

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

Interim Final

Date of Interim Audit Report: October 9, 2020

If no Interim Audit Report, select N/A

Date of Final Audit Report: February 5, 2021

Auditor Information

Name: K. E. Arnold	Email: kenarnold220@gmail.com
Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O. Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: 484-999-4167	Date of Facility Visit: August 24, 25, 2020

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency (If Applicable): SAA			
Physical Address: 5501 Virginia Way Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
Mailing Address: SAA		City, State, Zip: SAA	
The Agency Is:	<input type="checkbox"/> Military	<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 Website with PREA Information: https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

Name: Damon Hininger, President and Chief Executive Officer	
Email: damon.hininger@corecivic.com	Telephone: 615-263-3000

Agency-Wide PREA Coordinator

Name: Eric S. Pierson, Senior Director, PREA Compliance and Programs	
Email: eric.pierson@corecivic.com	Telephone: 615-263-6915

PREA Coordinator Reports to: Steven Conry, Vice President, Operations Administration	Number of Compliance Managers who report to the PREA Coordinator: 65 (indirect)
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Facility Information

Name of Facility: Adams Transitional Center

Physical Address: 1450 E 62nd Ave **City, State, Zip:** Denver, CO 80216

Mailing Address (if different from above): **City, State, Zip:**
SAA SAA

The Facility Is:	<input type="checkbox"/> Military	<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

Facility Website with PREA Information: corecivic.com

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

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

ACA
 NCCHC
 CALEA
 Other (please name or describe):
 N/A

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

Facility Director

Name: Michael Gardner

Email: michael.gardner@corecivic.com **Telephone:** 720-377-0900

Facility PREA Compliance Manager

Name: SAA

Email: SAA **Telephone:** SAA

Facility Health Service Administrator N/A

Name:

Email:	Telephone:
Facility Characteristics	
Designated Facility Capacity:	102
Current Population of Facility:	99
Average daily population for the past 12 months:	99
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18 plus
Average length of stay or time under supervision	9 months
Facility security levels/resident custody levels	Minimum
Number of residents admitted to facility during the past 12 months	176
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	175
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	157
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	19
Number of staff hired by the facility during the past 12 months who may have contact with residents:	10
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1

Number of volunteers who have contact with residents, currently authorized to enter the facility:

NA

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

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

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) on-site audit of Adams Transitional Center (ATC) was conducted August 24 and 25, 2020, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to a program and e-mailed to the auditor's secure e-mail address.

The documentation review included, but was not limited to, CoreCivic (CC) facility policies, staff training slides, completed forms regarding both staff and resident training, Memorandums of Understanding (MOUs), organizational chart(s), the CC PREA tri-fold brochure, victim advocacy brochure, resident education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resources documents associated with relevant PREA standard(s), and staff training certifications. This review prompted several questions and informational needs that were addressed with the ATC Director/PREA Compliance Manager (ATC PCM). The majority of informational needs were addressed pursuant to this process.

Following the on-site audit, the auditor spoke with the Director of Client Services at The Blue Bench. The Blue Bench is an advocacy group who provides assistance to residents who have been sexually abused at ATC. The Director of Client Services asserts she cannot specifically cite a number associated with receipt of sexual abuse/harassment reports from residents housed at ATC however, she can report they are minimal in view of the fact the facility is not foremost in her mind.

The auditor met with the Director/PCM and operations supervisor at 8:00AM on Monday, August 24, 2020. The auditor provided an overview of the audit process and advised the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised the Director/PCM of the tentative schedule(s) for the conduct of the audit. Between 8:20AM and 9:00AM, the auditor toured the entire facility with the Director/PCM.

It is noted the rated capacity of ATC is 102 residents and the institutional count on August 24, 2020 was 71 residents.

During the on-site audit, the auditor was provided a conference room from which to review documents and facilitate confidential interviews with staff and residents. The auditor randomly selected (from a resident roster provided by the Director) 17 residents (nine of whom were designated as random resident interviewees) for on-site interviews pursuant to the Resident Interview Questionnaire and specialty interview questionnaires. Interviewees represented all wings.

According to the Director, there were no resident(s), confined in the facility at the time of the on-site audit, who were blind or low hearing/deaf, resident(s) with speech impediments, lesbian/bisexual/transgender/intersex residents, or residents who reported a sexual abuse incident at ATC. Furthermore, there were no interviewees who reported historical sexual abuse in a prison, jail, community confinement facility, or juvenile facility.

It is noted the nine random resident interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to residents for reporting sexual abuse and sexual harassment. Overall, random resident interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for

their knowledge and several random residents advised they had received training by ATC staff, as well as, information gleaned pursuant to previous PREA training within state prisons, jails, other CC facilities, and transitional centers.

The auditor notes the total staff complement at ATC during the on-site audit was 17 staff, comprised of the Director, operations supervisor, nine security staff, and five case managers. Many staff perform multiple PREA-related duties and accordingly, one or more questionnaires were utilized with several interviewees. As an example, three of the 12 random staff interviewees were interviewed using multiple questionnaires. The Director was interviewed pursuant to three separate questionnaires and the operations supervisor was interviewed pursuant to two questionnaires.

As previously indicated, 12 random staff selected by the auditor from a staff roster provided by the Director, were interviewed. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees. Interviewees were questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, response protocols when a resident(s) allege abuse, and First Responder duties.

The following specialty staff questionnaires were utilized during this review including:

- Agency Head
- Director
- CC PREA Coordinator (CCPC)
- ATC PCM
- Designated Staff Charged with Monitoring Retaliation (1)
- Incident Review Team (1)
- Human Resources (1)
- Investigator (1)
- SAFE/SANE Staff- (1)
- Intake (1)
- Staff Who Perform Screening for Risk of Victimization and Abusiveness (1)
- Security and Non-Security Staff Who Have Acted as First Responders (1 Security staff and 1 Non-Security staff)
- Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)
- Contractor (1)

The Contract Administrator interview was not conducted as ATC does not employ staff in that capacity.

It is noted CC is the umbrella company for ATC.

The following resident interviews were facilitated in addition to the random resident interviews. The interview sets are noted below:

- Disabled [2 with physical disabilities (one of which was both mentally impaired and physically disabled), 1 with mental disabilities, 1 with low reading];
- LEP (1);
- Gay (1); and
- Reported Prior Sexual Abuse (community) During Screening (2).

The auditor reviewed 10 staff training records, 11 resident files, 10 staff HR files, four PREA investigative files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On August 24, 2020, the auditor was processed into the facility at the control center. The auditor did note PREA third-party notification (telephonic reporting information) posted in the facility lobby area.

Similarly, PREA Hotline notification numbers were posted above the resident telephones, in every resident room, and on various walls through the facility. An Ethics Hotline poster (staff private reporting mechanism) was also posted in the staff break room. PREA Audit Notices were prevalent throughout the facility, inclusive of the housing units, program areas, etc. It is also noted a reminder regarding opposite gender staff announcements is posted on resident doors throughout the facility.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of residents, unit layout (inclusive of shower areas), placement of PREA posters and informational resources, security monitoring, and resident programming.

Located at 1450 E 62nd Avenue, ATC is in a section of Denver, Colorado within Adams County that is comprised primarily of industrial/commercial buildings. As previously indicated, the ATC maximum rated capacity is one hundred and two male offenders with risk factors ranging from minimum to low-medium risk offenders.

All resident living quarters (5/7/10 man rooms) are located on the western side of the first floor of the facility while the east side is largely used for staff offices and communal space. The east side of the first floor is equipped with a fully functioning kitchen, food prep area, resident cafeteria, and recreational areas. There is one large multi-person restroom containing toilets, urinals and sinks. As referenced in the narrative for 115.42, management staff have identified procedures to ensure an individualized shower for residents who identify as transgender or intersex and request separate showers.

The auditor noted camera surveillance is well dispersed throughout the facility. All relevant areas are adequately covered by camera supervision, ensuring observation of entrance into and egress from relevant areas. A total of 16 cameras are monitored to surveil the facility.

No cameras are specifically focused into resident rooms or resident bathrooms. The auditor reviewed camera angles in real time and found no instances allowing voyeurism, etc.

Toilet areas are adequately shielded and urinals are positioned facing an opposite wall, therefore not allowing for visibility unless one has entered the urinal/toilet area. Staff must physically enter the separate shower room to enable line of sight vision.

The auditor notes there are windows in all staff offices. Accordingly, supervision pursuant to routine correctional supervision is enhanced.

During report writing, the auditor did test the DOC-TIPS Line (external reporting source for residents, staff) and found the same to be operational. Contact with a recorded voice was accomplished and the auditor advised of the test of the Hotline. The auditor received notice of the test in follow-up to the call.

An On-site Audit Closeout meeting was facilitated on August 25, 2020 with the Director and operations supervisor. The auditor expressed his gratitude for the hospitality displayed at the facility, as well as, staff's responsiveness during interviews, information gathering, etc. Additionally, the auditor thanked the Director for his diligence in terms of ensuring prompt reporting of interviewees.

While a rating is not provided during such closeouts, the auditor complimented the Director regarding staff and resident general knowledge regarding PREA programs and operations. Additionally, he cited the PREA Victimization and Predator Screening process/implementation of the same as a strength.

Facility Characteristics

The auditor notes the Colorado Department of Corrections (CDOC) and Adams County contracts with CoreCivic (CC) for resident housing and treatment at ATC. Additionally, residents are housed at ATC from other neighboring counties.

An overview of facility characteristics is captured in the audit narrative reflected in the preceding section. Accordingly, the same will not be repeated.

The CC Mission Statement reads as follows.

We help government better the public good through:

Core Civic Safety - We operate safe, secure facilities that provide high quality services and effective re-entry programs that enhance public safety.

Core Civic Community - We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society, and keep communities safe.

Core Civic Properties - We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.231, 115.288

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met:

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*)

The Director self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The Director further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The facility has a written policy which includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the policy includes sanctions for those found to have participated in prohibited behaviors. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Core Civic (CC) 14-2 CC entitled Sexual Abuse Prevention and Response, pages 1- 33 addresses 115.211(a).

Pursuant to the PAQ, the Director self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The Director reports the CCPC is in the agency's organizational structure and the auditor verified the same pursuant to review of the CC Organizational Chart.

The auditor notes the Director serves as the PREA Compliance Manager (PCM) at ATC. He is likewise included in the facility and Division VII organizational chart.

The CCPC reports to the CC Vice President Core Services. In turn, the Vice President Core Services reports to the CC Executive Vice President and Chief Corrections Officer. The PCM reports to the Senior Director, Division VII.

Pursuant to interview with the CCPC, the auditor learned he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), numbering in excess of sixty.

As Senior Director, he oversees the Director who facilitates reviews of all PREA investigations. The Director tracks any follow-up regarding reviewed PREA investigations. The Director is now working on an enhanced PREA training program for implementation at the facilities.

The CCPC's primary focus is audit preparation. Specifically, he reviews each Pre-Audit Questionnaire (PAQ) for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. The CC Quality Assurance Department (QA) currently facilitates mock audits of each facility. The CCPC reviews each mock audit report and coordinates corrective action with Wardens and facility PCMs. He posts common audit deficiencies on a shared website so stakeholders can assume a proactive approach, as opposed to, reactive in terms of PREA- related matters. Additionally, the CCPC coordinates all corrective action following each PREA audit.

Finally, the CCPC reviews each facility PREA Staffing Plan and signs the same. Assistance with relevant MOU development is also a primary responsibility, with approval being conferred by the CC Legal Department.

In view of the above, the auditor finds ATC substantially compliant with 115.211.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports CC and ATC do not contract with other facilities or companies to house residents designated for confinement at ATC. The auditor's research and informal interview with the CCPC and Director validate the same.

Given the lack of evidence substantiating non-compliance with 115.212, the auditor finds ATC substantially compliant with the same.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. The Director self reports the average daily number of residents since the last PREA audit is 99 and the average daily number of residents on which the staffing plan is predicated is 102.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section D(1 and 2)(a-d) addresses 115.213(a). Page 32 of the Colorado Community Corrections Standards. section OMA-020 also addresses the minimum staffing guidelines for community confinement facilities. A minimum of two staff, whose primary duties entail client supervision, must be on shift within the facility at all times.

Pursuant to the Director, the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect residents against sexual abuse are considered in the plan. Two staff members are on each shift. ATC is a minimum security facility with one staff member assigned to the security office at all times, plus one rover, and this is commensurate with the contract. The staffing plan is documented and maintained in hard copy in the Director's Office. Of note, the assistant facility administrator and operations supervisor have access to the paper copy.

When assessing adequate staffing levels and the need for video monitoring, the facility plan considers the following:

- a. Blind spots factor heavily into the staffing plan. The Director asserts the size of the population, square footage of the facility, and facility design factors are considerations. A minimum of two staff are assigned to each of the three shifts to meet Colorado Community Corrections requirements. When fully staffed to accommodate 102 residents, the security complement is increased from nine to eleven security staff and accordingly, the shift complements may be increased.
- b. While Security Threat Group (STG) members are housed at ATC, no PREA concerns are noted. Generally, residents are focused on the program and re-entry into society. Resident mental health issues

are a minimal concern in terms of PREA as acute cases are not generally housed at ATC. All designations are screened by a screening committee comprised of community stakeholders and CC staff. There are no concerns with the LGBTI population. Additionally, sex offenders are not housed at ATC.

c. Some reported substantiated and unsubstantiated incidents of sexual abuse are staff-on-resident issues. While substantiated and unsubstantiated incidents of sexual abuse are considered in terms of staffing plan development, frequency of the same is minimal. Close attention is devoted to recommendations subsequent to incident reviews to determine strategies to enhance resident sexual safety at ATC.

d. There are no other relevant factors under consideration at ATC at this time.

