c)(1-4))

The staffing plan that was provided for review, date November 16, 2016, has not been reviewed within 12 months of the PREA audit. The facility will need to provide an up to date staffing plan for review.

The staffing plan that was provided did not include information regarding the makeup of the population of the facility. There was a check in sheet in the staffing plan that provided information as to whether the resident was in or out of the building.

Additional information must be provided as to how the resident population is figured into the staffing plan. This plan should be reviewed annually. The policy does not indicate how often the review needs to occur. The policy should be revised to include this part of the standard.

The facility did provide an up to date staffing plan with the appropriate information included. This staffing plan is accepted for the corrective action period.

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 less than 50 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 less than 50 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?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures 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 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*)

Instructions for Overall Compliance Determination Narrative

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

As noted earlier in this report, some of the policies that Longmont CTC are still operating under policies labeled CMI. Please provide information as to when the facility will be moving to all facilities operating under policies written and enforced by CoreCivic.

Through personal observation and interviews with residents, it is clear that the “knock and announce” piece of this standard is consistently occurring. Staff do it every time they enter any sleeping rooms.

During interviews with staff members, they were asked about whether they were able to perform searches on residents of the opposite gender. Staff confidently answered that they never do cross gender searches. There is always at least one female and one male staff member on each shift.

This was confirmed by the residents who were interviewed. The residents indicated that they have never been kept from an activity or leaving for work because there wasn't a same gender staff available.

Pat searches are randomly conducted at the facility. Staff at the facility also discussed that if a resident comes up for a random search on the computer system, but there isn't a staff member of the same gender, the resident will be put back in the rotation in the computer system.

The information provided by the center regarding training for cross gender and searches of transgender or intersex individuals is captured in the policies. Additionally, training attendance sheets with names of Longmont CTC staff members were included in this material. Due to the high number of new employees, this training took place at the facility named Fox. However, the curriculum was not provided. Please provide the curriculum for review.

Standard §115.215 (e) directs that facilities shall not physically search or examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The current practice of the Longmont CTC for working with transgender or intersex individuals when they arrive at the facility is to make determinations based on the information on gender that is provided to them from the confining entity. Staff do not discuss this subject with the new intake. Therefore, the individuals are not reviewed on a case by case basis in regards to the gender identity of the individual. The agency will need to develop a policy and procedure that complies with PREA standard §115.215 (e).

The facility provided the appropriate language in regards to taking a transgender or intersex individual's personal opinion into consideration when placing that individual. In addition, the Facility Director included this information in the staff training provided with updates identified through this audit process.

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*)

Instructions for Overall Compliance Determination Narrative

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

Longmont CTC provides several methods for residents to get PREA information. Staff were clearly aware of the Spanish materials that they have access to. The majority of the staff did indicate that there is a translation line that they can utilize if they need to. All were clear that they would not use other residents to translate for them. At the Longmont CTC also has three staff members who is bilingual, speaking both English and Spanish.

While reviewing the contract for the language line services, it was found that this contract is between the interpreter service provider, Spring Institute for Intellectual Learning, and Correctional Management,

Inc. As this is the company that CoreCivic bought out, the question arises about whether or not the contract is still valid. This would be the same comment for the Boulder CTC.

If a resident is illiterate or has an intellectual disability, the case manager assigned to that resident will ensure that the resident does receive that information and the case manager will ask questions of the resident to make sure the resident understands the information.

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, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

***** Please note that this standard description is identical to what is in the Boulder CTC report as the same person handles both facilities. *****

CoreCivic has a main Human Resources Department at the Corporate Office in Nashville, TN. In addition, there are regional Human Resource Departments around the country that service several of the facilities in a geographic area.

Longmont CTC is serviced by a regional HR office. The Resource Specialist brought the HR related files and information with her and met this auditor at the Longmont CTC on December 6, 2017. She brought the HR files with her for both Boulder and Longmont CTC's to be reviewed together.

In order to meet the standard regarding asking if the applicant has ever been involved in or charged with a sexual assault either in the facility or in the community, the company has developed a form to meet this item. This form (14-2H – Self Declaration of Sexual Abuse/Sexual Harassment) can be used with an applicant, an employee, an unescorted contractor or a civilian volunteer. This form is also utilized to serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct.

