

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: December 6, 2021 N/A

Date of Final Audit Report: May 13, 2022

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: October 18-20, 2021

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency (If Applicable): NA			
Physical Address: 5501 Virginia Way, Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
Mailing Address: SAA		City, State, Zip: SAA	
The Agency Is:		<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<input type="checkbox"/> Municipal			
Agency Website with PREA Information: https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

Name: Damon. T. 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)

Facility Information

Name of Facility: Bent County Correctional Facility

Physical Address: 11560 County Road FF. 75

City, State, Zip: Las Animas, Colorado, 81054

Mailing Address (if different from above):
SAA

City, State, Zip: SAA

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.corecivic.com/facilities/bent-county-correctional-facility>

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:

Colorado Department of Corrections Bi-annual Customer Audits- Security, Master Program Schedule, Faith and Citizens Audit. Annual CoreCivic Operations Audits

Warden/Jail Administrator/Sheriff/Director

Name: Virgil Ensey

Email: virgil.Ensey@corecivic.com

Telephone: 719-456-2610 extension 22801

Facility PREA Compliance Manager

Name: Larry Cox- Acting PCM

Email: larry.Cox@corecivic.com

Telephone: 719-456-2610 extension 22803

Facility Health Service Administrator N/A

Name: Position Currently Vacant

Email:

Telephone: 719-456-2610 extension

Facility Characteristics

Designated Facility Capacity:	1465
Current Population of Facility:	1008
Average daily population for the past 12 months:	1145
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:	19-89
Average length of stay or time under supervision:	683.52
Facility security levels/inmate custody levels:	Medium Custody/Level III
Number of inmates admitted to facility during the past 12 months:	707
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	675
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	615
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input 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 inmates:	188
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	73
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	11
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	13
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates 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 inmates, 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>	6
<p>Number of inmate 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 inmates 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 inmates 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>	17
<p>Number of single cell housing units:</p>	1
<p>Number of multiple occupancy cell housing units:</p>	4
<p>Number of open bay/dorm housing units:</p>	3
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	39 (Note: These cells are not currently used)
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

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

Are mental health services provided on-site?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site X <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators X <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<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 X <input type="checkbox"/> Other (please name or describe: CDOC OIG investigator(s) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	X <input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: X <input type="checkbox"/> N/A

Audit Findings

The Prison Rape Elimination Act (PREA) on-site audit of the Bent County Correctional Facility (BCCF) located in Las Animas, CO was conducted October 18-20, 2021, 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 uploaded to a secure electronic program.

The auditor notes that this audit had been postponed on two occasions as the result of COVID-19 limitations. Accordingly, evidence cited throughout this report essentially addresses 2019, 2020, and 2021. Explanations as to practical changes necessitated by COVID-19 are addressed in the narratives for respective provisions.

The documentation review included, but was not limited to, agency/facility/and Colorado Department of Corrections (CDOC) policies, staff training slides, completed forms regarding both staff and offender training, Memorandums Of Understanding (MOUs), organizational chart(s), BCCF Offender Handbook, offender education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resource (HR) documents associated with relevant PREA standard(s), staff training certifications, and Victimization/Aggressor screenings. This review prompted several questions and informational needs that were addressed with the BCCF PREA Compliance Manager (PCM). The majority of informational needs were addressed pursuant to this process.

Following conclusion of the on-site audit, the auditor spoke with the Executive Director at Pueblo Rape Crisis Services (PRCS). As mentioned in various locations throughout this report, PRCS victim advocates (VAs) provide victim advocacy services to BCCF offenders, if warranted and/or requested, pursuant to the conditions specified in the narrative for 115.21(d). When questioned as to the frequency of interaction with offenders from BCCF and/or staff requests regarding sexual abuse allegations on behalf of alleged BCCF offender victims of sexual abuse, she responded that during the last year, such referrals were not received with any frequency, whatsoever.

The auditor met with the Warden, assistant warden (aw), PCM, and the quality assurance manager (qa) at 7:45AM on Monday, October 18, 2021. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 12:15 Noon, the auditor toured the entire facility with the PCM. Various unit managers (UMs), sergeants, and correctional officers were also in attendance at various stages of the tour.

It is noted the rated capacity of BCCF is 1465 offenders and the institutional count on October 18, 2021 was 1072 offenders.

During the on-site audit, the auditor was staged in several offices throughout the facility for document reviews and facilitation of confidential interviews with staff/offenders. The auditor randomly selected (from an offender roster provided by the BCCF PCM) and interviewed 21 detainees on-site pursuant to the Random Offender Interview Questionnaire. At least one offender (representative of the total sample of offender interviewees) was interviewed from each living pod throughout the facility.

Nineteen additional offender interviewees were also interviewed pursuant to specialty interviewee questionnaires. Accordingly, 21 interviewees are counted as random offender interviewees only.

The auditor interviewed three offenders who state they have been sexually abused at BCCF. Additionally, the auditor interviewed one offender with low vision, one cognitively impaired, and one offender who presented with mental health concerns. Four gay, five transgender/intersex offenders, two offenders who reported historical sexual abuse in the community and one who reported sexual abuse in a confinement setting were interviewed at the time of the on-site audit. Of note, one of the

offenders who self identified as gay also alleged, during his interview, that he had been sexually abused at BCCF and accordingly, he was interviewed pursuant to both specialty questionnaires. Additionally, the PCM self reports zero offenders are housed in involuntary segregated housing as the result of sexual safety concerns (explanation of the same is reflected in the narrative for 115.43). The auditor also interviewed two offenders who presented as Limited English Proficient (LEP).

It is noted the random offender interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to offenders for reporting sexual abuse and sexual harassment. Overall, random offenders presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random offenders assert they had received training by BCCF staff, as well as, staff at other facilities.

Of note, 38 of 40 interviewees assert they feel safe at BCCF.

Twelve random staff selected by the auditor from a staff roster provided by the PCM, 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 offenders and staff, the response protocols when an offender alleges sexual abuse, and First Responder duties.

The following specialty staff questionnaires were utilized during this review:

Agency Head
Warden
PREA Coordinator (1), BCCF PCM (1)
Designated Staff Charged with Monitoring Retaliation (1)
Incident Review Team (1)
Human Resources (1)
Investigator (1)
Intermediate or Higher Level Facility Staff (1)
Medical Staff (1)
Mental Health Staff (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 (one security and one non-security)
Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)
Contractors- (4)

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

It is noted CoreCivic (CC) is the umbrella company for BCCF.

The auditor reviewed 14 staff/contractor training records, 16 offender files, 15 staff/contractor HR files, nine 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 October 18, 2021, the auditor was processed into the facility at the facility Front Entrance. Standard security processing was employed.

During the facility tour, the auditor noted Ethics Line posters (staff private reporting mechanism) were posted in the staff break room and training area. PREA Audit Notices were prevalent throughout the facility, inclusive of the housing units, pods, program areas, etc.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of offenders, unit layout (inclusive of shower/toilet areas), placement of PREA posters and informational resources, security monitoring, and offender programming. The auditor notes that a correctional officer (co) makes hourly rounds throughout each cluster of four pods. Housing Sergeants (counselors) make routine rounds throughout each cluster of four pods in addition to the co. Call buttons are incorporated in each cell.

There are 17 housing units (pods), primarily comprised of multiple occupancy cells and some open bay dormitories, at BCCF. A 78-bed Restricted Housing Unit (RHU) is currently not utilized as offenders are placed in such status at another CC facility in Colorado (See the narrative for 115.43).

During the facility tour, the auditor observed programs and operations in all functional locations. Of note, the auditor recommended that a shower curtain be installed in the Decontaminate Shower in medical and the same was installed prior to the end of the tour. Additionally, the auditor recommends installation of a camera in the 2nd Floor access by the Tool Room (Maintenance) as traffic cannot be tracked out of that area.

Throughout the tour, the auditor observed numerous PREA posters in housing units, program areas, and staff offices/gathering places. Clearly, detainees have access to continual education regarding PREA processes. Additionally, PREA Audit Notices were generously posted throughout the facility.

With the exception of the above, the auditor noted ample camera surveillance in all areas, inclusive of programs and operations areas. It is also noted cameras are mounted in key areas outside buildings and recreation areas.

The auditor observed camera monitoring, particularly focusing on camera placements and the degree of offender exposure in their cells and shower areas. COs provided the auditor several different views of pod/program/operational area cameras and he found no evidence of offender exposure in violation of PREA standards and expectations. There are no cameras in housing unit offender cells and toilet/shower areas, with the exception of those as discussed in the narrative for 115.15.

During the tour, the auditor did note properly shielded shower and toilet areas, with the exception of the previously mentioned Decontaminate Shower. Of note, there are windows in each cell door. Staff offices likewise have windows in the door.

Facility Characteristics

BCCF is located 80 miles east of Pueblo, CO and 30 miles west of Lamar on Highway 50 in the community of Las Animas, Colorado. BCCF was activated in April 1993 as a 309 bed minimum restricted correctional facility. Bent County owned and operated the facility until it was purchased by Corrections Corporation of America (now known as CC) in October 1996. The facility was expanded to a 703 bed medium custody facility in June, 1997 and a second expansion was completed in April, 2008. Thus expansion resulted in enlargement to 1469 beds. BCCF is currently owned and operated by CoreCivic pursuant to contract with CDOC.

The facility is built of block and concrete and provides seven general housing units, one segregation unit, two recreation yards (one small and one large), and one gymnasium. BCCF administrative and support buildings consist of a Master Control Center, administrative offices, Food Service, Dining Area, Medical, Visitation, Chapel, Intake and Property Storage, Laundry, Library, Education, and vocational classrooms. The secure facility is located behind two 12 foot fence lines, equipped with several strands of razor wire.