In regard to daily checks for compliance with the staffing plan, the operations supervisor schedules staffing for all shifts and oversees the daily roster. The daily roster is built from the staffing plan.

An established protocol is used to fill vacancies. During non-regular business hours, the on-call administrator effects staffing decisions to ensure no vacant security posts. The operations supervisor and on-call designee monitor shift staffing.

The on-call may fill in or overtime may be utilized to cover vacancy(ies), dependent upon the circumstances. ATC is always compliant with the contract and staffing plan.

The auditor notes the Director is also self-designated as the PCM at ATC. Accordingly, his statement regarding staffing plan considerations is reflected in the preceding paragraphs.

Pursuant to the PAQ, the Director self reports in circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. According to the Director's self report in the PAQ, there were no instances of deviation from the staffing plan during the last year.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section D(3) addresses 115.213(b).

The Director asserts all instances of non-compliance with the PREA Staffing Plan would be documented. Specifically, the deviation would be documented in a 5-1 packet as a reportable incident and forwarded to the CCPC within seven days of occurrence. The Senior Director for Division 7 is alerted immediately.

The Director self reports there were no instances of deviation from the staffing plan during the last 18 months. The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.213. Two monitors are assigned to the shift during day, swing, and graveyard shifts and they are visible throughout the facility.

The auditor did note camera surveillance is sufficient to augment staffing, thereby serving to facilitate resident sexual safety. Camera placements are addressed in the first few pages of this report.

Pursuant to the PAQ, the Director self reports at least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:

The staffing plan;

Prevailing staffing patterns;

The deployment of video monitoring systems and other monitoring technologies; or

The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 9 and 10, section D(5)(a) and (b)(i-iv) address 115.213(c). Additionally, Colorado Community Corrections Standards, section OMA-020 addresses 115.213 as referenced in the narrative for 115.213(a).

According to the Director/PCM, the facility staffing plan is reviewed at least once each year. As both Director and PCM, he develops the same.

The auditor's review of the November 27, 2018, June 7, 2019, and January 16, 2020 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.213(c). The plans address the four requisite consideration factors and are reflective of all requisite signatures.

In addition to the above, the auditor's review of the Colorado Community Corrections Standards reveals the requisite minimum two staff per shift as previously articulated in the narrative for 115.213(a) .

In view of the above, the auditor finds ATC substantially compliant with 115.213.

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?
X Yes No

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports cross-gender strip searches or cross-gender visual body cavity searches of the anal or genital opening are not conducted at ATC. However, as reflected in the policy narrative cited below, the same can be conducted in exigent circumstances. The Director further self reports zero strip or cross-gender visual body cavity searches of residents were conducted at ATC during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section K(1)(a) addresses 115.215(a). Such searches can be completed in exigent circumstances. Exigent circumstances are defined in this policy provision, as well as, the specifics of provision requirements.

The non-medical staff (who may be involved in cross-gender strip or visual searches) interviewee asserts such searches are not facilitated at ATC. However, in the event a female staff member possesses reasonable suspicion a resident is in possession of hard contraband (e.g. weapon), possibly taped to his body, she could facilitate a cross-gender strip or visual body cavity search of the resident, generally in the absence of male staff in the facility.

The auditor has found no evidence of cross-gender strip or visual searches conducted by non-medical staff at ATC during the last 12 months.

Pursuant to the PAQ, the Director self reports the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The Director further self reports the facility does not restrict

female resident's access to regularly available programming or other outside opportunities in order to comply with this provision. Given the fact female residents are not housed at ATC, the auditor finds 115.215(b) not applicable to the facility. Accordingly, in the last 12 months, no female pat-down searches were conducted by male staff.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section K(1)(b) addresses 115.215(b). Exigent circumstances are defined in this policy provision, as well as, the specifics of provision requirements.

As verified during the facility tour, the auditor notes female residents are not housed at ATC.

Pursuant to the PAQ, the Director self reports facility policy requires all cross-gender strip searches and cross-gender visual body cavity searches are documented. As female residents are not housed at ATC, such policy is not applicable to cross-gender pat down searches of female residents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 14, section K(1)(c) addresses 115.215(c).

The auditor has found no evidence of the conduct of cross-gender strip searches or visual body cavity searches of ATC residents during the audit period.

Pursuant to the PAQ, the Director self reports the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Director further self reports policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 15, section K(5 and 6) addresses 115.215(d). This policy provision addresses the requirements of the provision and a definition of exigent circumstances.

Eight of nine random resident interviewees self report female staff announce their presence, by gender, when entering their housing area. The one interviewee who responded in the negative asserts all but one female staff announce their presence (by gender) when entering a resident room or resident bathroom. This one female staff member sometimes announces. All nine interviewees self report they are never naked or in full view of female staff (not including medical staff such as doctors, nurses) when toileting, showering, or changing clothing.

Eleven of 12 random staff interviewees self report female staff announce their presence, by gender, when entering housing and shower/toilet areas at ATC. Similarly, all interviewees self report residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

The auditor did advise the employee of CC policy and standard requirements. Additionally, the Director was advised of the issue pertaining to one employee. Given the interview results, as described above, the auditor finds ATC substantially compliant with 115.215(d).

During the facility tour, the auditor noted a sign on every resident room door reading, "Opposite Gender Must Announce Upon Entry". The auditor noted no instances either during the facility tour or throughout the duration of the audit wherein female staff failed to announce their presence (by gender) whenever they entered a housing area.

Pursuant to the PAQ, the Director self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. According to the Director, no such searches were facilitated during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 14 and 15, section K(2) addresses 115.215(e).

All 12 random staff interviewees self report the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that they are aware of the relevant policy.

The Director/PCM advises zero transgender/intersex residents were housed at ATC at the time of the on-site audit. Accordingly, such interview was not facilitated.

Pursuant to the PAQ, the Director self reports 100% of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender/intersex residents in a professional and respectful manner, consistent with security needs.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section b(i) addresses 115.215(f).

The auditor's review of the training module regarding the conduct of cross-gender pat down searches and searches of transgender/intersex residents in a professional and respectful manner reveals substantial compliance with 115.215(f). Cross-gender pat-down searches and searches of transgender/intersex residents in a professional and respectful manner training is facilitated in the PREA Overview session during Pre-Service and annual In-Service training.

In addition to the above, the auditor's review of a Training Activity Enrollment/Attendance Roster dated July 1, 2019 reveals six staff completed a PREA: Cross Gender/Transgender Pat Searches class. The auditor's review of another Orientation form bearing the same date reveals requisite training was provided to one employee completing Orientation training.

The auditor's on-site review of 10 random staff training files reveals requisite training was provided in four Pre-Service cases and all applicable cases (six annual In-Service).

All 12 random staff interviewees assert the agency does train staff how to conduct cross-gender pat down searches of female residents and professional and respectful searches of transgender/intersex residents. All interviewees also self report they received the requisite training either during Pre-Service, In-Service training, or both. The training was provided in a video/power point/discussion format and in some cases, a demonstration.

In view of the above, the auditor finds ATC substantially compliant with 115.215.

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? X 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? X 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? X 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? X 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? X 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.) X Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? X 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? X 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? X 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? X 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? X 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? X Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X 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?
X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director asserts the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 13 and 14, section I(5)(a) and (b) addresses 115.216(a).

According to the Agency Head interviewee, the agency has established procedures to provide residents with disabilities and residents who are Limited English Proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, LanguageLine is used, when necessary, to communicate with LEP residents. Generally speaking, staff translators can also be used. TTY units are available in every facility and Braille is available in some facilities.

The Disabled (two Mental Health, one physically disabled, one LEP, and one low reading) interviewees self report the facility provides information about sexual abuse/harassment that they are able to understand.

The Director asserts Google Translator can be accessed for hearing impaired residents. Additionally, LanguageLine Solutions may be accessed to assist limited English proficient (LEP) residents. When needed, staff read materials to blind residents and deaf or hard of hearing residents read materials themselves. Residents sign and date a document stipulating they understand the subject-matter presented.

The Director also asserts ATC staff would contact an agency to facilitate communication with the deaf or hard of hearing resident. TTY services are supplied pursuant to contact with this company. In regard to mentally/cognitively impaired residents, staff read and explain PREA information to them.

Pursuant to the PAQ, the Director self reports the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 13 and 14, section I(5)(a) and (b) addresses 115.216(b).

The auditor's review of the LanguageLine Solutions contract and instructions reveals substantial compliance with 115.216(b). Finally, the auditor's review of the PREA: Prevent, Detect, Respond brochure reveals the same is presented in both English and Spanish.

Pursuant to the PAQ, the Director self reports agency policy prohibits use of 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, or the investigation of the resident's allegations. The Director further self reports the facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. Finally, in the last 12 months, there were no instances wherein resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first response duties, or the investigation of the resident's allegations.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section I(5)(c) addresses 115.216(c).

Eight of 12 random staff interviewees were aware of at least one condition under which a resident translator, interpreter, reader, or assistant can be used to assist with translation in the event a disabled or Limited English Proficient (LEP) resident attempts to report sexual abuse. The auditor notes some interviewees quickly identified the condition(s) following dissection of a scenario. All 12 interviewees self report no such instances of using translators pursuant to the circumstances articulated in 115.216(c) have presented during the last 12 months.

Throughout the on-site audit, the auditor found no evidence of staff use of other residents as prescribed in 115.216(c).

In view of the above, the auditor finds ATC substantially compliant with 115.216.

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)? X 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? X 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? X 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)? X 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? X 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? X Yes No

115.217 (b)

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? X 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? X 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? X 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? X 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? X 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? X Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? X Yes No

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
 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; or
 Has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraph.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(1)(a-c) addresses 115.217(a).

The auditor's review of documents relative to one staff member and one contractor reveals completed 14-2H CC documents, certifying absence of the three 115.217(a) issues, as well as, sexual harassment [115.217(b)] from their history. Additionally, respective criminal background record checks reveal non-existence of 115.217(a and b) issues.

It is noted the auditor's on-site random review of two of three HR files regarding staff promoted during the last 18 months reveals they completed the 14-2H CC in a timely manner. Additionally, criminal background record checks reveal non-existence of 115.217(a) and (b) issues with respect to the promotions.

The auditor's on-site random review of seven Human Resources (HR) files for staff hired at ATC during the last 18 months reveals the requisite 14-2H CC form [captures the three questions plus the 115.217(b) question] were completed by the applicants either prior to the date of hire or on the date of hire. Three additional random file reviews pertained to employees who were hired pursuant to the previous contract or during the audit period covered during the last PREA audit and they completed requisite documents for at least two years.

The auditor notes timely criminal background record checks also substantiate the lack of 115.217(a) issues in the staff member's history. Additionally, pursuant to inquiry with prior institutional employers, three random files reveal non-existence of both 115.217(a) and (b) findings.

The auditor finds compliance with 115.217(a) and (b) is demonstrated.

Contact with HR staff reveals a criminal background record check is not completed for internal promotions as the initial background check, in addition to completion of the annual 14-2H CC document and knowledge

of the employee's history while employed, provides continuity to determine the existence of the aforementioned issues. A criminal background record check is completed prior to the "start date" for all new employees thus, ensuring comprehensive knowledge of background history.

Pursuant to conversation with the HR interviewee, the auditor finds CC acquired ATC in 2017. Some staff, who were hired or worked under the previous contract (Time for Change), remained subsequent to the acquisition.

Of note, the HR interviewee asserts criminal background record checks are conducted by staff working for the Colorado Division of Criminal Justice (CDCJ). Additionally, a fingerprint check is completed as another source of criminal history exploration. NCIC checks are included in this process.

Pursuant to contract, upon completion of these checks, CDCJ simply provides an affirmative response (it is okay to hire this individual) or negative response (it is not okay to hire this individual). Specifics regarding any particular criminal history are not provided to CC.

The HR interviewee asserts the 14-2H CC (asks the aforementioned three questions, as well as, whether the individual has been found to have perpetrated sexual harassment of residents) is also completed by potential contractors with both name and date affixed thereto. This document, in addition to the completion of a criminal background record check, provides reasonable assurance of compliance with 115.217(a).

Pursuant to the PAQ, the Director self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B addresses 115.217(b).

As articulated in the narrative for 115.217(a), the Form 14-2H CC contains a separate question as to whether a substantiated allegation of sexual harassment had been made against the individual. Additionally, the Form 3-20-2B entitled PREA Questionnaire for Prior Institutional Employers reflects the same question. Previous institutional employers are requested to complete the same however, there is no obligation. There is an expectation of response regarding PREA issues.

As criminal background record checks do not address sexual harassment, the latter form is the only document available to validate the 14-2H CC.

The HR interviewee asserts the facility does consider prior incidents of sexual harassment when determining whether to hire or to promote anyone, or to enlist the services of any contractor, who may have contact with residents. New hires/promotions also complete the 14-2H CC. Prior Institutional Employer Checks validate any incidence of sexual harassment when the receiving party completes the mailed form.

Pursuant to the PAQ, the Director self reports agency policy requires before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks and (b) consistent with federal, state, and local law, makes 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. The Director further self reports nine applicants were hired during the last 12 months who may have contact with residents and all have had criminal background record checks.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 5 and 6, section B(3)(a)(i and ii) addresses 115.217(c).

The HR interviewee asserts the facility performs criminal background record checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents. The practice, as described by the HR interviewee, is clearly articulated in the narrative for 115.217(a).

This narrative also addresses procedural processing of criminal background record checks regarding promotions and contractors.

Pursuant to the PAQ, the Director self reports agency policy requires a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The Director further self reports there were two contracts for services where a criminal background record check was conducted during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section B(3)(b) addresses 115.217(d).