Policy 14-2 CC Sexual Assault Prevention and Response clearly articulates the requirement of the company to perform criminal background checks on all employees and unescorted contractors at least once every five years.

The one item that this auditor and HR staff member discussed was how the criminal background checks are tracked to ensure that all are conducted within that five-year period and none of those slip through the cracks. CoreCivic will provide information to this auditor to outline the tracking system that will be put into place to ensure compliance with this standard. Not only should this tracking system identify when the last background check was conducted and when the next one is due, but also dates that previous checks were conducted to show that these are occurring at least once every five years as required.

The Human Resource staff member provided a spreadsheet that was developed to identify the staff member name, hire date, date of initial background check, date of last background check and the date the next background check is due by. This will be kept

for each center and the regional Human Resource Department will be responsible for ensuring that the background checks are conducted as required.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Longmont CTC has not completed any building construction or renovation to the premises in the past (12) twelve months. The agency/facility have not done any installations or upgrades to the video monitoring system. There are (9) nine cameras in the basement area where there are staff offices, a

large “day room” space and (2) two conference rooms. On the main floor, there are (12) twelve cameras.

Even though the facility has not done of the items addressed in this standard, the agency does have policy that addresses §115.218. This item is under the Sexual Abuse Prevention and Response policy. The policy reads as follows.

V. Upgrades to Facilities and Technologies

1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CCA will consider the effect of the design, acquisition, expansion, or modification on the company’s ability to protect inmates/residents from sexual abuse. Such consideration shall be documented on form 7-1B PREA Physical Plant Considerations. (115.218 (b))

2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CCA will consider how such technology may enhance the ability to protect inmates/residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations. (115.218 (c))

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 evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- 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 entity 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Longmont CTC staff investigators, or a representative from CoreCivic, will do the administrative investigations for all allegations of sexual harassment and sexual abuse.

Depending on who is supervising, that will determine who conducts the criminal investigation. The facility has worked with the Longmont Police Department (LPD).

Policy indicates that the facility will collect any evidence in accordance with appropriate evidence collection standards. The standards which LCTC staff follow are the **“Code of Federal Regulations, Title 28, Part 115.221, Evidence Protocol ad Forensic Medical Examinations.”**

In situations where a resident must seek medical attention due to sexual abuse, the facility will take the individual to the Medical Center of the Rockies in Loveland, CO. This facility has Sexual Assault Forensic Examiners (SAFE).

According to protocol at the medical facility, the victim advocate will be called when the SAFE nurse is called upon to conduct the forensic medical exam. The agency providing sexual assault services to inmates who have also been victimized now in prison.

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 such publication 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*)

Instructions for Overall Compliance Determination Narrative

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

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

Working with the local law enforcement and/or the investigators from the Colorado Department of Corrections ensures that all allegations of sexual abuse are criminally investigated. The law enforcement entity that will be the lead in the investigation will be determined by which entity the resident is being supervised by.

This fact is supported by the CoreCivic PREA policy, Sexual Abuse Prevention and Response (Policy 14-2 CC). On page 21 of 31, Item O. Administrative and Criminal Investigations, it states the following. **“The Administrator/Director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment. (115.222 (a))**

Additionally, on page 22 of 31 of the same policy, it indicates in 3.a. “If the contracting governmental correctional agency utilizes an internal investigative process required by contract, law, or regulation, that agency’s investigative process will be invoked for allegations of sexual abuse. 3.b. At this facility, additional contracting agency requirements pertaining to the investigation of rape, sexual assault or employee on inmate/resident sexual misconduct are: City of Longmont Police Department, City of Longmont Police Department and Boulder County Sheriff’s Office.”

The Pre-Audit Questionnaire provided by LCTC indicates that there were (2) two allegations at the facility over the course of the past (12) months. These investigation files were reviewed during the onsite audit.

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 juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

After a thorough review of the staff training, there are several areas identified that will need to be corrected. The items for this standard will be bulleted here.