The BCCF mission statement is as follows:

With a cooperative spirit, we will meet our commitments to our customers by abiding with our contractual obligations. We will meet our commitments to our community, offenders, and other stake holders by adhering to CoreCivic's Vision, Mission, Guiding Principles, objectives, and standards. We also recognize that staff must feel engaged and valued in order for our facility to be effective.

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: 115.31, 115.88
List of Standards Exceeded: 2

Standards Met

Number of Standards Met: 43

Standards Not Met

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

--

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden 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. According to the Warden, the policy outlines procedural implementation of the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders, is included in this policy.

The Zero Tolerance policy is clearly articulated in Colorado Department of Corrections (CDOC) Regulation Number (Reg. No.) 100-40 entitled Prison Rape Elimination (PREP), pages 1-29. Additionally, all other requirements articulated in this provision are likewise addressed throughout the previously referenced policy.

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the Core Civic (CC) Organizational Chart, the agency-wide PC reports to the Vice President Operations Administration. The Vice President Operations Administration reports to the Executive Vice President, Chief Correctional Officer who is a member of the CC executive staff. The auditor finds the CC PREA chain of command sufficient to accomplish all PREA needs and tasks.

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 PAQ for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. The CC Quality Assurance Department (QA) and Director currently facilitate 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.

Pursuant to the PAQ, the Warden self reports there is a designated PCM at Bent County Correctional Facility (BCCF). According to the Warden, he does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The auditor's review of two memorandums authored by two Wardens reflects the Chief of Unit Management is designated as the PCM at BCCF. According to the BCCF Organizational Chart, the Chief of Unit Management/PCM reports directly to the Assistant Warden (aw) and he/she reports directly to the Warden (CEO).

The BCCF PCM asserts the Warden and aw have always provided support to him throughout the course of his daily duties. He does have sufficient time to manage his PREA related responsibilities pursuant to weekly tours and rounds throughout the entire facility. PREA issues and concerns are addressed pursuant to management by walking around (MBWA) as he walks and talks with both staff and offenders. This results in knowledge of the offender population and operational effectiveness, inclusive of PREA. Observation of staff/offender interactions and characteristics results in change(s), if required. This hands-on approach with "all things PREA" provides continuity throughout the program and facility.

In view of the above, the auditor finds BCCF substantially compliant with 115.11.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates 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 inmates.) Yes No NA

115.12 (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 inmates.) 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, BCCF is a private facility, under contract with no other jurisdictions to house those offenders designated to its care, custody, and control. CC, the parent company, contracts with the CDOC, housing CDOC offenders.

In view of the above, the auditor finds BCCF to be substantially compliant with 115.12.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? 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 inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? 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

115.13 (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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No

- Is this policy and practice implemented for night shifts as well as day shifts? X Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? 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 Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect offenders against sexual abuse. The Warden further self reports since the last PREA audit, the average daily number of offenders is 1379. The staffing plan is predicated upon an average daily number of offenders of 1388.

CDOC Regulation Number (Reg. No.) 100-40 entitled Prison Rape Elimination (PREP), page 27, section M(1) addresses 115.13(a). CC Policy AR 0100-40, CDOC entitled PREP, page 1, section IV(M)(1)(2)(a-k) and (3) augments the above-referenced CDOC Reg. No. addressing 115.13(a).

The auditor's review of the May 6, 2019, May 5, 2020, and May 3, 2021 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a and c). All requisite criteria are addressed in the Annual PREA Staffing Plan Assessment and the same is reviewed and approved by the BCCF PCM, Warden, CCPC, and respective CC Vice President. The auditor finds the Annual Staffing Plan and Assessment to be compliant with 115.13(a).

The Warden asserts the facility does have a staffing plan. Adequate staffing levels to protect offenders against sexual abuse plus video monitoring are considered in the plan. The marriage between staffing and electronic surveillance is sufficient to facilitate offender sexual safety. One staff member each is assigned to the unit control centers while at least two other staff and a correctional counselor (sergeants) are assigned to make rounds throughout each pod. Staff also supervise program and operational areas throughout the facility.

Cameras are located and positioned in all housing areas and hallways. Pixillation is employed in certain areas to accommodate PREA privacy concerns.

The staffing plan is documented, forwarded to, and maintained electronically at corporate. Additionally, the same is maintained on the shared drive with privileges access granted to the Warden, aw, PCM, chief of security (cos), captains, unit managers, quality assurance (qa). In essence, the staffing plan is determined by both Corporate and the customer.

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

- a. Considerations regarding generally accepted detention and correctional principles center on an analysis of the areas to which offenders have access, blind spots and whether camera/mirror surveillance is adequate, areas of offender concentration, line of sight considerations, and sexual abuse/harassment incident locations. Staffing is generally developed by corporate in consideration of the CDOC contractual plan and PREA staffing plan. American Correctional Association (ACA) Best Practices regarding staffing are

considered. Extra staffing can be requested from corporate based on Sexual Abuse Incident Review (SAIR) results, increases in population, and other factors.

- b. There has been no judicial findings of inadequacy during this audit period.
- c. There has been no findings of inadequacy from federal investigative agencies.
- d. There has been no findings of inadequacy from internal or external oversight bodies.
- e. Blind spots and line of sight are addressed above, as well as, a brief synopsis of the physical plant. PREA vs. physical plant considerations are always assessed during daily/weekly MBWA rounds (facilitated by management staff in addition to requisite line staff tours and rounds). On an annual basis, corporate staff, as well as, CDOC security executives, assess staffing, physical plant, and camera needs. If additional staffing or electronic surveillance are needed, these assessments may drive receipt of resources. Of note, if CDOC staff determine staffing is too low, the offender population level may be adjusted.
- f. Security Threat Groups (STGs), ethnic balance, and the LGBTI population do not create significant concerns at BCCF.
- g. The unit management concept provides another layer of security and offender sexual safety supervision. Sergeants and above are considered supervisory and accordingly, sufficient supervisory presence and benefits are realized. Supervision is strategically placed throughout the facility to address potential "hot spots", as well as, facilitation of sexual safety rounds.
- h. Programming is evenly balanced across the shifts. If additional staffing is required for a special event, management provides assistance. If an increase in offender presence is noted during programming, staffing is adjusted to compensate.
- i. The facility is subject to CDOC and CC PREA policies and standards.
- j. The prevalence, locations, etc. of substantiated and unsubstantiated incidents of sexual abuse are closely monitored and considered in the staffing plan/any corresponding requests for increased staffing or electronic surveillance modification(s).
- k. None.

In regard to daily checks for compliance with the staffing plan, the cos and chief of unit management (coum) review and oversee daily staffing. The administrative duty officer (ado) conducts a live roster review on a weekly basis. Results are documented on the roster and in a log book. If any discrepancies are noted, the Warden is informed. Department heads, captains, and above can approve overtime expenditures.

The auditor notes that the PCM provided essentially the same responses in terms of the above. Accordingly, the Warden's interview synopsis is also applicable to the PCM.

Pursuant to the PAQ, the Warden self reports 115.13(b) is not applicable to BCCF as there were no deviations from the staffing plan during the last 12 months.

CC Policy AR 0100-40, CDOC Reg. No. 100-40 entitled PREP, page 1, section IV(M)(4)(a and b) addresses 115.13(b). The BCCF cos is responsible for identification of non-compliance and he/she reports the same to the BCCF PCM. He, in turn, reports the specifics of the deviation, inclusive of any corrective action, to the CCPC within seven calendar days of the date of the deviation.

The Warden asserts all instances of non-compliance with the PREA Staffing Plan would be documented. The Warden further self reports zero instances of staffing plan non-compliance have been noted throughout the last 12 months.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.13.

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine:

- Whether adjustments are needed to the staffing plan;
- The deployment of monitoring technology; or
- The allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CDOC Reg. No. 100-40 entitled PREP, page 27, section IV(M)(1) addresses 115.13(c) and CC Policy AR CDOC 0100-40, entitled PREP, page 1, section M(4) Annual PREA Staffing Plan Assessment and (2) (a-c) augments the afore-referenced CDOC Reg. No., addressing 115.13(c).

The auditor's review of the May 6, 2019, May 5, 2020, and May 3, 2021 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(c).

The CCPC asserts he is consulted regarding any assessments of, or adjustments to, the staffing plan for BCCF. Specifically, he is a reviewer and co-signer for the BCCF Annual Staffing Plans pursuant to policy.

Pursuant to the PAQ, the Warden self reports that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.

CDOC Reg. No. 100-40 entitled PREP, page 27, section IV(M)(2) addresses 115.13(d).

The auditor's review of three BCCF Supervisory Unannounced PREA Rounds documents reveals substantial compliance with 115.13(d). Areas toured are Units 2, 6, and Recreation and the rounds were conducted during July, September, and October, 2019. They were toured by a variety of department heads and administrators.

The intermediate or higher facility level staff interviewee asserts he facilitates unannounced sexual safety rounds. He asserts he completes unannounced rounds every day in every pod. He documents unannounced PREA rounds, in red ink, in the pod log book. During unannounced sexual safety rounds, he walks all tiers and checks each cell.

The interviewee asserts he varies times for the conduct of rounds, varies his path for the conduct of rounds as he may facilitate half of the rounds at one time and half at another time, and he may double back, conducting two tours on the same day. No patterns are established.

The interviewee asserts he reinforces, with staff, that alerting each other as to the supervisor's location and rounds is not acceptable.

During the facility tour, the auditor reviewed log books in various housing units and other areas, finding documented times for supervisory sexual safety rounds.

The auditor's review of one 2021 Restricted Housing Unit (RHU) and 10 Unannounced Rounds sign-in logs reveals substantial compliance with 115.13(d). The logs encompassed numerous units and program/operational areas, as well as, RHU. During the auditor's facility tour, random document reviews as previously described, reveal compliance with 115.13(d).