As reflected in the narrative for 115.217(a), the requisite criminal background record check was facilitated with respect to the aforementioned contractor and considered prior to hire.

Pursuant to the PAQ, the Director self reports agency policy requires that either criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with residents or a system is in place for otherwise capturing such information for current employees.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section B(3)(c) addresses 115.217(e).

The HR interviewee asserts CC tracks 5-year reinvestigation needs. Generally, the same is tracked via spread sheet and an alert signifies the need for reinvestigation. Reinvestigations are requested by CC staff to the CDCJ representative.

Of the randomly reviewed employee HR files, only one was applicable to 115.217(e) and his 5-year reinvestigation was conducted in a timely manner.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5 section B(2) and (b) addresses 115.217(f).

The auditor is aware the equivalent of the Form 14-2H CC is completed annually by all staff as required by the above policy. Additionally, the document is completed as a staff applicant and prior to hire. Finally, the same is completed by staff who are promoted.

According to the HR interviewee, the facility asks all applicants and employees who may have contact with residents about previous misconduct described in 115.217(a) as an applicant (asked separate from the application), at the interview, and following hire. Additionally, staff are asked the same questions on an annual basis and during the promotion phase. The 14-2H CC is completed annually as of calendar year 2018, to encompass the performance evaluation process and affirmative duty to report. Of note, the affirmative duty to report caveat is also reflected on the 14-2H CC.

The auditor's review of four applicable random ATC staff performance evaluations reveals affected staff did complete the 14-2H-CC document during the year in which the performance evaluation was issued. The auditor finds the intent of the standard has been accomplished in this regard.

Pursuant to the PAQ, the Director self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination of employment.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5 section B(1)(NOTE:) addresses 115.217(g).

The auditor's review of the Form 14-2H CC reflects a caveat about material omissions regarding such misconduct or the provision of materially false information, being grounds for termination. This document is signed and dated by the employee on an annual basis.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6 section B(3)(d) addresses 115.217(h).

According to the Director, during the last 12 months, no requests for information were received from an institutional employer, to whom a CC or ex-CC employee has applied to work, relative to substantiated allegations of sexual abuse or sexual harassment.

The HR interviewee asserts when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse/sexual harassment involving the former employee, unless prohibited by law.

In view of the above, the auditor finds ATC substantially compliant with 115.217.

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*)

Pursuant to the PAQ, the Director self reports the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the date of the last PREA audit.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 32 and 33, section V(1) addresses 115.218(a).

Pursuant to the PAQ, the Director self reports the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 33, section V(2) addresses 115.218(b).

In view of the above, the auditor finds no deviation from either standard or policy and accordingly, ATC is compliant with 115.218.

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.)
X 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.) X 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.) X 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? X Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X 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)? X Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? X Yes No

115.221 (d)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Director further self reports the Adams County Sheriff Department (ACSD) and the Colorado Department of Corrections Inspector General Office (CDOC IGO) facilitate criminal investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 24, section 4 and a addresses 115.221(a).

All 12 random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The responses regarding first responder duties essentially encompass evidence preservation. ACSD conducts criminal investigations and they are responsible for physical evidence collection while all staff are responsible to secure the crime scene and guard against destruction of physical evidence by the victim and perpetrator.

Three of the 12 random staff interviewees were able to correctly identify all four tasks as cited at 115.264(a). The majority of misinformation centers on telling or ensuring both the victim and perpetrator do not destroy physical evidence, as opposed to, requesting that the victim and ensuring the perpetrator doesn't destroy physical evidence.

While policy is clearly scripted in accordance with 115.264(a) and each interviewee was in possession of a CC First Responder card, there is no basis for a non-compliance finding. However, additional training of all staff, accentuating the nuances (request the victim not destroy physical evidence vs. ensure the perpetrator does not destroy physical evidence), is required. The auditor notes all ATC staff receive the same first responder training.

To demonstrate compliance with 115.221(a), the PCM will ensure all staff receive training regarding the four steps to be employed by First Responders, emphasis added regarding "requesting" the victim refrain from destroying physical evidence and "ensuring" the perpetrator does not destroy physical evidence. Of note, First Responder refresher training must be completed on or before January 8, 2021.

The PCM will provide a roster of all staff to the auditor and he will randomly select staff names. The PCM will provide training certifications substantiating provision of the relevant training for each selectee. Additionally, the PCM will provide a copy of the training syllabus to the auditor.

December 22, 2020 Update: The auditor's review of five Training Activity Enrollment/Attendance Rosters reveals ATC staff received the training mentioned in the preceding paragraph. Corrective action has been accomplished.

Eleven of 12 random interviewees assert the Director facilitates administrative sexual abuse/harassment investigations and all 12 interviewees assert ACSD facilitates criminal investigations.

Pursuant to the PAQ, the Director self reports no youth are housed at ATC and accordingly, that component of 115.221(b) is not applicable. The Director further self reports the protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 24 and 25, section 4(b) addresses 115.221(b).

According to the Director, executives with ACSD will not enter into an MOU with the facility regarding sexual abuse/harassment investigation duties as they are required by law to investigate all such

matters within their jurisdiction. It is understood they use standard law enforcement investigative protocols when investigating sexual abuse incidents.

The Director self reports the facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by SAFE/SANE Nurse Examiners. When SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations.

All of the above is clearly articulated in an MOU between CC and St. Anthony North Neighborhood Health Center. According to the Director, no forensic medical examinations were conducted during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section 4(c) addresses 115.221(c).

The SANE Nurse interviewee asserts she is one of a team of SANE nurses responsible for conducting all forensic medical examinations. The interviewee provides the 80-hour SANE training to staff, much of the same is clinical. SANE Nurses are available twenty-four hours per day, seven days per week and staff are on-call to ensure coverage.

The auditor's review of an MOU Between CC and St. Anthony North Neighborhood Health Center dated August 6, 2019 reveals substantial compliance with 115.221(c).

Pursuant to the PAQ, the Director self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and these efforts are documented. The Director further self reports the facility provides victim advocate services pursuant to an MOU between CC and the Blue Bench (BB) dated October 7, 2019.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section 4(d)(i and ii) addresses 115.221(d).

The auditor's review of the aforementioned MOU reveals substantial compliance with 115.221(d).

According to the Director/PCM, victim advocacy services are available to ATC residents pursuant to an MOU with the BB. BB information is posted within the facility. He also asserts that and the previous Executive Director validated victim advocate (VA) qualifications during a meeting with the Blue Bench management. Additionally, the auditor verified credential pursuant to review of the Blue Bench website.

The Director reports no residents who reported a sexual abuse at ATC were housed at the facility during the on-site audit.

Pursuant to the PAQ, the Director self reports if requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section 4(e) addresses 115.221(e).

The Director/PCM asserts, if requested by the victim, a victim advocate is accessed through the BB to accompany the victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is addressed in the BB MOU.

As reflected throughout this narrative, the ATC PREA Investigator (Director) facilitates administrative sexual abuse/harassment investigations. Accordingly, the auditor finds ATC substantially compliant with 115.221(f).

In view of the above, the auditor finds ATC substantially compliant with 115.221.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the Director self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). In the last 18 months, four allegations of sexual abuse/harassment were received. Two allegations were investigated administratively while two were referred for criminal investigation. The investigations were completed by the previous assistant facility director (AFD), who was the Acting Facility Director at the time. The auditor's review of PAQ evidence validates completion of the investigation. An administrative investigation preceded referral for and completion of a criminal investigation.

The auditor notes the investigator who completed these investigations received proper training on August 1, 2018.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section O addresses 115.222(a).

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA trained investigator and whenever the Inspector General (IG) arm of the partner is tasked with facilitation of criminal investigations, they are generally PREA trained pursuant to the contract.

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. Medical examination and allegations the victim incurred physical harm may trigger a forensic examination as ordered by medical professionals. The allegation is generally reported to the Director, assistant facility administrator, operations supervisor, and PCM. Notifications to the facility Investigator and/or criminal investigating agency would ensue.

The Agency Head interviewee continued, stating first responders ensure the victim and perpetrator are separated and perpetrator, if known, is isolated. The victim would likewise remain under staff's physical supervision. Generally, physical evidence is collected by the criminal investigator in a criminal matter. If criminal, the criminal investigator determines interview status and whether the facility investigator assists. CC investigative staff would assist the criminal investigator in any way needed, inclusive of research and preservation of camera footage, resident/staff file reviews, review of reports submitted by staff, review of resident statements (if applicable), and coordination of investigative activities. Additionally, CC officials would support prosecution efforts of both staff and residents.

The administrative investigation is generally completed by the facility investigator. He/she employs essentially the same protocol however, he/she does interview witnesses and assesses victim, perpetrator, witness credibility. Finally, the investigator writes an investigative report.

The auditor's review of the four administrative investigations alluded to above, reveals substantial compliance with 115.222(a). The investigation takes the form of an electronically generated CC Incident Report, accompanied by an electronic investigative report, and the same encompasses all investigative steps and informational requirements articulated by the Agency Head interviewee, as reflected above.

Pursuant to the PAQ, the Director self reports the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the

allegation does not involve potentially criminal behavior. The Director further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section O and page 24, section O(3)(a) and (b) address 115.222(b).

The investigative staff interviewee asserts agency policy requires allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. As previously indicated, two of the allegations referenced in the narrative for 115.222(a) were referred for criminal investigation and/or review and the same was completed by ACSD investigators.

The auditor's review of the CC and ATC websites reveals the appropriate policy regarding criminal referrals and the investigative responsibilities for administrative and criminal investigative entities is posted on the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section O and pages 24 and 25, section O(3)(a) and (b) address 115.222(c).

In view of the above, the auditor finds ATC substantially compliant with 115.222.

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? X 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? X 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 X 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? X Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? X Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? X 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? X Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? X 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? X 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? X Yes No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

- X **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*)

Pursuant to the PAQ, the Director self reports the agency trains all employees who may have contact with residents on:

- 1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- 3) Resident's rights to be free from sexual abuse and sexual harassment;
- 4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- 5) The dynamics of sexual abuse and sexual harassment in confinement;
- 6) The common reactions of sexual abuse and sexual harassment victims;
- 7) How to detect and respond to signs of threatened and actual sexual abuse;
- 8) How to avoid inappropriate relationships with residents;
- 9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, and intersex, or gender non-conforming residents; and
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 6 and 7, section C(1)(a)(i-xiii) addresses 115.231(a).

The auditor's review of the PREA Overview Curriculum and accompanying training slides reveals substantial compliance with 115.231(a). The PREA Teach back Topics document also suggests significant interactive learning between facilitator and students and content appears to be comprehensive.

The auditor's review of PAQ Pre-Service and In-Service CORECIVIC PREA POLICY ACKNOWLEDGMENT AND/OR TRAINING ACKNOWLEDGMENT form reveals one staff member was provided In-Service [Annual Refresher Training (ART)] PREA Overview training during 2019. These documents include the "I understand the subject-matter presented" caveat and are signed/dated by the employee participant.

In addition to the above, a Training Activity Enrollment/Attendance Roster reflects 13 staff attended and enrolled in a PREA Overview ART training class conducted on August 29, 2019.

The auditor's on-site review of 10 random staff training files reveals four staff hires within the last 13 months received pre-service PREA training on their entry-on-duty date. Six files reflect affected staff members received at least two ART trainings. At the time of the on-site audit, five staff had not yet completed 2020 ART. The auditor notes training is presented in a timely manner.

All 12 random staff interviewees self report they received training regarding the aforementioned 10 PREA topics either during pre-service and/or ART.

Taking into consideration the date of CC assumption of ATC (November 1, 2017), the fact all staff previously hired under the old contract were re-trained regarding PREA, the auditor's review of randomly selected staff files, in addition to those referenced in the preceding paragraph, the auditor finds ATC substantially compliant with 115.231(a).

Pursuant to the PAQ, the Director self reports training is tailored to the male gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. The Director relates there were three staff transfers to ATC from facilities wherein female residents are housed, during the last 24 months.

The auditor's review of CORECIVIC POLICY ACKNOWLEDGMENT AND/OR TRAINING ACKNOWLEDGMENTS and Training Activity Enrollment/Attendance Rosters validates compliance with 115.231(b) as applied to the referenced staff.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(1)(a) and page 8, section C(1)(c) addresses 115.231(b).

The auditor's review of the aforementioned training curriculum reveals the same is commensurate with 115.231(b).

Pursuant to the PAQ, the Director self reports 20 staff, who may have contact with residents, were trained or retrained in PREA requirements. This equates to 100% of the staff complement.

If there are any policy updates in regard to PREA matters, staff are trained on the policy during staff meetings. Employees who may have contact with residents receive PREA training on an annual basis.

Given the fact 115.231(c) requires refresher training every two years to ensure all employees know the agency's current sexual abuse/harassment policies and procedures and the fact ATC facilitates annual PREA refresher training, the auditor finds ATC exceeds standard requirements with respect to this provision.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(1)(a) addresses 115.231(c).

Pursuant to the PAQ, the Director self reports the agency documents that employees, who may have contact with residents, understand the training they received through employee signature or electronic verification.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section C(1)(d), addresses 115.231(d).

The auditor's on-site review of staff training files, as reflected in the narrative for 115.231(a), reveals staff signed and dated the requisite Core Civic PREA Policy Acknowledgment and/or Training Acknowledgment forms, acknowledging their understanding of the subject-matter presented for 2018, 2019, and/or 2020. Accordingly, the auditor finds ATC is substantially compliant with 115.231(d).

In view of the above, the auditor finds ATC exceeds standard expectations with respect to 115.231.

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? X 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)? X Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports all volunteers and contractors who have contact with residents are trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment/prevention, detection, and response. The Director further self reports one contractor and zero volunteers provide services at ATC, who have contact with residents. The contractor was trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section 2(a) addresses 115.232(a).