- One of the requirements for this training is to include information about mandated reporting.
- A second requirement for the training materials is information on a resident's right to be free from sexual abuse and sexual harassment.
- In slide #30, the slide pertains to the fact that individuals will be punished for making a false report. The way in which this information is presented may serve to deter reporting for fear that they will be punished.
- In slide #32, the information provided for the areas in which the risk assessment information can be used to impact. The slide included three out of the four which were housing, programming and work assignments. The missing area is in the education area. This will need to be included.
- Slide #40, the information provided about transgender information is incorrect. When determining the gender identity of an individual, only looking at the legal documentation for the resident is not an acceptable way to determine that information.
- Slide #51 discusses the appropriate methods for someone to make a report of sexual abuse. This slide also indicates that a staff or resident should make a report if they are being retaliated against. This would be the area to discuss the 90 – day monitoring requirement. This will need to be added to the training slide.
- Slide #54 discusses what the steps are for a first responder. The first step in responding to a scene is to separate the alleged victim and alleged abuser. This information indicates that an alleged victim is to be isolated just the same as the alleged abuser would. It is the goal under PREA standards to inflict as little trauma as possible on that victim. This slide must be revised to provide information on how to handle working with an alleged victim without treating them the same as a perpetrator.
- One additional piece for slide #54 is that it indicates that staff should require the victim to not do anything to destroy evidence.
- The slides that discuss "Threshold Questioning" (#53-61; 74) directs staff members to ask questions such as "What happened?" or "Was anyone hurt?". These types of questions are

very ineffective when working with a victim of sexual abuse. Alternative direction/questions should be developed and provided to staff being trained.

- Lastly, slides #62-63 and 66-68, discusses the responsibilities of a first responder. These slides give the impression to trainees that the most important pieces of responding to an allegation of sexual abuse is to report it to a supervisor and complete the paperwork. There is no mention on these slides of how to take care of the alleged victim.

The company revised the training provided to employees to include the required changes outlined above. This revised curriculum was provided to this Auditor along with the sign in sheets for the training on the newly revised training.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

CoreCivic has a policy for the provision of training to volunteers and contractors who are new. However, after some discussion and review of the information sent by the agency/facility, it has been determined that this standard is not met as additional information is required.

The standard indicates that training for volunteers and contractors should be based on the amount of time that they spend in direct contact with residents. The more contact with residents, the more training that a volunteer or contractor should have.

During the interview with the Learning and Development Manager, he was able to provide information that starting in January 2018, all staff members will be going through the basic PREA training. This is to include all volunteers and contractors as well. The basic training will be two hours long.

As the policy is revised, please provide clearer information to meet this standard. Additionally, please send a copy of the curriculum of the basic training that will be used starting in January 2018.

The facility sent the revised volunteer training to this Auditor for review. The required changes have been made to the power point, facilitator's guide and the participant guide.

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*)

Instructions for Overall Compliance Determination Narrative

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

LCTC has a brochure that staff provide to residents when they arrive at the facility. The brochure contains both Spanish and English. It articulates basic information about PREA and definitions. And the brochure outlines the various methods which are available to residents.

Residents were also shown a video from the PREA Resource Center. This short video and provides inmate/residents' perspectives regarding sexual abuse in a confinement setting.

Through interviews with both staff and residents, it is clear that if someone needs help to understand the information in the brochure, staff are following up with the resident so that the staff ensure that the resident has been provided with the appropriate information.

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 have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

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

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency/facility provided this auditor with the outline for the Specialized Investigations Training. However, the training slides were not provided for review. This will need to be submitted to this auditor for review.

During training that all new contact employees must go through, PREA is also covered in a small amount. Due to staff turnover, trying to find this required training. It can be difficult to locate the resource to get the specialized training.

Through interviews with the Facility Director/PREA Compliance Manager and the Assistant Facility Director indicated that the Assistant Facility Director has been assisting with the PREA investigations. This issue will need to be corrected as soon as possible.

Once that is accomplished, please send the documentation that this has been completed.

The staff have taken the required training and provided the required documentation to the Auditor. This standard is now found to be compliant.