In view of the above, the auditor finds BCCF substantially compliant with 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) 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*)

Youthful offenders are not housed at BCCF. The Warden confirmed the same pursuant to PAQ memorandum and the auditor confirmed the same during the on-site audit pursuant to observation.

While 115.14(a-c) are deemed to be not applicable to BCCF, the auditor finds BCCF to be substantially compliant with 115.14 as there are no deviations from either standard or policy.

In view of the above, the auditor finds BCCF substantially compliant with 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)

Yes No NA

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

115.15 (c)

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

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of offenders are conducted at BCCF. The Warden further self reports two cross-gender strip or cross-gender visual body cavity searches of offenders were conducted at BCCF during the last 12 months. Reportedly, neither search was based on exigent circumstances.

In follow-up questioning regarding these alleged incidents within the last 12 months, the PCM asserts zero such searches have been conducted at BCCF since the 2019 incident mentioned below. The auditor's on-site audit findings are commensurate with this assertion.

CDOC Reg. No. 300-06 entitled Searches and Contraband Control, page 5, section IV(E)(1) addresses 115.15(a).

The auditor's review of 2021 BCCF General Area Search Logs reveals that all strip searches are logged. There is no evidence of cross-gender strip searches during 2021.

According to the non-medical staff involved in cross-gender strip or visual searches interviewee, female staff do not generally conduct cross-gender strip or visual searches of offenders at BCCF. When questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the interviewee stated when an offender is suspected (reasonable suspicion) of being in possession of hard contraband secreted in his rectum, the same would constitute an exigent circumstance.

The auditor reviewed PAQ documentation dated September 25, 2019 regarding an incident wherein a transgender female offender requested, in writing, at intake that female staff facilitate the requisite intake strip search. CDOC Reg. No. 300-06 entitled Searches and Contraband Control, page 5, section IV(E)(1) addresses circumstances similar to the instant fact pattern. Specifically, if an employee(s) of the same gender with which the offender identifies are available and are willing to conduct the search, the same may be conducted.

In the instant matter, three female staff volunteers were properly trained to conduct such searches with the subject training being documented. Two of the trained staff conducted the strip search while male staff were not in the strip search area and could not observe the process. Subsequently, a draft procedural memorandum was drafted to address step by step instructions.

Pursuant to the auditor's review, this search was conducted in a professional manner commensurate with 115.15 expectations.

Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Pursuant to the auditor's review of the CC website, only male offenders are housed at BCCF and the auditor's on-site observation confirmed the same.

Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. As female offenders are not housed at BCCF, policy provisions regarding cross-gender pat searches of female offenders are not applicable.

CDOC Reg. No. 300-06 entitled Searches and Control, pages 5, 6, and 7, sections IV(D)(2)(c), E(1), and k(1) respectively, address 115.15(c).

The auditor notes that all strip searches are logged in the BCCF General Area Search Log.

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at BCCF that enable offenders 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 Warden further asserts policies and procedures require staff of the opposite gender to announce their presence when entering an offender housing unit.

CDOC Reg. No. 100-40 entitled PREP, page 5, section IV(5) addresses 115.15(d).

During the facility tour, the auditor reviewed facility cameras. At the time of the tour, female staff were assigned to the area where the monitors are maintained. Reportedly, these are the only facility monitors wherein housing and program area interiors are monitored by line staff. The auditor's review of these cameras validated the aforementioned statement as the auditor noted the cameras do not capture cell interiors nor shower areas. It is noted each cell contains a toilet.

As is typical with suicide watch/some hospital cells, the BCCF suicide cell(s) was/were equipped with cameras. The auditor's review of the monitor clearly reveals the same is pixilated, thereby removing any 115.15(d) concerns.

During the facility tour and throughout the on-site audit period, the auditor noted no instances wherein opposite gender staff failed to announce themselves when entering pods. Additionally, the auditor observed a painted notice at each pod entry area reflecting that opposite gender staff must announce their gender upon entering the area.

Twenty of 21 random offender interviewees assert female staff announce their presence when entering opposite gender housing units. In regard to query as to whether offenders are ever naked in full view of opposite gender female staff while toileting, showering, or changing clothing, all 21 random offender interviewees stated they are not.

During the facility tour, the auditor's observations refuted one interviewee who reported both offenders and staff can observe offender anatomy from the top tier of the unit as curtain shielding is insufficient. The auditor observed that a wall of sufficient height precludes viewing as previously described.

All 12 random staff interviewees assert that female staff announce their presence when entering a housing unit wherein opposite gender offenders are housed. Random staff interviewees (male) also validated the assertions of female staff interviewees.

All 12 random staff interviewees assert offenders are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

During the facility tour, the auditor observed consistent announcement of presence in the housing areas by female staff.

Pursuant to the PAQ, the Warden self reports there is a BCCF policy prohibiting staff from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. According to the Warden, no such searches have been conducted during the audit period.

CDOC Reg. No. 100-40 entitled PREP, page 12, section IV(D)(4) addresses 115.15(e).

All 12 random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. All interviewees were aware of the policy governing the same.

All five transgender offender interviewees state they have not been placed in a housing area designated for transgender or intersex offenders. Similarly, they have no reason to believe they were strip-searched solely for the purpose of determining genitalia.

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

The auditor's review of the CC Search Procedures Facilitator Guide/slides, as well as, the CDOC Universal Pat Searches and Training on the Transgender or Intersex Offender reveals substantial compliance with 115.15(f).

The auditor's review of a Training Activity Enrollment/Attendance Roster dated March 5, 2021 (Pre-Service) reveals seven security staff participated in the Search Procedures class.

In addition to the above, the auditor's review of two Training Activity Enrollment/Attendance Rosters dated March 10, 2020 and April 2, 2020 bearing 24 total correctional officer (CO) printed names/signatures/and titles reveals compliance with 115.15(f). These staff participated in the Search Procedures class.

The auditor's on-site review of eight of 13 random staff files reveals compliance with 115.15(f) during 2020 and 2021. Of note, four staff were not yet due for this class presented during PREA annual refresher training however, the class was presented during pre-service training.

Ten of 12 random staff interviewees assert the facility provides training regarding professional and respectful searches of transgender/intersex offenders. Two random staff interviewees assert they did not receive the training, in question. Of note, the auditor's review of their respective training files reveals both received the training within the last 24 months.

In view of the above, the auditor finds BCCF substantially compliant with 115.15.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? X Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? X Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? X Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? X Yes No

- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? X Yes No
- Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision? X Yes No

115.16 (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 inmates 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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate'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 Warden self reports there are established procedures to provide disabled offenders 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.

CDOC Reg. No. 100-40 entitled PREP, page 6, section IV(A)(8) addresses 115.16(a). Additionally, CDOC Reg. No. 100-19 entitled Communication with Offenders, page 4, section IV(E)(f) addresses 115.16(a). This policy stipulates sign language interpretation is required for PREA related communication, including but not limited to, investigations, victims rights/advocacy, and services pursuant to contact with CDOC Legal Services.

Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf offenders so they can converse with other individuals similarly situated.

The auditor's review of a Language Line Services document reveals a procedure is in place to provide interpretative services for non-English speaking offenders in accordance with the above CDOC policy. Additionally, PAQ evidence reveals a Carson 2X Page Magnifier is used at BCCF. This is for use by offenders with sight disabilities.

According to the Agency Head interviewee, the agency has established procedures to provide offenders with disabilities and offenders who are limited English proficient 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, Language Line is used, when necessary, to communicate with limited English proficient (LEP) offenders. Generally speaking, staff translators can also be used. TTY units are available in every facility and Braille is available in some facilities.

The auditor interviewed three offenders who presented with disabilities (one cognitively impaired, one mental health, and one low vision) who reported that the facility provides information about sexual abuse and sexual harassment that they are able to understand.

Educational posters were noted to be posted in areas easily accessible and observable to the offender population.

The PCM asserts that offenders classified as P1, P2, or P3 are housed at BCCF. Accordingly, there are no acute mentally impaired cases housed at BCCF.

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide offenders 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.

CDOC Reg. No. 100-19 entitled Communication with Offenders, page 3, section IV(E)(3) addresses 115.16(b). Additionally, CDOC Reg. No. 850-07 entitled Offender Reception and Orientation, page 4, section IV(D)(5) addresses 115.16(b).

The auditor's review of the contract between CC and Language Line Interpreter Services for provision of services to non-English speaking offenders reveals substantial compliance with 115.16(b). Services for 250-plus languages are provided pursuant to this service.

Pursuant to a 2019 PAQ memorandum, seven staff Spanish translators are available to provide translation for Spanish-speaking offenders.

The auditor's review of one 2019 and one 2021 BCCF Offender Orientation Verification Forms dated September 4, 2019 and May 5, 2021 reveals the offenders received PREA information in Spanish.

The two LEP offender interviewees state that the facility provides information about sexual abuse and sexual harassment they are able to understand.

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under 115.64, or investigation of the offender's allegations. The Warden further advises the facility documents the limited circumstances in individual cases where offender interpreters, readers, or other types of assistants are used. Reportedly, there were zero instances, within the last 12 months, wherein offender interpreters, readers, or other types of offender assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations.

CDOC Reg. No. 100-40 entitled PREP, page 24, section IV(K)(1)(f) addresses 115.16(c).

All 12 random staff interviewees assert, to the best of their knowledge, offender interpreters, offender readers, or other types of offender assistants have not been used in relation to sexual abuse or sexual harassment allegations during the last 12 months at BCCF. It is noted that six interviewees identified further physical injury to the victim as a legitimate reason to invoke 115.16(c) procedures.

In view of the above, the auditor finds BCCF substantially compliant with 115.16. The auditor does recommend BCCF training staff accentuate 115.16(c) nuances to both new employees and existing employees during both pre-service and in-service training.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees? X Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional

employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) 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 Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with offenders and prohibits enlisting the services of any contractor who may have contact with offenders who:

Has engaged in sexual abuse in a prison, jail, lock-up, 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 preceding bullet.