The auditor's review of the CC Volunteer Orientation video reveals substantial compliance with 115.232. The same provides sufficient information and background enabling all contractors/volunteers to fulfill their PREA responsibilities.

The contractor interviewee asserts he has received training in his responsibilities regarding sexual abuse/harassment prevention, detection, and response per agency policy and procedure. Specifically, prior to assumption of duties with residents, he received and reviewed relevant PREA policies. Subsequently, he reviewed a PREA video, listened to a lecture, and reviewed a Power Point presentation. He was trained by an ARAMARK supervisor and an ATC case manager.

The auditor's review of one completed CORECIVIC Zero Tolerance Policy- Prohibited Sexual Behaviors document reveals a contractor signed and dated the same, acknowledging his review of the comprehensive document and understanding of the same. The document addresses all facets of 115.232.

The auditor's review of one completed CORECIVIC PREA POLICY ACKNOWLEDGMENT AND/OR TRAINING ACKNOWLEDGMENT document executed by the aforementioned contractor reveals provision of requisite training as articulated in 115.232(a) and the "I understand" caveat. The PREA Policy and Training Acknowledgment also minimally reflects the contractor's and volunteer's printed name/signature/date and the "I understand" caveat. Of note, one document addresses completion of Pre-Service training while the other document addresses relevant policy review.

Pursuant to the PAQ, the Director self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The Director further self reports volunteers and contractors, who have contact with residents, have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section 2(b) addresses 115.232(b).

The contractor interviewee asserts he has been notified of the agency's zero tolerance policy on sexual abuse/harassment, as well as, informed how to report such incidents. He further asserts the training included response to incidents of sexual abuse/harassment.

Pursuant to the PAQ, the Director self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section 2(c) addresses 115.232(c).

In view of the above, the auditor finds ATC substantially compliant with 115.232.

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? X Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? X Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? X Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? X Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? X 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*)

Pursuant to the PAQ, the Director self reports residents receive information at the time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The Director self reports 176 residents were provided requisite information at intake during the last 12 months. The Director further self reports 100% of residents admitted during the last 12 months were provided this information at intake.

The auditor's review of the CoreCivic PREA- Prevent, Detect, and Respond brochure reveals verbiage regarding the resident's right to be free from sexual abuse/harassment and retaliation for reporting the

same. The pamphlet is presented in both English and Spanish. Additionally, strategies to avoid sexual abuse/sexual harassment are addressed in this document.

The PREA Advisement is likewise printed in both English and Spanish. The same is provided at intake and includes topics as follows: zero tolerance towards sexual abuse/harassment; all sexual behavior is prohibited; disciplinary action will be imposed in appropriate cases; and reporting options are articulated. An "I understand the subject-matter" caveat is included in the same.

A Day One Security Orientation form confirms the resident's viewing of the PREA video. The completed example included in the PAQ reveals PREA Orientation was completed on the date of intake.

A document entitled Day Two Security Orientation Checklist is completed by staff, capturing the date on which the PREA component was completed and the employee's signature. The PAQ example again pertained to the same resident as referenced throughout the narrative for 115.233(a) and the same was completed one day following intake. Both forms reflect resident date/signature, the administering staff member's signature/date, and the operations supervisor's signature/date.

Review of the CoreCivic Client Handbook reveals provision of information regarding the zero tolerance policy, as well as, reporting options.

A Colorado Community Corrections generated video entitled Responses to Sexual Activity in Community Corrections is presented to new arrivals.

The intake staff interviewee self reports she provides residents with information about the CC and ATC zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, at intake. The interviewee asserts she reads relevant provisions of the aforementioned PREA pamphlet to residents. Orientation instruction is generally provided on the date of arrival up to seven days following arrival, as well as, residents view the PREA video. The case manager facilitates PREA Orientation. The interviewee also asserts PREA documentation is posted throughout the facility.

All nine random resident interviewees self report they received information about the facility's rules against sexual abuse/harassment during intake. Similarly, all nine random resident interviewees self report they were told about the following when they arrived at ATC:

- a. Their right not to be sexually abused or sexually harassed;
- b. How to report sexual abuse or sexual harassment;
- c. Their right not to be punished for reporting sexual abuse or sexual harassment; and
- d. Their right not to be punished for reporting sexual abuse or sexual harassment.

Six of the nine interviewees self report they received this information on the date of arrival while three assert they received the information within one to two days of arrival at the facility.

Interviewees confirmed the materials provided to them were consistent with staff assertions as reflected above.

The auditor notes the resident and a staff witness sign and date the PREA Advisement.

The auditor's on-site review of nine of 11 random resident files reveals requisite information was received on the date of arrival. Review of records further validates orientation was received in all cases within seven days of arrival at the facility.

The auditor notes five files pertained to random resident interviewees who assert they received 115.233(a) educational materials outside the 24-hour required time frame for receipt of materials. The auditor's review reveals three of the five files reflected timely receipt of materials in accordance with CC policy. Orientation materials were received in timely manner in all five cases.

Pursuant to the PAQ, the Director self reports the facility provides residents who are transferred from a different community confinement facility with refresher information as referenced above. The Director further self reports one resident was transferred to ATC from a different community confinement facility within the last 12 months and he has received refresher training. The auditor validated the same pursuant to review of the PREA Advisement applicable to the resident. Residents receive the same PREA information when they transfer from one CC facility to another facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section I(1)(a-d) and (4) addresses 115.233(a) and (b).

The intake staff interviewee self reports residents are made aware of the rights articulated in the narrative for 115.233(a) within the first day of admission. Generally, education occurs within hours of admission to ATC. However, additional information, inclusive of the PREA video and a staff narrative, is provided during the orientation presentation.

All nine random resident interviewees reported being transferred to ATC from state correctional facilities, county jail(s), or private re-entry facilities.

Pursuant to the PAQ, the Director self reports resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as, to residents who have limited reading skills.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 13 and 14, section I(5)(a) and (b) addresses 115.233(c).

Resident education formats and accessibility of the same to the resident population are addressed in the narrative for 115.216 above.

Pursuant to the PAQ, the Director self reports the agency maintains documentation of resident participation in PREA education sessions.

Substantiating documentation is referenced in the narrative for 115.233(a) above. Multiple documents discussed in the narrative for 115.233(a) substantiate compliance with this provision. Executed documents, as discussed above, are applicable to one resident, in addition to the on-site random resident file reviews.

Pursuant to the PAQ, the Director self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The PCM provided the auditor with two posters, both printed in English, in the PAQ packet. The PCM asserts posters are printed in both English and Spanish. The posters reveal methods and telephone numbers for residents to privately report sexual abuse/harassment, inclusive of an entity not affiliated with the facility.

In addition to the above, the auditor's review of numerous documents referenced throughout the narrative for 115.233 reveals substantial compliance with 115.233(e).

The auditor validated the preceding statement during the facility tour. Posters are hung on the back of resident room doors, as well as, in strategic locations throughout the facility.

In view of the above, the auditor finds ATC substantially compliant with 115.233.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

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

Pursuant to the PAQ, the Director asserts agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section b(i) addresses 115.234(a).

The auditor's review of the training syllabus for the National Institute of Corrections (NIC)/PREA Resource Center (PRC) course entitled PREA: Investigating Sexual Abuse in Confinement Settings (training source for the CC PREA sexual abuse investigation training course) addresses the requirements of 115.234(a) and (b). Additionally, another PREA Investigator's certificate relative to a separate course described below, substantiates completion of the same.

During interview with the investigative staff interviewee, the auditor also reviewed the syllabus from the training described below and determined the same is commensurate with 115.234(a) and (b).

The Director asserts that prior to his assumption of duties at ATC, a trained assistant facility administrator facilitated sexual abuse/harassment investigations at ATC.

According to the investigative staff interviewee, he completed an on-line Relias sexual abuse/harassment investigative training and a three hour in-person training with the CC Director of PREA Investigations, patterned after the NIC/PRC course regarding Conduct of Sexual Abuse Investigations in a Confinement Setting.

These courses included topics such as interviewing techniques relative to victims and perpetrators in a confinement setting, execution of Miranda and Garrity warnings, evidence collection in sexual abuse cases, and the evidence standard necessary to substantiate a case for administrative action or prosecution referral.

The auditor's review of a Training Activity Enrollment/Attendance Roster reveals the one ATC PREA investigator completed specialized sexual abuse/sexual harassment investigator training on August 1, 2018. Additionally, individual training transcripts for the current investigator and the previous investigative staff reveals completion of the same course.

The Director asserts the operations supervisor will assume duties as the second ATC sexual abuse/harassment investigator and accordingly, she will be trained in the near future. Records reflect the operations supervisor was promoted to her current position in March, 2020.

While there is one trained investigator at ATC and CC policy requires two, it is clear plans are in process to address the policy matter. The auditor finds the plan reasonable given facility turnover and circumstances.

In view of the above, the PCM will provide a copy of training documentation to the auditor regarding the operations supervisor's completion of requisite specialty training on or before January 8, 2021.

November 13, 2020 Update:

The auditor's review of NIC Certificates for the os and assistant facility director reveals they completed the PREA: Investigating Sexual Abuse in a Confinement Setting course on October 22 and 20, 2020, respectively. Accordingly, this recommendation is closed.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section b(i) addresses 115.234(b).

Pursuant to the PAQ, the Director self reports the agency maintains documentation showing investigators have completed the requisite training. As previously indicated, the Director also self reports the agency maintains documentation showing one current investigator has completed the required training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section b(i) addresses 115.234(c).

Documentation substantiating completion of requisite training is addressed in the narrative for 115.234(a).

In view of the above, the auditor finds ATC substantially compliant with 115.234.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if

the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. However, no medical or mental health staff work at ATC. The Director further self reports that zero medical/mental health practitioners, who work regularly at the facility, received the training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 7 and 8, section b(i) addresses 115.235(a).

According to the Director/PCM and pursuant to the auditor's observation and review of the ATC Organizational Chart, medical and mental health staff are not employed at ATC. Accordingly, such interviews could not be conducted. Of note, none of the provisions of 115.235(a) are applicable to ATC; however, as the auditor finds no evidence of non-compliance, ATC is compliant with the standard.

Pursuant to the PAQ and in view of the above, the Director self reports facility medical staff do not conduct forensic examinations at ATC. Accordingly, the auditor finds 115.235(b) not applicable to ATC.

Pursuant to the PAQ and in view of the above, the Director self reports the agency does not maintain documentation showing that medical/mental health practitioners have completed the required training. Medical/mental health care is provided in community facilities.

As mentioned throughout the narrative for this standard, no medical/mental health practitioners are employed at ATC.

As there are no apparent deviations from standard, the auditor finds ATC substantially compliant with 115.235.

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? X 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? X Yes No

115.241 (b)

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

115.241 (c)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? X Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? X Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? X 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? X 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? X 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? X 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*)

Pursuant to the PAQ, the Director self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(1) addresses 115.241(a).

The staff who performs screening for risk of victimization and abusiveness interviewee self reports she does screen residents upon admission to ATC or transfer from another facility for risk of sexual victimization or sexual abusiveness toward other residents. Additionally, she reports new commitments are screened within 72 hours of intake. As a matter of fact, new commitments are screened within 24 hours of intake.

All nine random resident interviewees self report when they first arrived at ATC, they were asked questions like whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as being LGBTI, and whether they think they may be in danger of being sexually abused at ATC. Seven of nine interviewees self report they were asked these questions on the date of arrival.

The auditor's on-site review of resident files for two random resident interviewees who reported they were not asked the aforementioned questions upon intake reveals all were asked the requisite questions in a timely (at intake), thorough, and comprehensive manner.

The auditor's on-site review of 11 random resident files reveals sexual victimization/sexual abusiveness screening was conducted in a timely and comprehensive manner in all cases.

The auditor observed the office wherein new commitments are screened. The auditor finds no evidence of deviation from standard or policy as the result.

Pursuant to the PAQ, the Director self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The below policy requires that screening is conducted within 24 hours of arrival at ATC. The Director self reports during the last 12 months, 175 residents entering the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of their entry into the facility. This equates to 100% of residents admitted to the facility during the last 12 months, for 72 hours or more.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(1)(b) and (c) addresses 115.241(b).

The auditor's review of one initial assessment, conducted on January 13, 2020 and reassessment conducted on February 10, 2020 (one resident) reveals substantial compliance with 115.241(b). CC policy requires completion of the initial assessment within 24 hours of arrival and the same was comprehensive/ timely. The reassessment was likewise comprehensive and timely.

Pursuant to the 115.241(a) narrative, the auditor's on-site review of 11 random resident files reveals timely and comprehensive completion of initial screenings within 24 hours of arrival at the facility. Review of 30-day reassessments related to the same residents reveals two were untimely (within three days of the due

date), six were completed in a timely manner, and three were not yet due in view of the date of arrival. All relevant 30-day reassessments are comprehensive.

Pursuant to the PAQ, the Director self reports risk assessment is conducted using an objective screening instrument.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(1)(a) addresses 115.241(c).

The auditor's review of the CC 14-2B CC, Sexual Abuse Screening Tool, reveals the same is an objective screening tool.

The auditor's review of the Sexual Abuse Screening Tool reflects substantial compliance with 115.241(d). Specifically, the document reflects the following issues:

- 1) Whether the resident has a mental, physical, or developmental disability;
- 2) The age of the resident;
- 3) The physical build of the resident;
- 4) Whether the resident has previously been incarcerated;
- 5) Whether the resident's criminal history is exclusively nonviolent;
- 6) Whether the resident has prior convictions for sex offenses against an adult or child;
- 7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- 8) Whether the resident has previously experienced sexual victimization; and
- 9) The resident's own perception of vulnerability.