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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

115.235 (b)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Longmont CTC does not employ any medical or mental health staff at the facility. For those services, residents must go out into the community. The facility does have Memorandums of Understanding with the local hospital and the local Behavioral Health Center. This center also works in conjunction with MESA, the local rape crisis center.

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*)

Instructions for Overall Compliance Determination Narrative

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

The Risk Assessment Tool utilized by Longmont CTC is missing several requirements from standard 115.241. The Risk Assessment Tool will need to be revised to include the following:

- Item 115.241 (d)(2) – The age of the resident must be included on this form.

- Item 115.241 (d)(3) – While the tool does include a statement asking if the resident is vulnerable, it should also inquire if the resident is large, medium, small.
- Item 115.241 (d)(5) – The tool does not ask if the resident’s history is exclusively non-violent.
- Item 115.241 (d)(7) – While the tool does ask the resident if they are or perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, the perception part of this question must be moved down to the staff observation section.
- Additionally, for 115.241 (d)(7) the question needs to be broken down further. Some of the question is asking about gender identity and some of it is asking about sexual orientation. It is this auditor’s suggestion that this question is broken out further to ask about gender identity in one question and about sexual orientation in a separate question.

Revisions were made to the form 14-2B as outlined above. This revision has been provided to this Auditor.

The policy for the risk assessments includes a part on page 13 of 31 in the Sexual Abuse Prevention and Response which indicates that the resident will not be disciplined for refusing to answer questions on the risk assessment tool. When residents were asked if they knew that was the case, the majority indicated that they did not know that.

The staff will need to develop a procedure for ensuring that all residents are clear that they will not be disciplined for refusing to answer any questions on the risk assessment tool. One suggestion would be to put a statement on the top of the form to be read to the resident prior to asking the questions.

The facility determined that the best correction for these issues was to provide a written notification to the residents before they were asked the questions. The resident is then required to sign the form stating they understand the items on the list. The form and the instructions to staff on what to do with the form has been provided to this Auditor.

Case Managers did have the 30 risk assessments for each resident. However, the way in which the assessment was being completed does not meet this standard. The Case Managers were completing the risk assessments for each of their assigned residents, without input from the resident. Once the assessments were complete, the documents are stored.

Prior to this auditor concluding the onsite visit, the Facility Director had sent two emails out to all staff to correct this particular problem. This auditor was provided a copy of those emails.

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 § 115.242, 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 § 115.242, 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 § 115.242, 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 § 115.242, 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 § 115.242, 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? Yes No

- 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? Yes No

- 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? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Several items in 115.242 have been found to be non-compliant. The first item that will need to be corrected is under 115.242 (a). This particular item indicates that the information gathered in the risk assessment tool should be utilized for work, housing, bed, programming and education assignments. The piece that is missing from the policy and procedure is to utilize the information to be a factor in determining an education placement. This will need to be revised to include education assignments.

The second item that will need to be corrected in practice is what criteria are used to place transgender and intersex individuals in the facility. Based upon policy, paperwork and interviews with staff, it was evident that transgender or intersex individuals do not have the opportunity to have their feelings considered about their placement. The policy and practice of the facility goes strictly by the gender that is noted on legal paperwork.

PREA is clear that transgender and intersex individuals should have their feelings taken into consideration about where they will feel safe the most. Additionally, information in a FAQ on the PREA Resource Center website directs that transgender and intersex individuals will not be placed based solely on their genital status. Once all changes in policy and practice are made, staff will need to be trained.

These items outlined above for correction in the agency's policy have been corrected. This information was provided to this Auditor. Additionally, the facility director also provided this information to all staff members in a training session.

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*)

Instructions for Overall Compliance Determination Narrative

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

There are three methods to be able to make a report to an outside entity. The first option is the Department of Corrections Tipline. The DOC does not contract with CoreCivic to provide community confinement services. Therefore, the DOC line will work to meet this standard for having an outside reporting mechanism.

Additionally, MESA (Moving To End Sexual Assault) (local SA/DV Center) will take calls from the facility. Residents can remain anonymous when they call MESA. The center will report back to the facility what the incident was but will not tell who the information came from.