Implementation/Adjustments CDOC Reg. No. 100-40 entitled PREA, Attachment A, page 1, section I(1)(a-c) addresses 115.17(a). CDOC Reg. No. 1150-14 entitled Background Investigations, pages 3 and 4, section E(1)(a-c) also addresses 115.17(a).

The auditor's review of 2019 and 2021 Self Declarations of Sexual Abuse/Sexual Harassment forms (14-2H) for one employee, one contractor, and one applicant (all completed within the last 12 months) reveals compliance with this provision to the extent the three questions are specifically asked, and staff and the contractor affirmatively responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form.

The auditor's on-site random review of HR files for four staff selected during the last 12 months reveals that criminal background record checks were facilitated in a timely manner in three cases and the 14-2H questions were also completed in a timely manner in all four cases. In all five cases pertaining to staff hired during the audit period, criminal background record checks and 14-2H forms were completed in a timely manner prior to contact with offenders and pursuant to policy requirements. In the one promotion case, the 14-2H was likewise completed in a timely manner.

The auditor's on-site random review of two contractor Human Resources (HR) files reveals there is no evidence that the 14-2H forms were completed in either case. Additionally, the criminal background record checks were not located in either case. Accordingly, the auditor finds BCCF non-compliant with 115.17(a), (b), and (d).

In view of the above, the auditor imposes a 180-day corrective action period wherein BCCF staff will demonstrate institutionalization of and compliance with 115.17(a), (b), and (d) requirements. The due date for completion of the following corrective action is May 20, 2022.

To demonstrate compliance with the aforementioned provisions, the PCM will provide training to HR staff and all contractual hiring managers regarding the requirements of 115.17(a), as applied to contractors. Accentuation of contractor applicant completion of the 14-2H and completion of criminal background record checks prior to hiring of contractors and proper filing of such documentation, is essential. Upon completion

of the training, the PCM will provide to the auditor a copy of documentation substantiating that participants completed said training. Additionally, the PCM will provide to the auditor a copy of the lesson plan used to facilitate this training.

Between the date of this interim report and May 20, 2022, the PCM will provide to the auditor copies of completed 14-2H forms and criminal background record checks regarding each new contractor hired. A roster of the date(s) of hire will also be provided for the purpose of establishing timeliness.

Upon completion of the above, the auditor will effect a finding regarding compliance with the standard.

Pursuant to the PAQ, the Warden 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 offenders.

The auditor's review of 14-2H forms for one employee, one contractor, and one applicant reveals compliance with this provision to the extent the three questions and an additional question regarding substantiated allegations of sexual harassment, are specifically asked and staff, applicants, and contractors responded, in writing, to the questions. Additionally, the same document was present in the files of the afore-mentioned nine random staff files selected for review.

Implementation/Adjustments CDOC Reg. No. 100-40 entitled PREA, Attachment A, page 1, section I(1) addresses 115.17(b). CDOC Reg. No. 1150-14 entitled Background Investigations, page 4, section E(2) also addresses 115.17(b).

The auditor notes that while there is a question regarding sexual harassment on the Self Declaration of Sexual Abuse/Sexual Harassment form, there is no method for validation of the employee's response as reflected on the same. The Acting HR interviewee asserts that the 115.17(a) and (b) questions are asked on the Verification of Employment form which is forwarded to prior institutional employer(s).

The Acting HR interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with offenders. BCCF staff forward the CC PREA Questionnaire for Prior Institutional Employers form to prior institutional employers for completion. The form includes a question regarding sexual harassment of offenders. The 14-2H [comprised of four questions- three 115.17(a) and one 115.17(b)] is administered on interview day, at hiring, and subsequently on an annual basis. Substantiating information regarding previous incidents of sexual harassment may be gleaned pursuant to previous employer inquiries.

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with offenders are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Warden further self reports during the last 12 months, 73 persons who may have contact with offenders have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CDOC Reg. No. 1150-14 entitled Background Investigations, page 2, section IV(A)(1)(a)(1)(a and b) addresses 115.17(c).

According to the Acting HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired employees who may have contact with offenders and all employees, who may have contact with offenders, who are considered for promotions. CC forwards basic information to CDOC and they facilitate the criminal background record check, inclusive of NCIC. First Advantage also completes a criminal background record check. Criminal background record checks are not completed for promotions wherein the applicant has had no break in service. Rather, the employee's performance and disciplinary files are reviewed and conversation between the hiring manager and the current supervisor occurs.

The auditor's review of one new 2019 employee criminal background record check reveals substantial compliance with 115.17(c). The State of Colorado cleared the applicant pursuant to the criminal background record check process.

The auditor's review of four random staff HR files pertaining to staff hired within the last 12 months reveals a timely criminal background record check was completed in three cases. The auditor finds that in three of five cases pertinent to hiring during the audit period, timely criminal background record checks were facilitated.

Pursuant to the PAQ, the Warden self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with offenders. The Warden further self reports criminal background record checks were conducted on 11 contractors who might have contact with offenders, during the last 12 months.

CDOC Reg. No. 1150-14 entitled Background Investigations, page 2, section IV(A)(1)(b)(1 and 2) addresses 115.17(d).

The auditor's review of one new 2019 and 2021 contractor criminal background record checks reveals substantial compliance with 115.17(d). The State of Colorado cleared the contractors pursuant to the criminal background record check process.

The auditor notes that the narrative for 115.17(a) reflects a discussion regarding two random contractor files reviewed during the on-site audit wherein criminal background record checks were not located. As noted, the auditor found BCCF non-compliant with 115.17(d) and the corrective action plan is noted accordingly.

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

CDOC Reg. No. 1150-14 entitled Background Investigations, page 2, section IV(A)(3) addresses 115.17(e). Pursuant to this policy, CDOC facilitates five-year re-investigations.

According to the Acting HR interviewee, five-year re-investigations are facilitated as reflected in the narrative for 115.17(c). A five-year reinvestigation spread sheet is used to track investigations. The credentialing system provides alerts to ensure compliance due dates. The five-year reinvestigation is triggered by HRM.

The auditor's on-site random review of four applicable (hired during 2015 or prior) reveals all five-year re-investigations were completed. The same is validated by annual CDOC Birthday Reports received from CDOC staff while the auditor was on-site.

CDOC Reg. No. 1150-14 entitled Background Investigations, page 4, section E(3) addresses 115.17(f) in totality.

Pursuant to the Acting HR interviewee, as reflected in the above policy citation, the relevant questions are asked on the 14-2H. The aforementioned questions are also included in the employment and promotion applications. Additionally, the 14-2H is administered annually.

The HR interviewee further relates the facility imposes a continuing affirmative duty to disclose any such previous misconduct as described at 115.17(a). This affirmative duty is addressed in staff PREA training, as well as, on the 14-2H. As previously mentioned, the 14-2H is signed and dated by the employee.

The auditor is familiar with the process utilized by CoreCivic and he finds the same to be commensurate with 115.17(f) expectations.

The auditor's on-site review of nine random staff HR files (staff hired prior to May, 2020) reveals zero staff completed the annual 14-2H for at least 2021. Accordingly, the same constitutes a violation of policy and therefore, the auditor finds BCCF non-compliant with 115.17(f).

In view of the above, the auditor imposes a 180-day corrective action period wherein BCCF staff will demonstrate institutionalization of and compliance with 115.17(f) requirements. The due date for completion of the following corrective action is May 20, 2022.

To demonstrate compliance with the aforementioned provision, the PCM will provide training to HR staff and any supervisory staff responsible for ensuring compliance with 115.17(f). Subsequently, the PCM will forward to the auditor a copy of the training record validating requisite staff completion of the same. Additionally, the PCM will forward to the auditor a copy of the lesson plan used to facilitate said training.

Finally, the PCM will forward to the auditor a copy of the latest staff roster and he will randomly selected staff names for which the PCM will provide 2021/2022 14-2H forms.

April 25, 2022 Update:

The auditor's review of three 14-2Hs completed by prospective contractors, as well as, criminal background record checks related to each individual contractor, reveals substantial compliance with 115.17. Additionally, the auditor's review of Training/Activity Attendance Rosters reveals requisite corrective action training was completed.

In view of the above, the auditor finds BCCF substantially compliant with 115.17.

May 12, 2022 Update:

The auditor's review of 10 random 2022 14-2H forms reveals substantial compliance with the corrective action articulated in the narrative for 115.17(f). Accordingly, the auditor finds that BCCF is substantially compliant with 115.17(f) and consequently, 115.17.

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

CDOC Reg. No. 1150-14 entitled Background Investigations, page 4, section E(4) addresses 115.17(g) in totality. Implementation/Adjustments CDOC Reg. No. 100-40 entitled PREA, Attachment A, page 1, section I(1)(NOTE:) also addresses 115.17(g).

The auditor notes there is a caveat on the 14-2H wherein corroboration of 115.17(g) is established. As previously noted, the employee sign and dates the document, signifying their understanding of the caveat.

CDOC Reg. No. 1150-14 entitled Background Investigations, page 4, section E(5) addresses 115.17(h) in totality.

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

In view of the above, the auditor finds BCCF substantially compliant with 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (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 inmates 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

115.18 (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 inmates 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 Warden self reports the facility has not made any substantial expansions or modifications to existing facilities since the last PREA audit.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 32, section 14.2.4(V)(1) addresses 115.18(a) in totality. Additionally, CDOC AR Reg. No. 100-40 entitled PREP, page 27, section N(4)(c) addresses 115.18(a).

According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA. Lines of sight are assessed to enhance offender sexual and personal safety and camera surveillance needs to address blind spots. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.

According to the Warden, zero substantial expansions or modifications were added to the facility since the last PREA audit.

Pursuant to the PAQ, the Warden self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 32, section 14.2.4(V)(2) addresses 115.18(b) in totality. Additionally, CDOC AR Reg. No. 100-40 entitled PREP, page 27, section N(4)(d) addresses 115.18(b).