The staff who performs screening for risk of victimization and abusiveness interviewee self reports the following factors are considered in the sexual victimization/abusiveness screening:

History of sexual victimization in both confinement and community settings, history of incarceration, mental/physical disabilities, resident self-identification or appearance of LGBTI status, conviction for sexual abuse, and violent criminal history.

According to the interviewee who conducts such assessments, a pre-screening packet is reviewed by the screener prior to the conduct of the screening. If there are discrepancies between the resident's statements and the pre-screening packet, the same is reconciled to the degree possible. The client is taken to the office behind the control center behind a closed door. The interview is conducted one-on-one and she reads the questions to the resident, documenting responses.

The interviewee asserts she assigns housing based on findings from both parts of the screening instrument and the Director subsequently approves or disapproves the assignment.

The auditor's review of the Sexual Abuse Screening Tool reveals substantial compliance with 115.241(e). Specifically, the same addresses prior acts of sexual violence, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(1)(a-c) addresses 115.241(e).

The auditor notes pursuant to review of the requisite screening tool and all documents referenced in the narrative for 115.241(a), requisite questions are addressed in the same.

Pursuant to the PAQ, the Director self reports the policy requires the facility reassesses each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional relevant information received by the facility since the intake screening.

The Director self reports during the last 12 months, 157 residents entering the facility (either through intake or transfer) were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days after their arrival at the facility based upon any additional relevant information received since intake. The Director further self reports this represents 100% of residents entering the facility for more than 30 days. He further self reports 18 of the initial assessment residents departed the facility prior to the the 30 day threshold as described in 115.241(f).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(2)(a) addresses 115.241(f).

According to the staff who performs screening for risk of victimization and abusiveness interviewee, reassessments are conducted within 30 days of arrival at ATC by case managers.

Four of nine random resident interviewees report they were again asked the questions reflected in the narrative for 115.241(a) above since arrival at ATC. The questions were allegedly asked within five to 30-days of arrival at the facility.

The auditor's on-site review of four of the 11 files related to interviewees who assert they were not reassessed; three of the four were determined to be timely.

Pursuant to the PAQ, the Director self reports policy requires a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 12, section H(2)(b) addresses 115.241(g).

According to the Director, additional sexual abuse or sexual victimization information has not been received regarding residents which triggered a re-assessment within the parameters of 115.241(g).

The staff responsible for risk screening interviewee relates the case managers reassess within 30 days of the resident's arrival. The case manager also facilitates reassessments, as needed, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Pursuant to the PAQ, the Director self reports the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the resident has a mental, physical, or developmental disability;
Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the resident has previously experienced sexual victimization; or
The resident's own perception of vulnerability.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section H(3)(a-d) addresses 115.241(h).

According to the staff who performs screening for risk of victimization and abusiveness interviewee, residents are not disciplined in any way for refusing to respond to (or for not disclosing complete information related to):

Whether or not the resident has a mental, physical, or developmental disability;
Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the resident has previously experienced sexual victimization; or

The resident's own perception of vulnerability.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section H(4) addresses 115.241(i).

According to the ATC Director/PCM, the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Initial PREA Assessment information is available to all staff on the ATC intranet via the shared drive. Access to this system is password protected. The Director advises he feels comfortable with this distribution and the ability to protect sensitive information from exploitation as the information is germane to staff's responsibilities.

The staff who performs screening for risk of sexual victimization and abusiveness confirms the Director/PCM's response.

In view of the above, the auditor finds ATC substantially compliant with 115.241.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(1) addresses 115.242(a).

According to the Director/ PCM, the agency uses information gleaned from the risk screening during intake to keep residents safe from being sexually victimized or sexually abusive. This information is used primarily with housing decisions as the facility is open in terms of structure, etc. Potential and known victims (PVs/KVs) are separated from potential and known abusers (PAs/KAs). Residents classified as "Unrestricted" may be placed with PVs/KVs or PAs/KAs.

Each resident is keyed into a grid reflecting the aforementioned designations. This ensures placements are specific to resident sexual safety.

According to the staff who performs screening for risk of victimization and abusiveness interviewee, PVs/KVs are physically separated (housing only) from PAs/KAs in terms of housing. Residents may also be placed in rooms closer to surveillance and staff. Programming activities are supervised by staff and work assignments are generally off-site.

The auditor's review of a housing schematic (date unknown) reveals consistency in terms of geographic separation (by room) of victims/possible victims and abusers/possible abusers. Additionally, the auditor's review of one initial victimization/abuser assessment (victim), compared against the above document, reveals the individual is housed pursuant to 115.242(a).

Pursuant to the PAQ, the Director self reports the facility makes individualized determinations about how to ensure the safety of each resident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 1, section J(1)(a) addresses 115.242(b).

Pursuant to the PAQ, the Director self reports the facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section J(1)(a) addresses 115.242(c).

The Director/PCM asserts all incoming residents are placed in a sexually safe situation based on screening results. PVs/KVs and PAs/KAs are housed with Unrestricted or the same classification can be housed together. There are no designated location(s) for transgender/intersex resident housing. Programming is supervised by staff.

The agency does consider whether the placement will ensure the resident's health and safety. Similarly, the agency does consider whether the placement would present management or security concerns.

The Director/PCM asserts zero transgender/intersex residents were housed at ATC during the on-site audit. Accordingly, such interview(s) could not be conducted.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section J(1)(a) addresses 115.242(d).

The Director/PCM asserts the transgender/intersex resident's own views with respect to his/her own safety are given serious consideration in placement and programming assignments.

The staff who conducts screening for risk of victimization and abusiveness interviewee confirms the Director/PCM's statement in this regard.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 15, section K(7) addresses 115.242(e).

According to the Director/PCM, transgender and intersex residents are given the opportunity to shower separately from other residents. Procedurally, the resident alerts staff he/she is ready to shower at the predetermined time. Security staff clear the bathroom/shower and the same is subsequently monitored by staff.

Of note, the staff responsible for risk screening interviewee corroborates the Director/PCM's statement.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section J(1)(b) addresses 115.242(f).

The Director/PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI residents. The PCM further asserts the screening dictates room assignments. Room assignments are made based on room/bed availability and screening results.

The intake staff member makes housing decisions and the operations supervisor reviews the same. Subsequently, all housing assignments are keyed into a grid and the same is monitored to guard against any 115.242(f) deviations.

Gay and bisexual residents report they are not housed in specific wings, units, rooms, etc. The auditor's cursory review of room/bed assignments reveals no deviation from standard.

In view of the above, the auditor finds ATC substantially compliant with 115.242.

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? X 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? X 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? X 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? X 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? X Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? X 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? X Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? X Yes No

115.251 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 15 and 16, section L(1)(a)(i-vii) address 115.251(a).

The auditor's review of the CoreCivic Resident Handbook, PREA Advisement, and CoreCivic PREA- Prevent. Detect. Respond. tri-fold pamphlet reveals multiple methods for private resident reporting of sexual abuse and sexual harassment incidents. The CoreCivic PREA- Prevent. Detect. Respond. tri-fold pamphlet reveals multiple methods for private resident reporting of sexual abuse and sexual harassment incidents and is also available in Spanish.

All 12 random staff interviewees are able to cite at least two methods available to residents for reporting sexual abuse/harassment, retaliation by other residents/staff for reporting sexual abuse/harassment, or staff neglect/violation of responsibilities that may have contributed to an incident of sexual abuse/harassment. Methods of reporting include the Hotline (DOC TIPS Hotline), contact ACSD to report, submission of letter, verbal report to staff, Ethics Hotline, submit an Emergency Grievance, submission of an anonymous report, and submission of a third party report.

All nine random resident interviewees are able to cite at least two methods available to them to report. Options include verbal report to staff, dialing the Hotline (DOC TIPS), submit a kite to staff, submit a written report, contact ACSD, and report to family.

As previously addressed in the narrative for 115.233, posters (regarding procedures for reporting sexual abuse/harassment of residents) are available throughout the facility.

Pursuant to the PAQ, the Director self reports the agency provides 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.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, sections L(1)(a)(vii) addresses 115.251(b).

Pursuant to the auditor's review of the resources mentioned in the narrative for 115.251(a), the DOC-TIPS-LINE is the most prevalent validation of compliance with 115.251(b).

According to the Director/PCM, the DOC-TIPS Line serves as one way for residents to report sexual abuse/harassment to a public or private entity or office that is not part of the agency. Operators are CDOC employees [generally Office of the Inspector General (OIG)]. The Director/PCM asserts he is notified within 24 hours, generally by telephone or e-mail, excluding weekends and holidays. This service is offered pursuant to CDOC contract.

Additionally, residents can contact ACSD via personal cell phone.

The Director/PCM asserts the DOC-TIPS-LINE was tested by a mock auditor and a call was returned to the auditor.

The auditor did test the DOC-TIPS-Line (CDOC), making contact with a recorded voice. He advised of the test of the Hotline and was subsequently notified, in a timely manner, by DOC-TIPS Line staff, of the test.

All nine random resident interviewees assert they are allowed to make a report without having to give their name.

Pursuant to the PAQ, the Director self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Director further self reports staff are required to document verbal reports. The time frame in which staff are required to document such verbal reports is "immediately".

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section 2 addresses 115.251(c). This policy stipulates verbal reports must be documented promptly.

All 12 random staff interviewees assert when a resident alleges sexual abuse, he can do so verbally, in writing, anonymously, and from third parties. All 12 interviewees assert they immediately document any verbal reports of sexual abuse/harassment received from residents.

All nine random resident interviewees assert reports of sexual abuse/harassment can be made both in person and in writing. Furthermore, all interviewees assert a friend or relative can make the report for him without giving his name.

Pursuant to the PAQ, the Director self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Of note, the telephone number for DOC TIPS Line is listed in the following policy. The auditor's review of the CC website reveals staff reporting information. The same can generally be accomplished through reporting to the Ethics and Compliance Hotline. Staff are alerted to reporting procedures pursuant to Pre-Service and In-Service training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section 2(d) addresses 115.251(d).

One staff-related poster was observed during the facility tour regarding The Ethics Line. The Ethics Line is specifically referenced in the above policy as a resource for staff private reporting in accordance with 115.251(d).

All 12 random staff interviewees are able to cite at least one method of privately reporting sexual abuse/harassment of residents. Methods cited are placement of a telephone call or e-mail to a supervisor/Director/operations supervisor, closed door meeting, report to Director via his cell phone during non-regular business hours (phone list is available on Sharepoint), Ethics Hotline, DOC-TIPS Line, contact ACSD, or submit a written report.

In view of the above, the auditor finds ATC substantially compliant with 115.251.

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. X Yes No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

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

115.252 (d)

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

115.252 (e)

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

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section L(1)(b) addresses 115.52. This policy stipulates as follows:

Unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's inmate/detainee grievance process. Should a report be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer (ADO).

The Director relates there has been no residents, within the last 12 months, who filed or attempted to file a PREA-related issue pursuant to the facility grievance policy.

In view of the above, the fact the auditor finds no standard deviation(s), and the facility is exempt from the provision, the auditor finds ATC substantially compliant with 115.252.

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? X Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? X 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? X 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? X Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility provides 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) for local, state, or national victim advocacy or rape crisis organizations; and Enabling reasonable communication between residents and these organizations in as confidential manner as possible.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 10, section F(2) addresses 115.253(a).

The auditor's review of the aforementioned tri-fold brochure identified in the narrative for 115.251 establishes some compliance with 115.253.

The auditor's review of a PAQ poster and a case manager Orientation document that is completed by staff, reveals substantial compliance with 115.253(a).

The Director asserts an informative pamphlet from Blue Bench is available to residents pursuant to posting on a bulletin board. During the on-site audit, the auditor validated the same. Accordingly, residents have substantial access to information provided in the same.

All nine random resident interviewees assert there are services available outside the facility for dealing with sexual abuse, if the resident needed it. Four interviewees specifically cited mental health services, counseling, therapy, police, and social services. Six interviewees assert such information is available in the CC PREA pamphlet or review of posters throughout the facility. Seven interviewees assert the telephone calls are free of charge and eight interviewees assert the calls can be accessed at any time.

Pursuant to the Director, there are no residents (currently at ATC) who reported sexual abuse victimization while confined at ATC. Accordingly, such interview(s) were not conducted.

Pursuant to the PAQ, the Director self reports the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The Director further self reports the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 10, section F(3) addresses 115.253(b).

The auditor's review of the CoreCivic PREA- Prevent. Detect. Respond. brochure reveals substantial compliance with 115.253(b).

Eight of nine random resident interviewees assert that what is said to people from the outside service(s) remains private. Six interviewees assert such conversations could be told to or listened to by someone else if someone is in danger (law enforcement concern), and the threat of self harm or a potential criminal matter.

At the conclusion of each interview wherein the interviewee was unaware of the appropriate responses to these questions, the auditor provided correct response(s) and directed the interviewee(s) to resources for further review.

In view of the above, the auditor is confident ATC residents have been properly educated regarding the subject-matter of 115.253(b).

Pursuant to the PAQ, the Director self reports the facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The Director further self reports the facility maintains copies of the agreement.

The auditor's review of the MOU with The Blue Bench reveals the same is commensurate with 115.253(c). The same is also addressed in the narrative for 115.221 above.

In view of the above, the auditor finds ATC substantially compliant with 115.253.

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*)

Pursuant to the PAQ, the Director self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The CC website provides information regarding third-person reporting options.

According to the Director, PREA posters are posted throughout the facility addressing reporting via the 1-877-DOC-TIPS line. Additionally, the auditor's review of a Visitation Log narrative reveals substantial information regarding third-party reporting options. This narrative is scripted at the bottom of the page for all ATC entrants to read.