The last option for reporting would be to the Longmont Police Department. If there is a report that may be criminal in nature, the Longmont Police Department will be the entity to investigate these allegations. Although staff and residents have both indicated that there has not been any PREA issues in the facility for the last twelve (12) months at a minimum.

Longmont CTC also has internal reporting methods that may be used. Residents can always talk to staff members whom they trust. This could be any staff from the Director to Case Manager to Monitor. These staff members are required to make a report as soon as they receive the information.

Secondly, the residents have the ability to call an internal reporting line which is answered at the corporate office in Nashville, TN.

And lastly, a resident can make a report in writing. They can either write to the PREA Compliance Manager or file a grievance.

The facility has exceeded the expectation for reporting methods as they have multiple methods both internal and external reporting methods.

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 NA

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*)

Instructions for Overall Compliance Determination Narrative

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

The grievance process developed for the Longmont CTC follows the guidelines of the PREA Standards. There is very little deviation from the standard itself.

Longmont CTC staff have indicated that there have been no grievances filed in the last 12 months for issues of sexual abuse.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In talking with the hospital which houses the SAFE nurse, they are clear that they will accept residents from Longmont CTC. Residents are able to go to the emergency room on their own. This typically would occur if the assault occurred while they were outside of the facility.

The hospital will also accept residents that still live in Longmont CTC. When there is an assault that occurs inside the facility, staff will take the resident to the hospital for the forensic examination.

A rape crisis advocate can be present at the hospital if the alleged victim is willing to have the advocate present and accept their assistance.

Longmont CTC has a written agreement with MESA, the rape crisis center for Boulder County. Just one item to note is the agreement has not been updated since CoreCivic took over the operation of LCTC. The agreement is still between Correctional Management, Inc. and MESA.

CoreCivic should consider updating this MOU so that the appropriate legal entities are reflected.

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*)

Instructions for Overall Compliance Determination Narrative

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

The facility does accept reports from outside of the facility. This could be from friends, family or any other person that is doing this on behalf of a resident. These reports can be anonymous.

This information for reporting can be found on the overall CoreCivic website, as well as on the link to the Longmont CTC page itself.

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*)

Instructions for Overall Compliance Determination Narrative

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

Through policy review and interviews with staff members, it is clear that all staff members are responsible for reporting any information or suspicions of any abuse, no matter if it is resident on resident or staff on resident abuse. Staff were very clear about the reporting and the procedures they are required to follow.

Parts of this standard are not applicable to Longmont CTC. There are no individuals admitted to this facility who would be considered “youthful residents”. All residents are 18 years old and older. Additionally, there are no medical or mental health services provided onsite.

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*)

Instructions for Overall Compliance Determination Narrative

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

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

Through policy review and interviews with staff members, it was very clear that if there was any indication that a resident is in immediate danger, the staff members are responsible to protect that resident from abuse. Examples of action would be either moving the potential abuser if known or discuss moving the resident that is being protected. The alleged victim should have input into this decision. Sometimes this could also mean a move out of the facility for the abuser, victim or both.

When interviewing the staff members, no one could remember having to move any residents because they felt they were in imminent danger.

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*)

Instructions for Overall Compliance Determination Narrative

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

In talking with staff members, there were only one or two disclosures of sexual abuse at another confinement facility during the risk assessment tool administration. Through discussion with the Facility Director, the report was made to the other facility, however, since it has been such a long time ago, it wasn't clear if the report went directly to the head of the other facility.

Page 19 of 31 addresses the Sexual Abuse Prevention and Response policy dealing with reporting to other confinement facilities. The information included in that portion of policy is correct. The staff need to ensure that it is being followed and situations are handled appropriately.

It may be helpful to develop a form to document the appropriate information on when there is a disclosure about another facility, especially since these disclosures are so infrequent. And additional training would be necessary to ensure that all staff are aware of the timeframes and procedures involved.

This information was provided to the staff during a training the staff received regarding the changes that were put into place as a result of this audit.

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*)

Instructions for Overall Compliance Determination Narrative

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

In reviewing the basic training materials and inquiring on process during the interviews, it shows that staff do know that they have to separate the alleged victim and perpetrator as the first thing they should do. However, it is a clear belief from the interviews that both inmates should be isolated and ordered not to destroy any evidence. This is a training issue. As mentioned in 115.231, the training slides will need to be revised and the staff will then need to be educated on the revised materials.