According to the Warden, a standard form is utilized to justify relevant Cap. projects.

The auditor's review of two PREA Physical Plant Considerations forms dated April 18, 2018 and October 19, 2019 reveals substantial compliance with 115.18(b). The locations for camera installation upgrades and replacements are clearly articulated in the forms, as well as, the basis for upgrades, replacements.

The auditor's review of two Statements of Work and site maps also validate substantial compliance with 115.18(b).

In view of the above, the auditor finds BCCF substantially compliant with 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (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

115.21 (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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? 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

115.21 (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 the 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

115.21 (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

115.21 (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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (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 Warden self reports the facility is responsible for conducting administrative sexual abuse investigations (including offender-on-offender sexual abuse or staff sexual misconduct). According to the Warden, a CDOC Office of the Inspector General (OIG) Investigator facilitates both criminal and administrative investigations of sexual abuse at BCCF. When conducting administrative investigations, BCCF PREA investigators follow a uniform evidence protocol. This is also stipulated in CDOC policy at

CDOC Reg. No. 100-40 entitled PREP, page 25, section K(2)(a) as to the conduct of criminal sexual abuse investigations.

All 12 random staff interviewees assert they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable evidence (first responder duties). Seven of 12 interviewees assert they separate the victim and perpetrator, secure the crime scene, request the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC card bearing the instructions as required by Standard 115.64(a).

Nine of the 12 interviewees assert the facility investigator facilitates administrative sexual abuse investigations and seven assert CDOC OIG investigator(s) facilitate criminal sexual abuse investigations at BCCF.

Pursuant to the PAQ, the Warden self reports youth are not confined at the facility and accordingly, the requirement that the protocol be developmentally appropriate for youth, is not applicable to BCCF. The Warden further self reports the protocol was adapted from or is 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.

CDOC Reg. No. 1150-07 entitled Crime Scene Management and Criminal Evidence Handling, page 5, section 4 addresses 115.21(b).

Of note, the auditor's review of the CC protocol for obtaining usable physical evidence given the fact the CDOC OIG investigator(s) collect(s) usable physical evidence and BCCF staff and the BCCF investigator address the crime scene and victim/perpetrator pursuant to 115.64, reveals substantial compliance with 115.21(b). The CC role in the evidence protocol is partially addressed at section 6.9.4 of the Inter Governmental Agreement between CC and CDOC.

Pursuant to the PAQ, the Warden self reports all offenders who experience sexual abuse are afforded access to forensic medical examinations at an outside medical facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs are not available, the transporting staff are asked to wait until a SANE is available or, in the alternative, they are referred to another hospital.

Efforts to provide SANEs or SAFEs are documented. In the last 12 months, three forensic medical exams were conducted relative to BCCF offenders who alleged sexual assault. All examinations were conducted by SANE nurses.

CDOC Reg. No. 100-40 entitled PREP, page 26, section e addresses 115.21(c).

The SANE Nurse interviewee asserts she is one of five on-call SANE nurses at the primary hospital wherein SANE services are rendered, providing forensic examination services on a 24/7 basis. During the SANE training and evaluation process, the prospective SANE completes a 64-hour on-line training, followed by a practicum. The interviewee is nationally certified while the remaining four SANEs have accrued a certificate.

The interviewee asserts SANE nurses are always available however, COVID-19 and SANE illnesses did result in referral of patients to Memorial Hospital. The same is standard protocol during such times of unavailability. Emergency Room doctors do not provide forensic services.

The interviewee also notes that initial antibiotics for Sexually Transmitted Diseases (STDs) are provided in conjunction with the forensic examination.

The auditor's review of a Memorandum of Understanding (MOU) between CDOC and an area hospital reveals SANE nursing in sexual assault cases is available to BCCF offenders.

Pursuant to the PAQ, the Warden 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 the efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified staff member.

CDOC Reg. No. 100-40 entitled PREP, page 23, section 3(a) addresses 115.21(d).

The PCM asserts that CDOC OIG accesses victim advocacy services through Pueblo Rape Crisis Services (PRCS). According to a memorandum included with the PAQ materials, the CDOC PREA Administrator asserts that PRCS would be activated by staff at Parkview Hospital.

There is no MOU between CDOC and PRCS in view of insurance issues. However, they provide victim advocacy services during the forensic examination free of charge. PRCS also provides follow-up victim advocacy services to affected offenders.

The auditor notes that an explanatory email from the executive director of PRCS is also included in the PAQ information.

The PCM asserts, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. CDOC OIG uses PRCS as prescribed in 115.21(d) and (e) and BCCF utilizes the Arkansas Valley Resource Center (AVRC).

According to two offenders who reported a sexual abuse interviewees, they were not allowed to contact victim advocates. The auditor's review of relevant materials related to the complaint lodged by these two offenders reveals the same was not a matter of sexual abuse or harassment. Rather, the fact pattern in the case involved staff unprofessionalism if all allegations were true. The investigation of this Code of Conduct issue did not validate the claim of the offenders.

A third random offender interviewee also stated he had been sexually abused during the audit period. The auditor's follow-up with the PCM reveals no evidence of the allegation or investigation of the same.

Pursuant to the PAQ, the Warden self reports that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

CDOC Reg. No. 100-40 entitled PREP, page 24, section 3(b) addresses 115.21(e). The auditor's review of the MOU between CC and AVRC reveals substantial compliance with 115.21(e).

The PCM asserts he has discussed victim advocate credentials with the Director of AVRC.

Pursuant to the PAQ, the Warden self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21(a through e) of the PREA standards.

CDOC Reg. No. 100-40 entitled PREP, pages 21 and 22, section J(1)(d) addresses 115.21(f).

CDOC OIG responsibilities are addressed throughout the 115.21 provision narratives.

In view of the above, the auditor finds BCCF substantially compliant with 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (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

115.22 (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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (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 Warden self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the

Warden, 12 allegations of sexual abuse/harassment were received during the last 12 months and six were administratively investigated. Six additional allegations were referred for criminal investigation. The Warden further self reports all of the investigations were completed.

CDOC Reg. No. 100-40 entitled PREP, page 24, section K(1)(c) addresses 115.22(a).

The auditor's on-site review of seven random sexual abuse/harassment investigations reveals all seven administrative investigations were both opened and completed. Two of these investigations remain are simultaneously being investigated by CDOC OIG and they remain open.

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 (OIG) 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 cos, Warden, 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, offender/staff file reviews, review of reports submitted by staff, review of offender statements (if applicable), and coordination of investigative activities. Additionally, CC officials would support prosecution efforts of both staff and offenders.

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, and witness credibility. Finally, the investigator writes an investigative report.

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and 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 Warden 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 or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment for criminal investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section 14.2.4(O)(3)(a and b) addresses 115.22(b) in totality. This policy stipulates if the contracting governmental correctional agency utilizes an internal investigative process required by contract, law, or regulation, that agency's investigative process will be involved for allegations of sexual abuse. CDOC Reg. No. 100-40 entitled PREP, page 24, section K(1)(c) also addresses 115.22(b).

The investigative staff interviewee asserts agency policy requires that allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal matters are referred to the CDOC OIG for investigation. CDOC OIG is involved in the investigative process in each sexual abuse/harassment matter.

The auditor's review of the CC website revealed CC Policy 14-2 is posted on the same. Accordingly, the aforementioned verbiage is available on the website.

The auditor's review of one 2021 referral of an alleged sexual abuse allegation reveals substantial compliance with 115.22(b).

The auditor's review of the aforementioned policies clearly articulate investigative responsibilities for both the CDOC OIG investigator, as well as, the BCCF investigator.

CDOC Reg. No. 100-40 entitled PREP, page 24, section K(1)(a) also addresses 115.22(c).

In view of the above, the auditor finds BCCF substantially compliant with 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates 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 inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment X Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates 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 inmates 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 inmates 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 inmates on how to avoid inappropriate relationships with inmates? X Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? X Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? X Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with offenders regarding the ten topics listed in 115.31(a).

CDOC Reg. No. 100-40 entitled PREP, pages 7 and 8, section C(1)(b-g) addresses 115.31(a).

The auditor's limited review of the CC PREA Orientation Curriculum entitled PREA: Sexual Abuse, Prevention, and Response reveals the requisite 10 topics are covered with narrative and slides. Additionally, the CDOC PREA slides clearly address each of the 10 requisite topics. All requisite training [as applied to 115.31(a)] is available at BCCF.

The auditor's review of five 2020 and one 2019 training records (CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE AND IN-SERVICE) documents reveals employee completion of Pre-Service and In-Service PREA training. Additionally, the auditor's review of two 2020 CORECIVIC PREA POLICY ACKNOWLEDGMENT AND/OR TRAINING ACKNOWLEDGMENT forms, included with the PAQ, reflects receipt and understanding of training/compliance with 115.31(a) and (d).

In addition to the above, the auditor's review of Training/Activity Attendance Rosters dated April 22, 2020, September 16, 2020, and November 4, 2020 reveals 33 staff across numerous correctional disciplines received PREA Orientation training. The employee prints their name, signs their name, and the date of the

PREA training is preprinted on the form. One other similar document dated February 23, 2021 reveals 18 staff completed annual In-Service PREA training on the same date.

All 12 random staff interviewees assert they have received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees hired since the last PREA audit received such training during the Academy and prior to assumption of duties with offenders. Additionally, all random staff interviewees assert they received Annual In-Service training (ART) regarding the aforementioned topics.

The auditor's review of one Pre-Service and one In-Service Core Civic PREA Policy Acknowledgment And/ Or Training Acknowledgment dated 09/27/2019 (Pre-Service) and 08/09/2019 (In-Service) reveals affected staff attended and understand the training. CC PREA was addressed during both trainings. The Training Acknowledgments were signed and dated by the respective employees.