The auditor did observe a poster as he entered the facility lobby. Additionally, the Third Party PREA Alleged Incident Reporting Memorandum (provided in English and Spanish) is located at the facility entrance.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 17, section L(4) addresses 115.254.

In view of the above, the auditor finds ATC substantially compliant with 115.254.

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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;
Any retaliation against residents or staff who reported such an incident; or
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section 2(a)(i-iii) addresses 115.261(a).

All 12 random staff interviewees assert the agency requires all staff to report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Eleven interviewees assert policy requires immediate reporting to the operations supervisor or Director. In addition to the above, one interviewee asserts the report can be provided to the highest ranking staff member on shift.

Pursuant to the PAQ, the Director self reports apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section 2(c) addresses 115.261(b).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 17, section 2(e) addresses 115.261(c).

As previously indicated, there are no medical/mental health staff on board at ATC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 17, section 2(f) addresses 115.261(d).

According to the Director/PCM, no residents under the age of 18 are housed at ATC. With respect to a vulnerable adult being subjected to sexual abuse or sexual harassment, an investigation would be immediately initiated, as is the case with any allegation, and notification to the ATC Board, agency of jurisdiction over the affected resident (Adams County, another county, or CDOC), and the Department of Criminal Justice.

The auditor has not been provided any information relative to allegation(s) received from vulnerable adults, nor has he discovered any such allegations pursuant to random and specialized staff interviews.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section 2 addresses 115.261(e).

The Director/PCM asserts all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported directly to the designated facility investigator. The Director asserts staff generally contact him immediately and as he is currently the only trained sexual abuse/harassment investigator, he facilitates the investigation. Minimally, the os will be trained in the near future and accordingly, the Director may contact her.

The auditor's review of one administrative investigation (subsequently referred to ACSD) reveals substantial compliance with 115.261. Information was provided to the assistant facility director (afd) regarding an alleged incident on April 3, 2019. She initiated an investigation on the same date and concluded the investigation on or about April 15, 2019.

In view of the above, the auditor finds ATC substantially compliant with 115.261.

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? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Director further self reports in the last 12 months, there were zero times the facility determined a resident was subject to substantial risk of imminent sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 1, section entitled Policy and page 16, section 2(c) address 115.262(a).

The auditor's review of the CC PREA Overview Facilitator Guide reveals removal of the resident victim from the danger zone is paramount to assurance of the potential victim's safety.

The Agency Head interviewee advises immediate isolation of the potential victim is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator may also be placed under direct staff supervision status. The contractual requirements of the governmental partner will dictate the ability to transfer both the potential victim and potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.

The Director asserts when staff learn a resident is at risk of imminent sexual abuse, he is removed from the danger zone and placed in other housing under staff supervision. If necessary, the victim may be moved to another facility pursuant to Director- Director agreement. There are limited viable options to separate the potential victim from the potential perpetrator in view of facility configuration. An investigation is also initiated.

Eleven of 12 random staff interviewees corroborate the assertions of the Agency Head interviewee and the Director to the extent the potential victim would be immediately removed from the danger zone.

In view of the above, the auditor finds ATC substantially compliant with 115.262.

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? X Yes No

115.263 (b)

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

115.263 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has a policy requiring that, upon receiving an allegation a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Director further self reports in the last 12 months, the facility received zero allegations that a resident was sexually abused while confined at another facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section 5(a) addresses 115.263(a).

Pursuant to a PAQ document entitled PREA Process for Community Corrections Programs, allegations regarding sexual abuse perpetrated in a jail, CDOC facility, or private prison are reported to the CDOC PC for investigation, processing, and/or referral.

Pursuant to the PAQ, the Director self reports agency policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section 5(a) addresses 115.263(b).

Pursuant to the PAQ, the Director self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section 5(b) and (c) addresses 115.263(c).

Pursuant to the PAQ, the Director self reports facility policy requires allegations received from other facilities/agencies are investigated in accordance with PREA standards. The Director further self reports in the last 12 months, there was zero allegations of sexual abuse originating at ATC, received by the facility from other facilities.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section 5(d) addresses 115.263(d).

The Agency Head interviewee advises if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Director is generally the administrator who receives the call. Subsequent to receipt of such a call, the Director would advise the facility investigator to open an investigation. Dependent upon the circumstances, the investigator would initiate an administrative investigation or contact ACSD to initiate a criminal investigation.

According to the Director/PCM, when an allegation is received from another facility regarding an incident that allegedly occurred at ATC, a full investigation would be initiated pursuant to standard procedure. The alleged victim is interviewed at the facility at which housed to secure a statement. The Director subsequently responds to the reporting administrator regarding the outcome of the investigation.

The Director asserts he is not aware of any such allegation(s) that occurred during this audit period.

In view of the above, the auditor finds ATC substantially compliant with 115.263.

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? X 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? X 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? X 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? X 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? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has a first responder policy for allegations of sexual abuse. Specifically, upon learning of an allegation a resident was sexually abused, the first security staff member to respond to the report shall be required to:

- 1) Separate the alleged victim and abuser;
- 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
- 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described in paragraph 3 above.

The Director self reports zero alleged incidents of sexual abuse occurred at ATC during the last 12 months.

CC PCN 14.2(02) CC entitled Sexual Abuse Prevention and Response, page 1, section M(1)(b) and CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 17, sections M(1)(a-c) address 115.264(a). The Policy Change Notice (PCN) addresses a verbiage clarification related to "requesting that the victim not destroy physical evidence". This PCN is dated January 31, 2019.

The auditor's review of a Priority: PREA laminated staff card reveals substantial compliance with 115.264(a).

The non-security first responder interviewee was able to accurately identify all steps involved in the first responder duty expectations. The security first responder asserts the first responder does not allow either the victim or perpetrator to destroy physical evidence. Additionally, three of the remaining 10 interviewees were able to identify first responder steps in accordance with the requirements of 115.264(a).

Given the above, the auditor finds ATC substantially compliant with 115.264(a). While policy is clearly scripted in accordance with 115.264(a) and interviewees were generally in possession of a CC First Responder card, the auditor finds a need for additional staff training, accentuating the nuances of first responder duties. Accordingly, the auditor has scripted necessary training regarding 115.264 subject matter in the narrative for 115.221(a).

December 22, 2020 Update: The auditor's review of five Training Activity Enrollment/Attendance Rosters reveals ATC staff received the training mentioned in the preceding paragraph. Corrective action has been accomplished.

Pursuant to the PAQ, the Director self reports agency policy requires if the first responder is not a security staff member, that responder shall be required to:

- 1) Request the alleged victim not take any actions that could destroy physical evidence; and

2) Notify security staff.

The Director further self reports that of the allegations of sexual abuse within the last 12 months, there were zero times a First Responder was a non-security staff member.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section M(1)(e) addresses 115.264(b).

Of note, all staff receive the same First Responder training as all staff receive the same PREA training, both Pre-Service and In-Service.

In view of the above, the auditor finds ATC substantially compliant with 115.264.

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*)

Pursuant to the PAQ, the Director self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 10-12, section G(1-3) and pages 17-26, sections M-O address 115.265(a). Specific duties and responsibilities are articulated for various individuals and departments as a response to an incident of sexual abuse.

The auditor's review of this plan, in addition to the aforementioned policy citations, reveals a comprehensive and substantive plan to enable proper staff response to an incident of sexual abuse.

The Director asserts staff are trained regarding the coordinated response plan during staff meetings. Additionally, the auditor's review of an augmenting memorandum provided to all staff provides a generic approach to PREA sexual abuse incident responses.

According to the Director, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The plan is clearly articulated in CC Policy 14-2 CC.

In view of the above, the auditor finds ATC substantially compliant with 115.265.

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? X Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit. During the on-site audit, the auditor confirmed this assertion.

The Agency Head interviewee advises there are five or fewer facilities under the CC umbrella that are unionized. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

Since the auditor finds no ATC deviation from standard, compliance with 115.266 is established.

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? X Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes No

115.267 (d)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has 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. According to the PAQ, the Director self reports Administrative Duty Officer (ADO) staff are designated as the retaliation monitors at ATC. However, pursuant to a memorandum included in the PAQ materials, he is the designated retaliation monitor at ATC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section 3(a)(iv) addresses 115.267(a).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 11 and 12, sections 3(a)(iv through vi) and 3(b)(i and ii) address 115.267(b).

According to the Agency Head interviewee, staff and residents who report sexual abuse/sexual harassment allegations are protected from retaliation pursuant to frequent retaliation monitoring check-ins (residents/staff), in addition to a 30/60/90 day formal review schedule. Staff charged with retaliation monitoring responsibilities follow disciplinary action(s), housing unit changes, removal of perpetrator(s) from area of victim housing, transfer of alleged abuser(s), and change in programming. In regard to alleged staff perpetrators, monitoring and follow-up regarding staff conduct is a primary consideration to the resident safety equation.

According to the Director and staff member charged with monitoring retaliation, they follow up and check-in with both resident and staff victims. Formal 30/60/90 day retaliation meetings are conducted with the victim(s) with random check-ins.

Relocation of the perpetrator is the primary response and secondarily, the victim, dependent upon the circumstances. Support services are recommended, if appropriate. Minimally, the victim's housing within the facility is considered and if appropriate, the same would be changed. With respect to staff victims, the perpetrator may be moved to a different shift and/or post assignment, minimally.

Additionally, the perpetrator may be moved to a different facility. The Employee Assistance Program may be recommended to a staff victim.

The designated staff member charged with monitoring retaliation interviewee asserts she would reach out to the victim upon determination that abuse had occurred.

Pursuant to the PAQ, the Director self reports the facility monitors the conduct or treatment of residents or staff who reported sexual abuse/harassment and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The Director further self reports retaliation monitoring is continued for at least 90 days or more, if necessary. The facility does act promptly to remedy such retaliation.

The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Director self reports retaliation has not occurred within the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 11 and 12, section 3(a)(iv and v) addresses 115.267(c). Documented monitoring occurs at 30/60/90 day intervals.

The auditor notes CC policy requires the conduct of 30/60/90 retaliation monitoring in both sexual abuse/harassment situations. The auditor's on-site review of four sexual abuse/harassment investigations reveals the following in terms of retaliation monitoring:

One sexual harassment investigation (unsubstantiated) resulted in 60-days of formal retaliation monitoring while a second such investigation (substantiated) resulted in zero retaliation monitoring meetings;

One sexual abuse investigation (unsubstantiated) resulted in the conduct of one retaliation monitoring meeting as the victim was moved to another CC facility on the date of the meeting; and
Another sexual abuse investigation was determined to be unfounded, the last retaliation monitoring meeting being canceled as a result of the same.

In view of the above, the auditor finds ATC non-compliant with CC policy. Accordingly, ATC is non-compliant with 115.267(c). The auditor imposes up to a 180 day corrective action period (ending on or before April 5, 2021) wherein compliance with both standard and policy must be demonstrated.

To demonstrate compliance, the Director/PCM will train the os regarding the retaliation monitoring process and its application to both sexual abuse/harassment actions. The Director/PCM will provide to the auditor a copy of the training materials utilized and training certification(s) for all attendees.

In addition to the above, the Director/PCM will provide to the auditor a copy of all sexual abuse/harassment investigations conducted between the date of this report and April 5, 2021, inclusive of retaliation monitoring evidence. The auditor will review the same and make a determination regarding compliance. All materials will be included in the audit file.

November 13, 2020 Update:

The auditor's review of training materials and a Training Activity Enrollment/Attendance Roster reveals the assistant facility director (afd) and os received the above requisite training on November 6, 2020. Analysis of the PREA Retaliation Monitoring Report (30/60/90) is the basis for the training. Additionally, a completed and detailed report was provided as a guideline. The completed document clearly reflects documentation of monitoring termination and a basis for the same.

February 3, 2021 Update:

The auditor's review of a mock sexual abuse scenario, accompanying administrative investigation, respective PREA Retaliation Monitoring Reports (115.267), and the accompanying Sexual Abuse Incident Review (SAIR) Report (115.286) reveals substantial compliance with relevant standards. Of note, a witness to the mock sexual abuse incident was incorporated into the completion of a PREA Retaliation Monitoring Report.

In view of the above, the auditor finds ATC substantially compliant with 115.267.

The Director and designated staff member charged with retaliation monitoring interviewee assert they monitor changes in resident behavior(s) (increase in receipt of misconduct reports), hygiene changes, poor eye contact, isolation, withdrawal, decreased job performance, and change(s) in attitude and demeanor. In regard to staff victims, a decrease in work productivity, frequent shift or post change requests, increase in call-offs, increase in corrective actions, and isolation, are key indicators.

Monitoring is continued for a minimum of 90 days however, the same may be extended dependent upon the circumstances. The Director and the interviewee make the determination.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section 3(a)(iv) addresses 115.267(d). The auditor recommends that a prescribed status check period and documentation of the same be added to policy.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section 3(a)(vi) addresses 115.267(e).

Pursuant to contact with the Director/PCM, he is not aware of any other incidents that occurred during the last 24 months wherein other individual(s) who cooperated with an investigation, expressed a fear of retaliation.

When a resident who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he receives the same benefits and treatment as articulated in the narrative for 115.267(b) above.

In view of the above, the auditor finds ATC compliant with 115.267(e). Additionally, the auditor now finds ATC compliant with 115.267.

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).) X 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).) X 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? X 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? X Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
X Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X 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? X 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?
X 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? X Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? X 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? X 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? X Yes No

115.271 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the facility has a policy related to criminal and administrative agency investigations.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 1, section entitled Policy, and pages 23 through 25, section O(1-3) address 115.271(a).