The revised materials will need to be submitted to this auditor prior to the training to the staff. Documentation of these changes should be provided to this auditor once it is completed.

The facility has developed cards that are kept with each staff members identification cards that outlines the first responder duties of staff members when there is an incident of sexual abuse reported. This information was discussed during the onsite audit and provided to this Auditor as part of the corrective action plan.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The policies, as they are written, come together to form the plan for how staff should respond to an allegation of sexual abuse or sexual harassment. This plan is not as detailed as some facilities are due to the fact that there is no onsite medical or onsite mental health professionals.

The residents must rely on the resources that are in the community and that can be accessed. Fortunately, Longmont CTC has a Memorandum of Understanding with both a local hospital and local behavioral health services which includes the services of a rape crisis center.

The policy that is being referred to is the Sexual Assault Prevention and Response (14-1 CC).

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic does not have any employees or group of employees that belong to a union or any type of bargaining agreement. Technically, this standard does not apply to this company at this time.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The policy 14-1 CC Sexual Assault Prevention and Response, page 11 of 31, outlines what monitoring of individuals should look like when they have been involved in a PREA related situation.

At Longmont CTC, there have been two incidents of sexual abuse/harassment reported in the past twelve months. During the interview with the Facility Director/PREA Compliance Manager and the Assistant Facility Director/Investigator, they were able to clearly articulate what actions were taken when the situation arose.

The PREA Compliance Manager/Facility Director indicated to this auditor that there is a form (14-2 CC-D, PREA Retaliation Monitoring Report (30/60/90)) form, which these status checks are to be documented on. She also indicated that she would not only check in with the victim, but also with the individual that reported the situation and anyone else that cooperated with the investigation who felt threatened. For one of the cases that were investigated, staff started the monitoring process and met with the victim once. The monitoring was not able to be completed as the victim escaped from the facility.

As one of the tools that staff (PCM) have to keep residents safe, is to ensure that the space where they are living is appropriate for them. The staff keeps a "PREA Housing Guidelines" book in the monitoring station which will guide staff in resident placement based upon information collected from the PREA Risk Assessment Tool. This book is used each time staff preforms an intake.

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*)

Instructions for Overall Compliance Determination Narrative

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

For the majority of this standard, the staff are able to show the standard is being met. The one area that will need further information is 115.271 (b). This item requires anyone conducting administrative investigations have specialized training for conducting sexual abuse/sexual harassment investigations as required by 115.34. There was an outline provided for this training, however, none of the slides were provided to ensure that the training did meet this standard, as well as 115.234. Please provide the training slides for the Specialized Investigations Training.

Please see Narrative for 115.234 for any additional information regarding these notes.

As noted in 115.234, the staff have taken the specialized investigation training and the staff sign in forms were provided to this Auditor.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sexual Assault Prevention and Response, Policy 14-2 CC indicates on page 23 of 31, that the facility investigators will not use a standard of evidence higher than a preponderance of the evidence when deciding the outcome of administrative investigations.

Interviews with the staff who are investigators shows that each of them knows what a preponderance of the evidence means and how it is used in determining the outcome of the case. This auditor and investigators had a discussion regarding the ability for the administrative case to be substantiated and the criminal case to be considered for prosecution. This can be a confusing topic for residents. Investigators need to have firm understanding in order to be able to provide a clear explanation to residents.

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 an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following 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*)

Instructions for Overall Compliance Determination Narrative

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

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

Within the last twelve (12) months, there were two PREA investigations. For one of the notifications, the victim was released from the facility. The other case, the notification was made, but it was quite awhile after the end of the case. The facility must take care to provide that information as soon as it is available.

The agency has developed a form (14-2 CC-E Inmate/Resident Allegation Status Notification) to utilize when reporting back to residents regarding a case outcome.