The auditor's review of 12 random staff training files reveals that timely pre-service PREA training was completed in four cases wherein staff were hired within 2021. Specifically, training was provided prior to the employee's contact with offenders. With respect to the remaining eight files, PREA annual refresher training (ART) has been provided, minimally, during 2020 and 2021. The auditor notes that provision of PREA ART was inhibited in terms of timeliness in view of COVID-19 constraints. Training is due prior to the end of calendar year 2021 in some cases. Of note, the CC In-Service training calendar runs from January through December of each year. Accordingly, some staff have not yet completed 2021 training.

Pursuant to the PAQ, the Warden self reports training is tailored to the male gender of the offenders assigned to the facility. The Warden further self reports employees who are reassigned from facilities housing the opposite gender offender are given additional training.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 14.2.4(C)(1)(a) and page 8, section C(1)(c) address 115.31(b) in totality.

According to the BCCF PCM, no staff have transferred to BCCF during the last 24 months from facilities wherein female offenders are housed.

Pursuant to the PAQ, the Warden self reports that 188 staff employed by the facility, who may have contact with offenders, were either trained or retrained in PREA requirements. This constitutes 100% of all staff employed at the facility who may have contact with offenders, who were either trained or retrained in PREA requirements.

Between trainings, staff are notified of all new and/or revisions to existing policies. The same is provided pursuant to distribution of meeting minutes and staff recalls. According to the Warden, employees who may have contact with offenders receive refresher training on an annual basis.

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

CDOC Reg. No. 100-40 entitled PREP, page 8, section C)(1)(h) addresses 115.31(d).

The auditor's review of Training Acknowledgment Forms located in randomly selected employee's training files, as well as, the two examples noted above, confirm the "I understand" caveat is present on the forms and the employee signs and dates the same.

In view of the above, the auditor finds BCCF exceeds compliance expectations with respect to 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates 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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)? X Yes No

115.32 (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 Warden self reports all contractors who have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 94 volunteers and individual contractors (13 of whom are contractors) who have contact with offenders, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The BCCF PCM asserts that all volunteers and contractors have received PREA Pre-Service training in-person throughout the COVID-19 period however, they have not received in-person PREA ART. On-line PREA ART is in process. Contractors participate in an instructor-led program while volunteers receive their training at CDOC Headquarters.

CDOC Reg. No. 100-40 entitled PREP, page 7, section C(1) and (c) and CDOC Reg. No. 900-01 entitled Volunteer Programs, page 3, section B(2)(d) address 115.32(a).

The PCM asserts volunteers have not been utilized at BCCF as the result of COVID-19 restrictions for nearly two years. Accordingly, zero volunteers were interviewed.

The four contractor interviewees assert they have been trained relative to their responsibilities regarding sexual abuse and sexual harassment, prevention, detection, and response per agency policy and procedure. Additionally, all interviewees assert they have been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as, informed about how to report such incidents.

All interviewees assert they received this instruction prior to offender contact. All contract staff assert they also received E-Learning PREA training through Trinity.

The training was presented in a Power Point format with lecture and discussion. All interviewees assert they receive this training on an annual basis with BCCF staff. In view of COVID-19 constraints, the training is now presented in an E-Learning format.

The auditor's review of two volunteer applications and two Volunteer Agreements reveals substantial compliance with 115.32(a).

The auditor's review of two transcripts for medical contractors and four food service contractors reveals substantial compliance with 115.32(a-c). Minimally, 2020 and/or 2021 Pre-Service and/or In-Service completions are listed.

Pursuant to the PAQ, the Warden 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 offenders. The Warden further self reports all volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CDOC Reg. No. 900-01 entitled Volunteer Programs, pages 3 and 4, section B(2)(d) also addresses 115.32(b).

The auditor's review of the Basic Volunteer PREA Training is similar to that for staff as mentioned in the narrative for 115.31. Trinity Food Service contractors participate in the same PREA In-Service and ART as BCCF staff. Accordingly, the auditor finds substantial compliance with 115.32(b).

The auditor's review of a 2019 Volunteer Agreement (signed and dated by a volunteer) and corresponding volunteer application reveals substantial compliance with 115.32(b). The volunteer clearly documents his/her understanding of volunteer PREA responsibilities pursuant to 115.32(b).

Contractors state requisite training addressed the agency's zero tolerance policy towards sexual abuse/harassment of offenders, reporting options, the offender's right to be free from sexual abuse/harassment, red flags of sexual abuse/harassment, and the impact of sexual abuse/harassment of offenders on the offender population.

The auditor's review of one contractor Training Acknowledgment form reflects his/her understanding of the training and his/her PREA responsibilities. This form is dated May 16, 2018 and it appears the individual's hire date at BCCF was May 2, 2018. The BCCF PCM relates that she did not commence performance of duties with the contracting agency until May 19, 2018 and accordingly, she was properly trained prior to assumption of duties with offenders.

In addition to the above, the auditor's review of a Volunteer Agreement form signed and dated by the volunteer on April 26, 2019 reveals he understands the PREA and zero tolerance training he received and the various reporting processes.

The auditor's review of one contractor annual training certification dated March 21, 2021 reveals substantial compliance with 115.32(b). The PCM asserts all volunteer training is facilitated by CDOC.

The auditor's review of a Volunteer Agreement dated March 8, 2021 and associated documents, inclusive of fingerprint results, reveals substantial compliance with 115.32(b). The auditor's review of the accompanying test also reveals substantial compliance with 115.32(b).

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

CDOC Reg. No. 100-40 entitled PREP, page 8, section C(1)(h) addresses 115.32(c).

In view of the above, the auditor finds BCCF substantially compliant with 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? X Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? X Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? X Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? X Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? X Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? X Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? X Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? X Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? X Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? X Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? X Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? X Yes No

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? 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 Warden self reports offenders receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 707 offenders were admitted to BCCF during the last 12 months, of which 100% were provided the requisite information at intake.

CDOC Reg. No. 850-07 entitled Offender Reception and Orientation, page 3, section D(2) addresses 115.33(a).

According to the intake staff interviewee, he provides offenders with information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during intake. Each new admission receives the BCCF Offender Handbook, CDOC PREA tri-fold pamphlet, the CDOC PREA Attachment, and the PREA video at intake. Additionally, reporting options and other PREA information are captured on posters displayed throughout the facility.

LanguageLine can be used for non-English speaking offenders. If a cognitively impaired offender is received, he is referred to the medical department/mental health for assistance with translation. For hearing impaired/deaf offenders, they are asked to read the materials. For offenders who present with blindness or low vision, he or another staff member reads materials to them.

All 21 random offender interviewees report they received at least one or more of the BCCF Offender Handbook, the aforementioned tri-fold pamphlet, and the PREA video at intake. Additionally, some interviewees state they received such information via channel 83 on the facility CCTV and posters.

The auditor's review of 13 of 16 random offender files reveals substantial compliance with 115.33(a). Timely and comprehensive provision of relevant PREA information is clearly established pursuant to this random review of files and supporting documentation.

The auditor's review of the BCCF Offender Handbook reveals substantial compliance with 115.33(a). The same addresses the zero tolerance policy, as well as, methods to report incidents or suspicions of sexual abuse or sexual harassment. The Handbook is translated in Spanish and is presented in large print version. Of note, a PAQ memorandum reflects the names of seven Spanish-speaking staff translators.

The BCCF PCM asserts the "Facts You Should Know" brochure is issued to offenders and they sign for receipt of the Handbook.

Pursuant to the PAQ, the Warden self reports 615 offenders were admitted to BCCF during the last 12 months whose length of stay was 30 days or more. According to the Warden, all of these offenders received comprehensive PREA education within 30 days of intake.

CDOC Reg. No. 100-40 entitled PREP, page 15, section 2 and CDOC Reg. No. 850-07 entitled Offender Reception and Orientation, page 4, section E(4) address 115.33(b). These policies prescribe a seven calendar day orientation program from the date of intake.

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned packet of materials as described in the narrative for 115.33(a). Offenders are ordinarily provided orientation by the unit manager within seven days of intake at BCCF. Orientation includes education regarding the offender's right 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. Generally, this information is provided at intake.

Eighteen of 21 random offender interviewees state they did participate in a PREA Orientation program wherein all components of 115.33(b) were addressed. Most interviewees report this unit manager orientation was provided at intake. One additional interviewee reports the orientation was provided within 10 days of intake.

The auditor's review of one completed BCCF Offender Orientation Verification form and accompanying case management notes in an electronic system reveals PREA Orientation was completed in accordance with the aforementioned policy requirements.

Fourteen of the random 16 offender files reviewed by the auditor reveal substantial compliance with both 115.33(b) and relevant policy.

Pursuant to the PAQ, the Warden self reports all offenders received within the last 12 months, have been educated within 30 days of intake. The Warden further self reports agency policy requires that offenders who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

As previously reflected in the narrative for 115.33(b), policy requires all offender admissions to BCCF to receive PREA Orientation education. Additionally, CDOC Reg. No. 100-40 entitled PREP, page 15, section 2 addresses 115.33(c).

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all offenders, including those specific groups listed in the verbiage of 115.33(d).

CDOC Reg. No. 100-40 entitled PREP, page 15, section 2 and page 15, section 3 address 115.33(d).

Of note, the auditor's cursory review of the PREA Refresher Orientation for Male Offenders DVD reveals the same includes sign language interpretation. The Language Line and other methods of training provision to groups of offenders described in 115.33(d) are delineated in the narrative for 115.16.

The auditor notes that if specialized translation services or assistance are required to convey information to offender(s), the same is documented in the offender's case notes and on the BCCF Offender Orientation Verification Form.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation of offender participation in PREA sessions.

CDOC Reg. No. 100-40 entitled PREP, page 15, sections 2 and 4 addresses 115.33(e).