According to the investigative staff interviewee, an investigation is initiated immediately following receipt of an allegation of sexual abuse. If he is on-site, he immediately commences the investigation. If the allegation is reported during off-duty hours, he would immediately report to the facility to commence a sexual abuse investigation and dependent upon the circumstances, he may report to the facility for a sexual harassment allegation.

In regard to anonymous or third-party reports of sexual abuse/harassment, they are handled the same as any sexual abuse/harassment investigation.

The auditor's review of an attached investigation included in the PAQ packet reveals substantial compliance with 115.271. The Director maintains close contact with ACSD with respect to criminal investigations and investigations are completed in a timely, comprehensive, and methodical manner.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section b(i), page 19, section 3(f), and page 25, section 3(b) address 115.271(b).

Trained sexual abuse/harassment investigators are addressed in the narrative for 115.234. The requisite action required in the narrative for 115.234 is likewise applicable to 115.271(b).

According to the investigative staff interviewee, he completed a three hour Relias Sexual Abuse Investigations in a Confinement Setting course. He also completed a three hour in-person NIC training with a CC trainer. The training was facilitated in a classroom setting and included scenarios. This course included topics such as interviewing techniques relative to victims and perpetrators in a confinement setting, execution of Miranda and Garrity warnings, evidence collection in sexual abuse cases, and the evidence standard necessary to substantiate a case for administrative action or prosecution referral.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section 3(g), and pages 23 and 24, sections O(1-3) address 115.271(c).

The investigative staff interviewee asserts the initial steps in initiating an investigation and time frames for implementation of each step are as follows:

- Check crime scene relative to first responder effectiveness and ensure no evidence tampering (5-10 minutes);
- Review staff statements, victim statement(s)- threshold questions, and witness statement(s) (40-60 minutes);
- Preliminary interviews with victims and staff and resident witnesses (15 minutes to three hours);
- Review video (20 minutes to three hours);
- Review files (15-30 minutes);
- Follow-up interviews with victim(s), staff, and witness(es) (15 minutes to three hours);
- Interview perpetrator, unless criminal (0 to 30 minutes to one hour); and
- Write report (two hours).

The criminal investigation process mirrors the above with the exception of physical evidence collection and interviewing the perpetrator.

Direct and circumstantial evidence the interviewee is responsible for collecting entails written statements, video, files, and interview notes. All physical evidence is collected by ACSD investigators.

The auditor's review of the 1-15-CC Form reveals retention time lines regarding investigative materials and the same is commensurate with 115.271.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 24, section O(3)(b) addresses 115.271(d). This provision stipulates as follows:

At this facility, additional contracting agency requirements pertaining to the investigation of rape, sexual assault, or employee on resident sexual misconduct are:

Contact ACSD.

The investigative staff interviewee asserts compelled interviews are not conducted by ATC staff. The same would be facilitated by ACSD investigator(s) and they would likewise maintain contact with prosecutors.

The auditor's review of the investigation reveals the matter was referred for criminal investigation to ACSD following the administrative finding. The investigative interviewee was not aware of the prosecutorial outcome at the time of the on-site audit.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section O(1)(d) addresses 115.271(e). Additionally, the narrative referenced in 115.271(d) is applicable.

In regard to credibility assessments relative to staff and resident witnesses, the investigative staff interviewee asserts credibility is established based on the premise the statement is more believable than not considering the totality of evidence. The interviewee further relates he would not, under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section O(1)(f) addresses 115.271(f).

With respect to determining whether staff actions or failure to act contributed to the incident of sexual abuse, the investigative staff interviewee asserts he assesses facts against policy/Code of Ethics deviations.

The interviewee asserts administrative investigations are documented in written reports. The reports generally address the following format:

- General synopsis of the allegation(s) and some findings;
- Recapitulation of the victim's interview;
- Video and file review analysis;
- Physical and circumstantial evidence analysis;
- Staff/victim/resident witness/[perpetrator (unless criminal)] statement analysis;
- Credibility analysis as to the aforementioned interviewees;
- Conclusion; and
- Summary/recommendations.

The auditor's review of the aforementioned administrative sexual harassment investigation reveals an assessment of staff actions was clearly facilitated as the same is the focal point of the investigation.

According to the Director/PCM, he is not in possession of any criminal reports regarding sexual abuse that arose during the last 12 months.

The investigative staff interviewee asserts criminal investigations are documented. In actuality, the reports are similar to the administrative reports completed by the interviewee and as described above in the narrative for 115.271(f).

Pursuant to the PAQ, the Director self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. The Director further self reports there was one administrative or criminal finding that was referred for prosecution since the last PREA audit.

The investigative staff interviewee asserts cases are referred for criminal investigation whenever the evidence points to the existence of a statutory criminal violation. Referrals for prosecution are generally facilitated by ACSO when it appears the evidentiary standard has been met. The interviewee asserts sexual abuse investigations are generally criminal matters based on the nature of the offense.

Pursuant to the PAQ, the Director self reports the agency retains all written reports referenced in the above paragraphs of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section T(1) addresses 115.271(i). Additional policy citations with respect to 115.271(i) are noted in the narrative for 115.287(d). The aforementioned retention schedule clearly substantiates compliance with 115.271(i).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section T(1) addresses 115.271(i). Additional policy citations with respect to 115.271(i) are noted in the narrative for 115.287(d). The aforementioned retention schedule clearly substantiates compliance with 115.271(i).

The CCPC asserts a Change Notice (PCN) is being developed to address 115.271(j). The same will be inserted into existing policy. The CCPC asserts that although policy addition is necessary, the provision is already included in practice and the same is commensurate with the auditor's observations.

Given the above, the auditor finds ATC non-compliant with 115.271(j) for the audit period. Accordingly, the auditor imposes a 90-day corrective action period wherein the aforementioned change notice will be implemented and the Director and all investigators/duty officers will be properly trained. Corrective action will be completed on or before January 8, 2021.

Demonstration of standard compliance and institutionalization will be demonstrated by the Director/PCM pursuant to provision of the change notice to the auditor for review and inclusion in the audit file. Additionally, the Director/PCM will provide training to any other investigators and duty officers, providing a copy of the training plan and roster to the auditor for inclusion in the audit file. Upon completion of the same, the auditor will consider closure of the finding.

December 4, 2020 Update:

The auditor's review of PCN 14-2(03) entitled Sexual Abuse Prevention and Response reveals the requisite standard provision language is now captured in a policy update.

In addition to the above, the auditor's review of NIC certificates for the afd and os validating completion of the PREA: Investigating Sexual Abuse in a Confinement Setting course on October 20 and 22, 2020 reveals completion of corrective action. Accordingly, this finding is closed.

Pursuant to the CCPC, standard practice requires continuation of an investigation into a PREA allegation even if a resident is terminated from the program.

The investigative staff interviewee asserts he continues the investigation regardless of whether a staff member alleged to have committed a sexual abuse act terminates employment prior to a completed investigation into his/her conduct and/or when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 24, section O(2)(a)(i) addresses 115.271(l).

The Director/PCM asserts he maintains consistent e-mail contact with ACSD investigators, checking on the status of criminal investigations. Follow-up contact is documented or contact is facilitated by email.

As previously referenced above, the e-mail thread(s) regarding the one sexual abuse investigation facilitated during the last 18 months, substantiates attempts to be informed regarding status of the investigation.

According to the investigative staff interviewee, he acts as a liaison or facilitator (e.g. addresses any evidentiary needs, interview coordination/scheduling, etc.) whenever ACSD investigators investigate sexual abuse incident(s).

In view of the above, the auditor finds ATC compliant with 115.271.

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? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section O(5) addresses 115.272(a).

The investigative staff interviewee asserts he relies on a preponderance of evidence to substantiate allegations of sexual abuse/harassment. He asserts this equates to "more evidence the incident occurred, than not".

The auditor's review of the four sexual abuse/harassment investigations conducted during the last 18 months reveals substantial compliance with 115.272(a).

In view of the above, the auditor finds ATC substantially compliant with 115.272.

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? X Yes No

115.273 (b)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency has a policy requiring that any resident who makes an allegation he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Director self reports four administrative sexual abuse/harassment investigations were completed during the last 18 months and notifications were provided to the victim in all four cases.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section Q(1) addresses 115.273(a). This policy stipulates provision of the notification upon completion of a sexual abuse investigation.

The auditor reviewed one Inmate/Resident PREA Allegation Status Notification related to employee sexual misconduct advising the recipient the investigation was determined to be unfounded.

According to the Director, the facility does notify a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He asserts all such notifications are effected on a Resident PREA Allegation Notification Form. The investigative staff interviewee substantiates the Director's statement.

Pursuant to the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The Director further self reports two investigations were completed by an outside agency and in both cases, the victim(s) received notifications.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section Q(1) addresses 115.273(b).

The auditor notes with respect to the above investigation, contact between the facility investigator and ACSD was clearly accomplished.

Pursuant to the PAQ, the Director self reports following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined the allegation is unfounded) whenever:

The staff member is no longer posted within the resident's unit;
The staff member is no longer employed at the facility;
The agency learns the staff member has been indicted on a charge related to sexual abuse within the facility; or
The agency learns the staff member has been convicted on a charge related to sexual abuse within the facility.
The Director asserts there has been a staff-on-resident sexual abuse or sexual misconduct allegation during the last 18 months and the resident was notified pursuant to 115.273(c).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section Q(2)(a-d) addresses 115.273(c).

Although not required as the investigation was determined to be unfounded, the auditor notes notification, as scripted in 115.273(c), was provided to the victim in the above investigation.

Pursuant to the PAQ, following a resident's allegation he or she has been sexually abused by another resident at ATC, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section Q(3)(a and b) addresses 115.273(d).

The auditor finds there was one unsubstantiated investigation regarding sexual abuse by another resident during the last 18 months for which the resident was not notified pursuant to 115.273(d). This

investigation is referenced in the narrative for 115.273(a) wherein the victim was terminated from the program for unrelated circumstances. Additionally, there is no evidence the alleged perpetrator was indicted or convicted as specified in 115.273(d).

Pursuant to the PAQ, the Director self reports the agency has a policy that all notifications to residents described under this standard are documented. The notifications in accordance with 115.273(e) are discussed in the narrative for 115.273(a).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section Q(4) addresses 115.273(e).

In view of the above, the auditor finds ATC substantially compliant with 115.273.

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*)

Pursuant to the PAQ, the Director self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section 2(a) addresses 115.276(a).

Pursuant to the PAQ, the Director self reports in the last 12 months, two facility staff members are alleged to have violated agency sexual abuse/ harassment policies. The Director further self reports two staff have resigned or been terminated from employment for violating agency sexual abuse/harassment policies.

The auditor's review of one resignation letter and one termination of employment letter reveals substantial compliance with 115.276(b). These documents pertain to the aforementioned two staff.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section 2(a) addresses 115.276(b).

The auditor's review of a document entitled CoreCivic Facility Standards of Conduct and two training schedules clearly substantiates staff training regarding 115.276(b) subject-matter.

Pursuant to the PAQ, the Director self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The Director further self reports that in the last 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 27 and 28, section 2(b) addresses 115.276(c).

Pursuant to the PAQ, the Director self reports 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Director further self reports during the last 12 months, two facility staff have been reported to law enforcement or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section 2(c) addresses 115.276(d).

The auditor notes both staff members involved in incidents of sexual abuse/harassment were monitors and therefore, reporting to any relevant licensing bodies was not relevant.

In view of the above, the auditor finds ATC substantially compliant with 115.276.

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the Director self reports agency policy requires any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. According to the Director, during the last 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section R(3) addresses 115.277(a). In addition to the above, the CoreCivic Zero Tolerance Policy- Prohibited Sexual Behavior document, signed and dated by each contractor/volunteer, reflects the requirements of 115.277 in the section entitled Corrective Action for Contractors and Volunteers that Engage in Prohibited Sexual Behavior.

Pursuant to staff/resident interviews and documentation reviews, the auditor has not found any incidents wherein the requirements of 115.277 were invoked or would require the same.

Pursuant to the PAQ, the Director self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section R(3) addresses 115.277(b).

The Director asserts he suspends contractor/volunteer privileges and eliminates contact with residents, pending the results of an investigation, should a contractor/volunteer be involved in a sexual abuse/harassment incident with a resident. He terminates the contract/volunteer access privileges if the investigation is substantiated. The case is then referred to local law enforcement.

In view of the above, the auditor finds ATC substantially compliant with 115.277.

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? X 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? X 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? X 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? X 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? X 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? X Yes No

115.278 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The Director further self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the last 12 months, there was zero administrative and/or criminal findings of resident-on-resident sexual abuse that occurred at the facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section R(1)(a)(i) addresses 115.278(a).

The auditor's review of the CoreCivic Resident Handbook reveals substantial compliance with 115.278 in terms of administrative charges and sanctions.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(a)(iii) addresses 115.278(b).

According to the Director, residents who facilitate a resident-on-resident sexual abuse incident may normally be recommended, during an administrative disciplinary process, for termination from the program following a substantiated administrative or criminal investigation. This would occur for such a 100 level offense. A Hearing Notice and charge(s) are issued by ATC staff and the actual hearing is facilitated by Adams County, other applicable county, or CDOC staff, whichever is appropriate.

As the hearing is facilitated by Adams County, other applicable county, or CDOC staff, it is unknown whether sanctions are commensurate with the nature and circumstances of the offense committed. Additionally, Adams County, other applicable county, and CDOC staff would consider any mental health issues.

In the event of a sexual harassment investigative finding, ATC staff issue the misconduct report and conduct the Due Process Hearing.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(a)(iv) addresses 115.278(c).

Pursuant to the PAQ, the Director self reports the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Specifically, in the case of substantiated abuse, the individual would be placed into custody and terminated from the program and the alleged perpetrator is separated from the victim. In view of the above, facility staff do not consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(c) addresses 115.278(d).