Page 24 of 31 of the Sexual Assault Prevention and Response policy provides the details on the requirements of what needs to be reported back to the victim about. This information is included on the form, which was developed to meet this standard. Staff requests that the victim signs the form as acknowledgement of receiving the information. The resident may refuse to sign the form and there is a place to notate that on the form.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Sexual Assault Prevention and Response policy lays out how staff should be handled should the situation arise. Page 25 of 31 in this policy, #2.a. states that **“Employees shall be subject to disciplinary sanctions up to and including termination for violating CCA’s sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse (115.276 (a)(b). In the next paragraph, it reads as follows: All terminations for violations of CCA sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies (115.276 (d)).**

Both investigations over the last twelve (12) months at Longmont CTC involved staff members. In one investigation, the staff member was put on suspension for a short period of time. The victim was put on escape status shortly after reporting the incident.

The second investigation also involved a staff member. The situation was turned over to the Longmont Police Department, who reported back to LCTC that they did not have enough evidence to proceed any further in the criminal justice system.

The investigation files had appropriate information included. However, this auditor did make the suggestion to staff that they are diligent at making investigation files consistent. Since the Facility Director covers both Boulder and Longmont CTC’s, it may be less confusing to leave investigation files secured at the facility where the allegation came from.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is another policy in which Longmont CTC has put all required components into policy but have not had any allegations of sexual abuse in the last 12 months which involved contractors or volunteers. This means that there is no case to review.

On page 26 of 31 in the Sexual Assault Prevention and Response policy, it states the following. **“3. Volunteers/Contractors Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with inmates/residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Any other violation of CCA sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. (115.277 (a)(b))**

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 resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

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

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether 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)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility does have in place policies regarding providing allegations of sexual abuse or sexual harassment in good faith versus knowingly making a false report. If it is proven that a resident knowingly made a false report, they can be disciplined by the staff. However, if the allegation is unable to be proven, but the reporter believes what they have reported is true, that resident cannot be disciplined in that situation.

While the policy (14-2 CC – Sexual Assault Prevention and Response) clearly states the difference between the two, the same cannot be said for all staff members. There appeared to be confusion amongst the staff members about when sanctions can be given for case that have been unsubstantiated (unable to prove one way or another). This auditor has mentioned this earlier in this report that there must be some revision of training to staff and this is one of the pieces that will need to be revised.

The policy is clear regarding this standard. This was a piece of the staff training provided to all staff members in conjunction with the other policy and procedure issues as a result of this audit.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Longmont CTC does not provide in-house medical or mental health services. However, if there would be a situation where there was a sexual abuse case, LCTC staff would accompany the resident to the hospital for the forensic examination and assist the resident with finding appropriate mental health care follow ups. While interviewing staff, several were able to immediately think of multiple places where a victim of sexual abuse could find assistance in the Longmont area. This was very appropriate. One item to note is that staff did not realize that there were already agreements in place with MESA to provide sexual assault services.

There is a Memorandum of Understanding between CMI and Medical Center of the Rockies. This MOU was fully executed on October 27, 2015. To address this item, the MOU states the following. **“Access to Emergency Medical Health Services – 1. Resident victims of sexual abuse shall 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 at MCR according to their professional judgement. 2. Resident victims of sexual abuse shall be 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. 3. The forensic medical examination shall be provided to the resident victim without financial cost and shall be provided, along with other appropriate medical screenings or treatment, regardless of whether the resident victim identifies the abuser or cooperates with any investigation arising out of the incident.”**

As a method of notification to residents, information about the facility providing medical and mental health service free of charge to a victim is located in a PREA brochure that residents are given on intake. Also there are posters in the facilities with information about services.

As mentioned earlier in the report, CoreCivic should have this MOU updated so that both entities on the agreement are correct.

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.) 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.) 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 resident-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*)

Instructions for Overall Compliance Determination Narrative

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

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

Again, these are services that the facility does not provide directly to residents. There is no medical or mental health department within Longmont CTC. However, the staff will assist the resident in locating and accessing the appropriate medical and mental health care through a Memorandum of Understanding between CMI and Mental Health Center of Longmont County Inc., d/b/a Mental Health Partners. This is a newer contract as it was executed on September 13, 2017.