Of note, the afore-mentioned BCCF Offender Verification is signed and dated by the offender and co-signed and dated by the staff member who provided the training. Additionally, a note is electronically entered into the offender's system file, memorializing completion of the training.

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

CDOC Reg. No. 100-40 entitled PREP, page 15, section 5 addresses 115.33(f).

The auditor's review of numerous PREA posters on unit walls reflects information regarding zero tolerance towards sexual abuse, sexual harassment, reporting procedures, etc. The auditor's review of the BCCF Offender Handbook is discussed throughout the narrative for 115.33. Finally, Open Pod Discussion Minutes reflect follow-up with the offender population regarding PREA and reporting options.

As previously indicated, PREA information is displayed on channel 83 of the BCCF CCTV.

In view of the above, the auditor finds BCCF substantially compliant with 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, 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 115.21(a).) X Yes No NA

115.34 (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 115.21(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 115.21(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 115.21(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 115.21(a).)
 Yes No NA

115.34 (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 115.21(a).)
 Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

CDOC Reg. No. 100-40 entitled PREP, page 9, section 4(a-e) addresses 115.34(a).

The investigative staff interviewee asserts he has received training specific to conducting sexual abuse investigations in confinement settings. Specifically, he has completed the NIC course entitled PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting. This was a three-hour on-line course, inclusive of scenarios and the topics listed in the narrative for 115.34(b).

The auditor's review of the BCCF PREA investigator's training records reveals he completed a three hour National Institute of Corrections (NIC) course entitled Conducting Investigations of Sexual Abuse in a Confinement Setting with a certificate issued on February 5, 2020. Of note, the PCM is also certified to facilitate such investigations and his certificate was issued on January 10, 2020. The auditor's review of the lesson plan from the PREA: Investigation Protocols lesson plan reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

Pursuant to review of relevant training certifications, the auditor has learned the past investigator also completed a PREA investigative course provided by CDOC.

CDOC Reg. No. 100-40 entitled PREP, page 9, section 4(b-e) addresses 115.34(b).

The investigative staff interviewee asserts that specialized training included:

Techniques for interviewing sexual abuse victims;
Proper use of Miranda and Garrity warnings;
Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing investigator(s) have completed the required training. The Warden further self reports BCCF currently employs one PREA investigator and he completed the requisite training.

In view of the above, the auditor finds BCCF substantially compliant with 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (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.) X 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.) X 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.) X 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.) X Yes No NA

115.35 (b)

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

115.35 (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.) X Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
X Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (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.) 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 Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, 19 medical and mental health care practitioners who work regularly at the facility, have received the requisite training. This equates to 100% of medical and mental health care practitioners who work regularly at the facility and have received training.

CDOC Reg. No. 100-40 entitled PREP, pages 8 and 9, section 3(a-d) addresses 115.35(a).

The auditor's cursory review of the National Institute of Corrections (NIC) PREA Medical Standards random slides reveals substantial compliance with 115.35(a). The four requisite topics are addressed.

According to the medical/mental health interviewees, both completed specialized training regarding sexual abuse and sexual harassment. In fact, they complete these courses on an annual basis. The training did cover the following topics:

How to detect and assess signs of sexual abuse and sexual harassment;
How to preserve physical evidence of sexual abuse;
How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor's review of 2019 PAQ training records for 16 medical/mental health staff reveals Specialty Medical/Mental Health training was completed.

The auditor's review of six medical/mental health contractors' training records reveals they completed requisite specialty PREA medical/mental health training. Additionally, they completed requisite PREA training for contractors [115.35(d)].

The auditor's on-site random review of one MH and one contract Medical staff completion of requisite 115.35(a) training reveals substantial compliance with standard. The auditor's review of one additional random contract Medical staff file reveals she did not yet complete the requisite training.

While there are no apparent time frames for completion of this specialty training, the auditor strongly recommends that additional attention be devoted to contract PRN completion of requisite training. Of note, the one contract PRN who has not yet completed requisite specialty training is a relatively new re-hire. Nonetheless, it is prudent to ensure training is completed in close proximity to commencement of contact with offenders.

This is also applicable to full-time medical/mental health staff as 2020 and 2021 On-line Training Status Reports reflect 17 staff were registered for specialty training and five completed the training during 2020. Twelve staff were registered for specialty training during 2021 and three staff had completed the training as of the date of the on-site audit.

Pursuant to the PAQ, the Warden self reports and the auditor validates that forensic examinations are not facilitated at BCCF. Accordingly, the auditor finds 115.35(b) not-applicable to BCCF.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

CDOC Reg. No. 100-40 entitled PREP, page 9, section 3(e) addresses 115.35(c).

CDOC Reg. No. 100-40 entitled PREP, page 7, section C(1) addresses 115.35(d).

None of the on-site random staff files reviewed pertained to staff who were due for PREAART. However, the auditor's review of three CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and IN-SERVICE forms apply to medical/mental health staff who completed In-Service PREA training during 2021.

In view of the above, the auditor finds BCCF substantially compliant with 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? X Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? X Yes No

115.41 (h)

- Is it the case that inmates 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

115.41 (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 inmate's detriment by staff or other inmates? 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 Warden self reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other offenders.

CDOC Reg. No. 100-40 entitled PREP, page 9, section D(2) addresses 115.41(a).

Pursuant to the staff who performs initial screening for risk of victimization and abusiveness interviewee, he does screen offenders upon admission to BCCF for risk of sexual abuse victimization or sexual abusiveness (PREA screening) towards other offenders.

Eleven of 13 applicable random offender interviewees who arrived at BCCF during the last year, assert they did receive a PREA screening at intake.

During the facility tour, the auditor did randomly question three residents as to whether they were asked the above questions during intake. All responded affirmatively.

Pursuant to the PAQ, the Warden self reports policy requires offenders be screened for risk of sexual victimization or risk of abusing other offenders within 72 hours of their intake. In the last 12 months, the Warden self reports 675 offenders entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other offenders, within 72 hours of entry into the facility. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.

CDOC Reg. No. 100-40 entitled PREP, page 9, section D(2) and page 11, section D(4)(b) addresses 115.41(b).

Pursuant to review of five initial PREA screenings, all were conducted within 72 hours of intake. Additionally, the 30-day reassessments were facilitated within 30 days of intake.

The auditor's on-site review of 16 randomly selected offender files, many pertaining to offenders randomly interviewed as described above, reveals eight initial PREA screenings (conducted during the audit period) were completed within the 72-hour time frame prescribed by policy. In some cases, the initial screening was conducted within four days to three weeks following intake. In eleven cases, the 30-day reassessment was completed within 30 days of arrival at BCCF.

In view of the above, the auditor finds BCCF to be compliant with 115.41(b).

Pursuant to the staff who performs screening for risk of sexual victimization and abusiveness interviewee, he screens offenders for risk of sexual victimization or risk of sexually abusing others within 72 hours of intake. The offender is screened in the unit by the unit manager. The case manager pre-screens for unit suitability based on PREA and security issues. Pre-screening identifies any "hot button" issues and the unit manager subsequently completes actual SAB/SVR screening. SABs cannot be placed with SVRs however, both classifications can be placed with "Unrestricted."

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

The auditor's review of the PREA SAB Assessment reveals the same is, for the most part, based on objective criteria. The same encompasses a combination of objective factors with point assessments applied.

The auditor's review of the PREA SAB Assessment reveals the intake screening considers, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

- Whether the offender has a mental, physical, or developmental disability;
- The age of the offender;
- The physical build of the offender;
- Whether the offender has previously been incarcerated;
- Whether the offender's criminal history is exclusively nonviolent;
- Whether the offender has prior convictions for sex offenses against an adult or child;
- Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Whether the offender has previously experienced sexual victimization;
- The offender's own perception of vulnerability; and
- Whether the offender is detained solely for civil immigration purposes.

Of note, other objective questions are asked pursuant to the PREA Assessment Questionnaire Information. Additionally, as reflected on the aforementioned form and pursuant to policy, the offender's file and other source documentation are reviewed to validate the screening tool findings and offender interview.

The staff member who performs initial screening for risk of victimization and abusiveness and 30-day reassessment interviewee asserts he reads the screening questions to each offender. The interview is conducted behind closed doors with no other staff or offender(s) in the office. In other words, all assessments and reassessments are conducted on a one-on-one basis. The screening is conducted during non-movement periods.

Screening questions, minimally, encompass history of sexual victimization, history of sexual abuse, whether the offender feels safe at BCCF, age of the offender, gang affiliation status, and whether the offender identifies as LGBTI.

The auditor's review of the PREA SAB Assessment reveals the intake screening and reassessment minimally considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as know to the agency in assessing offenders for risk of being sexually abusive. Prior convictions and administrative disciplinary actions are considered.

The auditor's cursory review of the assessment tool reveals substantial compliance with 115.41(e).

Pursuant to the PAQ, the Warden self reports policy requires that the facility reassess each offender's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the offender's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The Warden further self reports 615 offenders who were admitted to the facility during the last 12 months were reassessed for their risk of sexual victimization or for being sexually abusive, within 30 days of admission, based upon any additional, relevant information received since Intake. Reportedly, this equates to 100% reassessment of all intakes during the last 12 months.

CDOC Reg. No. 100-40 entitled PREP, page 12, section E(1) also addresses 115.41(f).

The staff responsible for risk screening interviewee states within 30 days of arrival at BCCF, he facilitates a reassessment. The case manager III tracks reassessment dates and advises the UM of due dates.

Pursuant to the PAQ, the Warden self reports the policy requires that an offender'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 offender's risk of sexual victimization or abusiveness.

CDOC Reg. No. 100-40 entitled PREP, page 13, section E(4) addresses 115.41(g).

The auditor's review of one March, 2021 sexual abuse investigation and accompanying SAB reassessment reveals substantial compliance with 115.241(g).