The Director asserts a substantiated abuser is immediately removed from the program. Given the above, there is no deviation from standard. Accordingly, ATC is substantially compliant with 115.278(d).

As previously mentioned in the narrative for 115.278(d), according to the Director/PCM and the auditor's observations, medical and mental health staff are not employed at ATC.

Pursuant to the PAQ, the Director self reports the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(a)(v) addresses 115.278(e).

The auditor finds no allegations or investigations relative to resident sexual contact with staff, conducted during the last 12 months, addressing the subject-matter of 115.278(e).

Pursuant to the PAQ, the Director self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(b)(i) addresses 115.278(f).

The auditor has found no evidence of deviation from the requirements of 115.278(f).

Pursuant to the PAQ, the Director self reports the agency prohibits all sexual activity between residents. The Director further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section R(1)(a)(vi) addresses 115.278(g).

The auditor did not find any incidents of resident discipline for sexual abuse linked to consensual sex.

In view of the above, the auditor finds ATC substantially compliant with 115.278.

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?
X 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? X Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X 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? X 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? X 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*)

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Director further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. However, such services are provided by community providers at a designated location. The Director self reports that as medical and mental health care are not provided at ATC, such secondary materials are maintained at the hospital.

As previously indicated, the auditor observed there are no medical/mental health providers on board at ATC. Accordingly, interview(s) could not be facilitated.

Page 2, section entitled ST. ANTHONY agrees to, of the MOU between CoreCivic and St. Anthony North Neighborhood Health Center addresses 115.282.

The interview narratives for security and non-security first responders, as reflected in 115.221, 115.262, and 115.264, address preliminary steps taken by first responders to protect the victim. Specific responsibilities in terms of medical evaluation and the conduct of a forensic examination are articulated in the narrative and relevant policy cited for 115.265. Of note, senior monitors/on-call/administrators contact medical/mental health resources, dependent upon the circumstances.

The auditor has found no incidents wherein medical care and follow-up were warranted.

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The Director self reports that as medical and mental health care is not provided at ATC, such secondary materials are maintained at the hospital.

Page 2, section entitled Access to Emergency Medical Health Services, paragraph 2 of the MOU between CC and St. Anthony North Neighborhood Health Center addresses 115.282(c).

Pursuant to the PAQ, the Director self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section O(4)(c) addresses 115.282(d).

Page 2, section entitled Access to Emergency Medical Health Services, paragraph 3 of the MOU between CC and St. Anthony North Neighborhood Health Center addresses 115.282(d).

In view of the above, the auditor finds ATC substantially compliant with 115.282.

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? X 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? X Yes No

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? X 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? X 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? X 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*)

Pursuant to the PAQ, the Director self reports the facility offers 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.

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 1, section W(2)(a) addresses 115.283(a) in entirety.

At the time of the on-site audit, zero residents, who had been victimized by sexual abuse in a prison, jail, lockup, or juvenile facility, were housed at ATC. This was confirmed pursuant to review of the roster provided to the auditor.

As previously mentioned, medical/mental health providers are not employed at ATC. All medical/mental health care is provided in the surrounding community. As the auditor understands, such care is provided to residents pursuant to CTF/Department of Labor funding or their private insurance provider, or some other form of payment.

When questioned as to the method employed at ATC to initiate 115.283(a) and (b) referrals, the Director asserts the respective case manager makes the appropriate medical or mental health referral for residents who have reported previous institutional sexual abuse.

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 1, section W(2)(b) addresses 115.283(b) in entirety.

As previously mentioned throughout this report, medical/mental health staff are not employed at ATC. Similarly, zero residents who reported a sexual abuse at ATC were housed at the facility during the on-site audit. Accordingly, those interviews were not conducted.

The auditor has found no evidence meeting the requirements of 115.283(b).

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 1, section W(2)(c) addresses 115.283(c) in entirety.

ATC is an all-male facility and therefore, the auditor finds 115.283(d) not applicable to the facility.

ATC is an all-male facility and therefore, the auditor finds 115.283(e) not applicable to the facility.

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 2, section W(2)(e) addresses 115.283(f) in entirety.

Page 2, section B(6) of the MOU between CC and St. Anthony North Neighborhood Health Center addresses 115.283(f).

Pursuant to the PAQ, the Director self reports treatment services are 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.

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 2, section W(2)(f) addresses 115.283(g) in entirety.

Page 2, section B(2) of the MOU between CC and St. Anthony North Neighborhood Health Center addresses 115.283(g).

Pursuant to the PAQ, the Director self reports the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

CC Policy Change Notice (PCN) 14-2(01) CC entitled Sexual Abuse Prevention and Response, page 2, section W(2)(g) addresses 115.283(h) in entirety.

In a separate conversation, the Director advised no resident-on-resident sexual abusers have been housed at ATC during the last 18 months. As previously indicated, CC acquired ATC on or about November 1, 2017.

In view of the above, the auditor finds ATC substantially compliant with 115.283.

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? X Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X 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? X 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? X 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? X 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? X Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X 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? X Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? X 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*)

Pursuant to the PAQ, the Director self reports the facility conducts a sexual abuse incident review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The Director further self reports in the last 18 months, three criminal or administrative sexual abuse investigations were facilitated at ATC. One additional investigation was determined to be unfounded.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 22, section N(1) addresses 115.286(a).

The auditor's review of the SAIR report relative to a substantiated administrative sexual harassment case (incident is reflective of a Code of Conduct violation, as opposed to, sexual abuse/harassment) referenced throughout this report reveals the requisite committee membership was present at the review and the report is comprehensive, addressing all requisite areas. The review was completed in a timely manner.

The auditor's on-site review of two sexual harassment and one sexual abuse investigations reveals SAIR team reviews were completed pursuant to the requirements of 115.286 although the conduct of SAIRs is not required for sexual harassment investigations.

Pursuant to the PAQ, the Director self reports the facility ordinarily conducts a SAIR within 30 days of completion of the conclusion of the criminal or administrative sexual abuse investigation. The Director further self reports in the last 18 months, three criminal or administrative sexual abuse investigations were facilitated at ATC. One additional investigation was determined to be unfounded.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 22, section N(1)(b) addresses 115.286(b).

Pursuant to the PAQ, the Director self reports the SAIR team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The auditor notes no medical or mental health staff are employed at ATC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 22, section N(1)(a) addresses 115.286(c).

The auditor finds the composition of the SAIR review team, in question, to be commensurate with standard expectations. Commensurate with a memorandum included in the PAQ documentation, the Senior Director for the Division, the Facility Director/PCM, the Assistant Facility Director, and the Operations Supervisor comprise the membership of the SAIR team.

The Director asserts the facility does have a SAIR team. The team is comprised of the Director and Senior Director (Division 7), allowing for input from line supervisors, and investigators. The os is also included on the team. Since the assistant facility administrator is not currently assigned to ATC, he does not assume duties on the ATC team.

Pursuant to the PAQ, the Director self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made pursuant to paragraphs (d) (1)-(d)(5) of this provision and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section N(2)(a-e) and N(3) addresses 115.286(d).

The auditor's review of the CC Sexual Abuse or Assault Incident Review Form reveals substantial compliance with 115.286(d).

According to the Director, the team works to determine whether the alleged incident was the result of a policy, technology, inadequate staffing, or performance failure. During the review, the team assesses those facets which were correctly accomplished and those that were incorrectly accomplished. The process is designed to enhance the PREA program and resident sexual safety at ATC.

The team considers:

1. Was the incident motivated by race, ethnicity, gender identity, LGBTI identification status or perceived status or perceived status, or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility;
2. Physical examination of the area, in the facility, where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
3. Assessment of the adequacy of staffing levels in the area during different shifts; and
4. Assessment of whether monitoring technology should be deployed or augmented to supplement staff supervision.

Of note, the incident review team interviewee's statement parallels that of the Director/PCM in terms of issues assessed during the review.

According to the Director/PCM, reports are generated by him. If recommendation(s) are made, he looks to implement the same unless there is a written basis for non-compliance with the recommendation(s).

Although the majority of incidents occurred prior to the Director's arrival at ATC, no trends have been noted.

Pursuant to the PAQ, the Director self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section N(4)addresses 115.286(e).

The auditor notes there were two training recommendations applicable to the aforementioned review. Pursuant to the auditor's review of training documentation (as referenced in the narrative for 115.231) for current ATC staff, recommended training was completed during PREAART.

In view of the above, the auditor finds ATC substantially compliant with 115.286.

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? X Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? X 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? X 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? X 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 X 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 X NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Director further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section T(1)(a)(i) addresses 115.287(a/c).

The auditor's review of the CC Incident Reporting Definitions (IRD) and CC 5-1E forms reveals substantial compliance with 115.287(a/c).

Pursuant to the PAQ, the Director self reports the agency aggregates the incident-based sexual abuse data at least annually.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section T(1)(a)(ii) addresses 115.287(b).

The auditor's review of the CC website reveals substantial compliance with 115.287(b) as aggregated data is available for audit years.

Pursuant to the PAQ, the Director self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 28 and 29, section T(1) addresses 115.287(d).

Based on the PAQ review and on-site review of documents, the auditor finds ATC substantially compliant with 115.287(d).

ATC does not contract with any other facility(ies) for confinement of its residents. Accordingly, the auditor finds 115.287(e) not applicable to ATC.

According to the Director, CoreCivic has not provided sexual abuse/sexual harassment data to the U.S. Department of Justice during 2019. It is noted CoreCivic assumed ATC operations during calendar year 2017. Accordingly, the auditor finds 115.287(f) not applicable to ATC.

In view of the above, the auditor finds ATC substantially compliant with 115.287.

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? X 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? X 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? X 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 X 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? X 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? X Yes No

Auditor Overall Compliance Determination

- X **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*)

Pursuant to the PAQ, the Director self reports the agency reviews 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 and training including:

Identifying problem areas;
Taking corrective action on an ongoing basis; and
Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as, the agency as a whole.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page29, section 3(a)(i-iii) addresses 115.288(a).

The auditor's review of the 2020 CC Annual Report reveals substantial compliance with 115.288(a), (b), and (c). The report is published on the CC website.

The Agency Head interviewee advises CC accesses information from several sources, using incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period. Monthly, a report of PREA related incidents details frequency and location(s) of incidents within the facility, amongst other criteria. Pursuant to this procedure, corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SART review findings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of inmates/residents at CC facilities.

In view of the above, the auditor finds ATC to exceed compliance expectations with respect to 115.288. This procedure is representative of CC's commitment and zeal in terms of enhancement of inmate sexual safety within facilities.

While the CCPC interviewee was not interviewed during this audit, his statement articulated in previous CC audit reports is noteworthy. He asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Such data is securely retained in password protected programs at both the facility and CCPC's office. Access to this information is limited.

Auditor's Note: PREA investigation reports and ancillary documentation are electronically generated. The auditor observed this process throughout the on-site audit.

The CCPC further advises the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation.

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve effectiveness of its sexual abuse prevention, detection, and response policies, and training. Data is maintained electronically by the Director/PCM and CCPC. The data is maintained in a password protected system with access by the Director/PCM only. Hard files may be maintained by the Director in a locked file cabinet in his office.

The Director/PCM also asserts the agency prepares an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. The CCPC actually compiles the report.

Pursuant to the PAQ, the Director self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Director further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section 3(b) addresses 115.288(b).

The auditor finds substantial compliance with 115.288(b) pursuant to review of the Annual CC PREA Report.

Pursuant to the PAQ, the Director self reports the agency makes its annual report readily available to the public at least annually through its website and the reports are approved by the agency head.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section 3(c) addresses 115.288(c).

The auditor's review of the CC website reveals the 2020 Annual Report is maintained on the same.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Chief Corrections Officer for final review and signature.

Pursuant to the PAQ, the Director self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Furthermore, the agency indicates the nature of the material redacted.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section 3(d) addresses 115.288(d).

According to the Director/PCM, personal names/identifiers and security information is typically redacted from the annual report and the agency indicates the nature of the redacted material. The report is generated by the CCPC.

In view of the above, the auditor finds ATC substantially compliant with 115.288(d).

In view of the above, the auditor finds ATC exceeds 115.288 standard requirements.

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*)

Pursuant to the PAQ, the Director self reports the agency ensures incident-based and aggregate data are securely retained.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 28 and 29, section T(1)(a) (iv) addresses 115.289(a).

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve effectiveness of its sexual abuse prevention, detection, response policies, and training. Data is maintained electronically by the Director/PCM and CCPC. The data is maintained in a password protected system with access by the Director/PCM only. Hard files may be maintained by the Director in a locked file cabinet in his office.

The auditor's on-site review validates the Director/PCM's assertion regarding information security.

Pursuant to the PAQ, the Director self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually through its website.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section T(2)(c)(i) addresses 115.289(b).

The auditor's review of the CC website reveals aggregated sexual abuse data is available on an annual basis.

Pursuant to the PAQ, the Director self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section T(2)(c)(ii) addresses 115.289(c).

The auditor's review of aggregated sexual abuse data on the website reveals all personal identifiers have been removed.

Pursuant to the PAQ, the Director self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

The auditor's review of the CC Records Retention Schedule reveals compliance with 115.289(d).

In view of the above, the auditor finds ATC substantially compliant with 115.289.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? X 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? X 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*)

ATC staff were very accommodating throughout the audit process. The PAQ was executed in a thorough and professional manner and the auditor's follow-up informational/clarification needs were promptly met. The on-site audit was facilitated in rapid fashion as interviews were well organized and interviewees promptly reported for their interviews.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

NA

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.

K.E. Arnold

February 5, 2021

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.
PREA Audit Report, V6
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