The MOU reads as follows. **“D. Roles and Understand of the Parties – Correctional Management, Inc. agrees to: 4. Facilitate follow up and ongoing contact between the client and volunteer advocate; without regard to the presence or status of an investigation. 5. Communicate any questions or concerns to MESA (Moving to End Sexual Assault). MESA agrees to: 1. Depending on demand, provide crisis counseling to survivors of sexual violence who are housed at CMI. 2. As requested by the victim, provide a qualified staff member or trained volunteer victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. 3. Respond to calls from CMI clients received on the 24-hour Crisis Line. 4. Provide follow up services and crisis intervention contacts to victims of sexual assault at CMI, as resource allow and as needed. 5. Complete the Zero Tolerance Acknowledgement and Background Check Form to meet with clients individually for services. 6. Follow all institution guidelines for safety and security at the facility. 7. Maintain confidentiality of communications with clients housed at CMI. 8. Communicate any questions or concerns to CMI.”**

As mentioned earlier in the report, CoreCivic should have this MOU updated so that both entities on the agreement are correct.

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*)

Instructions for Overall Compliance Determination Narrative

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

Longmont CTC has had two investigations over the last twelve (12) months. One of the investigations did not have a sexual abuse incident review completed for it. The second investigation did have one completed.

There are two levels of review within CoreCivic. The first level of review is done within forty-eight (48) to seventy-two (72) hours after an incident occurs. This review, convened by the CCA Managing Director (language from the old policy that is still in place), is held with both facility and corporate staff members. Participants include the facility PREA Compliance Manager, Administrator/Director, CCA Managing Director, and/or the FSC PREA Coordinator, and FSC PREA committee members as available.

The second review is done at the facility level. This will include the Administrator/Director, upper-level facility management, with input from line supervisors, investigators, and medical or mental health staff, if applicable.

This review is documented on the 14-2 CC-F Sexual Abuse Incident Review Report. Once the review is completed, it is sent to the corporate office for review and feedback from the Administrator/Director, PREA Compliance Manager and the FSC PREA Compliance Coordinator. At the Longmont CTC, this team includes the following staff positions: Facility Director, Operations Supervisor and Senior Director.

The Sexual Abuse or Assault Incident Review Form (14-2 CC-F) is a very in-depth form that should assist the facility in seeing any issues that must be addressed as a result of this review.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic produces an annual report on PREA as required. A copy of this report is located on the agency's website, www.corecivic.com. The reports go back to 2013, the first year the PREA standards were required to be implemented. All facilities, including Longmont CTC, are included in this report.

Information is collected from all facilities in a consistent manner to allow for uniformity in the reporting. This is important for an agency managing multiple facilities.

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

As stated earlier in this report, the annual PREA reports for CoreCivic date back to 2013, the beginning of PREA implementation on a national level. The information collected is uniform and could be used to answer the SVV Survey from the Bureau of Justice Statistics.

The 2016 annual report is signed by the Executive Vice President/Chief Corrections Officer. In addition to signing the document, he included a page long statement regarding the facilities and the PREA work being done.

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*)

Instructions for Overall Compliance Determination Narrative

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

The agency, CoreCivic, takes precautions to secure the data that is obtained from facilities under its operation. The PREA requirements for keeping aggregate data vs. investigation information is located in the retention schedule for the agency. The information on those time frames are correct.

In addition, the PREA Annual Reports that are published are written in such a way that no identifying information needs to be redacted in order to keep the confidentiality of victims.

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The staff at Longmont CTC were open with this auditor during the interview process. This auditor felt that staff were truthful and willing to answer all questions. No staff refused the interview with this auditor.

This auditor did not receive any communications from residents in the facility prior to the onsite audit.

During the tour of the facility, this auditor was not refused entrance into any part of the building, even if the staff thought that there may be a compliance issue there. This is very positive and shows on the part of the staff that they want to do the right thing and they expect that of all staff members.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic has kept on schedule with having one third of its facilities audited every year as required. All final reports are located on the website, www.corecivic.com. When looking at the website, these reports are kept on the page with the facility. In other words, all PREA audits that have been completed for Longmont CTC will be located on the page with all other Longmont CTC information. This makes it especially easy to find.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jennifer L. Feicht

October 25, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.