The staff who performs reassessment screening for risk of victimization and abusiveness interviewee (UM) asserts he does not reassesses offender risk levels, as needed, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

Pursuant to follow-up with the PCM, the auditor learned that the um generally facilitates 115.41(g) reassessments.

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

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

CDOC Reg. No. 100-40 entitled PREP, page 10, section D(2)(a) addresses 115.41(h).

The staff who performs screening for risk of victimization and abusiveness interviewee asserts offenders are not disciplined for any of the reasons articulated in the preceding two paragraphs. The auditor found no evidence of deviation from either policy or provision.

CDOC Reg. No. 100-40 entitled PREP, page 10, section D(2)(b) also addresses 115.41(i).

According to the CCPC, BCCF PCM, and the staff who performs screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an offender's risk assessment within the facility in order to protect sensitive information from exploitation. According to the BCCF PCM, such information consumption is generally limited to case managers/lieutenants and above as they have been granted system access privileges.

In view of the above, the auditor finds BCCF substantially compliant with 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? X Yes No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? X Yes No

115.42 (d)

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

115.42 (e)

- Are each transgender or intersex inmate'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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates 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 inmates, does the agency always refrain from placing: transgender inmates 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 inmates 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 inmates, does the agency always refrain from placing: intersex inmates 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 inmates 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 Warden 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 offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

CDOC Reg. No. 100-40 entitled PREP, page 11, section d addresses 115.42(a).

The PCM and the staff responsible for risk screening interviewees assert UMs actually make cell assignments following completion of the SAB/SVR. When making housing assignments, he attempts to house potential SABs or SVRs with Unrestricted until formal classifications are completed. Subsequent to formal classification, SABs can be placed with SABs, SVRs can be placed with other SVRs, and both classifications can be housed with Unrestricted.

The auditor's review of PREA Reports SAB/SVR dated November 8, 2019 and June 21, 2021 reveals a logical and systematic method of determining alerts in terms of housing, programming, and work assignments. Scores greater than or equal to 3 trigger alerts for both sexual abuse victims and sexual abusers.

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

CDOC Reg. No. 100-40 entitled PREP, page 11, section c addresses 115.42(b).

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

CDOC Reg. No. 100-40 entitled PREP, page 11, section f addresses 115.42(c).

The PCM asserts the facility determines housing and program assignments for transgender/intersex offenders pursuant to review by the Internal Classification Committee (ICC). The ICC is comprised of a case manager, um, coum, PCM, and investigator. This committee is charged with the responsibility of making the best housing and work assignments for the offender. Specifically, they are placed intermittently throughout the facility, dependent upon security and safety concerns. Transgender/intersex offenders are not placed in specific pods or areas. All programming areas are supervised by staff.

The agency considers whether the placement will ensure the offender's health and safety. Additionally, the agency considers whether the placement would present management or security problems.

The five transgender offender interviewees state that staff ask them questions about their safety. Additionally, they state they have not been placed in a housing area only for transgender/intersex offenders and they do not feel they have been strip-searched for the sole purpose of determining genital status.

CDOC Reg. No. 100-40 entitled PREP, page 12, section E(2) addresses 115.42(d). This policy stipulates such reviews of transgender/intersex offenders will be facilitated every six months.

The PCM asserts placement and programming assignments for each transgender/intersex offender are reassessed a minimum of two times per year for any threats to safety experienced by the offender. The staff responsible for risk screening reassessments asserts a transgender/intersex offender is reassessed at least twice each year to review any threats to safety experienced by the offender. Such reviews are documented by date on the SAB/SVR.

The auditor's review of three of four transgender/intersex reassessments reveals substantial compliance with 115.42(d). In the fourth case, the subject reassessment is not yet due.

CDOC Reg. No. 100-40 entitled PREP, page 12, section f(1) addresses 115.42(e).

The PCM asserts transgender/intersex offender's own views with respect to his/her safety are given serious consideration in placement and programming assignments. The staff responsible for risk screening interviewee validates the above statement of the PCM.

CDOC Reg. No. 100-40 entitled PREP, page 12, section f(2) addresses 115.42(f).

The auditor's review of two transgender separate shower memorandums reveals they shower between 9:30PM and 10:15PM daily. Documentation of three other separate shower memorandums likewise substantiates compliance with 115.42(f).

The PCM and staff responsible for initial risk screening assert transgender/intersex offenders are given the opportunity to shower separately from other offenders. Such requests are handled by the PCM and UMs following a meeting with the transgender/intersex offender. Such showers are generally facilitated after the 9:00PM count or at 5:00AM.

Four of the five transgender interviewees state they are allowed to shower separate from other offenders.

CDOC Reg. No. 100-40 entitled PREP, page 12, section f(3) addresses 115.42(g).

According to the CCPC, facility staff in all CC facilities are keenly aware designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex offenders unless the agency is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders. The 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 lesbian, gay, bisexual, transgender, or intersex offenders.

The four gay offender interviewees state they have not been placed in a housing area dedicated for LGBTI offenders. In view of the above, the auditor finds BCCF substantially compliant with 115.42.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? X Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? X Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? X Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? X Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? X Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? X Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) X Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) X Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) X Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? X Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? X Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? X Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? X Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? 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 Warden self reports the agency has a policy prohibiting the placement of offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. The Warden further self reports zero offenders at risk of sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.

CDOC Reg. No. 100-40 entitled PREP, pages 22 and 23, section 2(b) addresses 115.43(a).

The Warden asserts agency policy prohibits placing offenders at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts an offender can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched.

During the course of the facility tour and pursuant to conversation with the Warden and PCM, the auditor learned that the BCCF Restricted Housing Unit (RHU) is not in use. RHU offenders are currently housed at another Colorado CC facility.

CDOC Reg. No. 100-40 entitled PREP, page 23, section 2(b)(1) addresses 115.43(b).

As mentioned in the narrative for 115.43(a), offenders are not housed in the BCCF RHU. Accordingly, the staff who supervises offenders in segregated housing interview could not be conducted.

The auditor notes there are processes to ensure compliance with 115.43 should the need arise. Forms and documentary practices appear to be institutionalized as applied to all offenders previously confined in the RHU.

Pursuant to the PAQ, the Warden self reports in the last 12 months, zero offenders at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

CDOC Reg. No. 100-40 entitled PREP, page 23, section 2(b)(2) addresses 115.43(c).

The Warden asserts offenders at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Generally, we attempt to maintain such offenders in segregated housing no longer than 24 hours.

As previously indicated in the narrative for 115.43(a), the Warden self reports zero offenders at risk for sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment. Accordingly, requisite 115.43(d) documentation is not available.

CDOC Reg. No. 100-40 entitled PREP, page 23, section 2(b)(3) also addresses 115.43(d).

Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.

CDOC Reg. No. 100-40 entitled PREP, page 23, section 2(b)(4) addresses 115.43(e).

In view of the above, the auditor finds BCCF substantially compliant with 115.43.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials? X Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? X Yes No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? 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 Warden self reports the agency has established procedures allowing for multiple internal ways for offenders to report privately to agency officials about:

Sexual abuse or sexual harassment;
 Retaliation by other offenders 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 entitled Sexual Abuse Prevention and Response, pages 16 and 17, section 14-2.3(L)(1)(a)(i through viii) addresses 115.51(a) in totality. This policy stipulates offenders who are victims of sexual abuse/sexual harassment as defined in this provision, retaliation from staff or offenders for reporting incidents as defined in this provision, or staff neglect for violation of responsibilities as defined in this provision, have the option to report an incident to a designated employee other than an immediate point of contact line officer by using any of the following methods:

Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call;
 Calling the facility's 24 hour toll-free notification telephone number;
 Verbally telling any employee, including the facility Chaplain;
 Forwarding a letter, sealed and marked "confidential" to the Warden/Facility Administrator or any other employee;
 Calling or writing someone outside the facility who can notify facility staff;
 Forwarding a letter to the Core Civic Managing Director, Facility Operations;
 Electronically report allegations of sexual abuse and harassment to any department listed in the C-ORES system as a contact.

CDOC Reg. No. 100-40 entitled PREP, page 17, section H(1)(a)(1-8) also addresses 115.51(a).

The auditor's review of a BCCF Offender Orientation Verification Form dated August 28, 2019 and accompanying AR Form-100-40A reveals the listing of an outside telephone number for reporting. This same telephone number is listed within the BCCF Offender Handbook, as well as, BCCF Zero Tolerance for Sexual Assault, Sexual Abuse, Sexual Harassment, or Sexual Misconduct wall posters (English and Spanish) noted throughout the facility. Other reporting options are also identified in the above sources. Additionally, the same is listed in various posters visible throughout the facility.

All 12 random staff interviewees advise of at least one method of reporting as defined in 115.51(a). Responses included the following:

- Report in-person to staff, inclusive of medical staff;
- DOC-TIPS line;
- Submit a kite to the Warden/other staff;
- Submit a letter to the CDOC;
- Submit a letter to the WA DOC; and
- Third-party report.

All 21 random offender interviewees were able to cite at least one method of reporting. Of note, random offender interviewees overwhelmingly cited the DOC-TIPS line number and verbal reports to staff.

Responses regarding reporting methods, as articulated by random offender interviewees were as follows:

- Verbal report to staff;
- Report via DOC-TIPS line;
- Submit via kite;
- Third party report;
- Submit letter to WA DOC;
- Submit letter to CDOC; and
- Submit a letter to the Warden and other staff.

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The Warden further self reports the agency does have a policy requiring offenders detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. However, no offenders, housed solely for civil immigration purposes, are confined at BCCF.

CDOC Reg. No. 100-40 entitled PREP, pages 17, sections H(1)(a)(7) and (8) addresses 115.51(b).

The auditor's review of a DC Form 100-40G reveals a written source for reporting allegations of sexual abuse/sexual harassment to a PREA Reporting Office in Olympia Washington. The auditor's review of an Intergovernmental Agreement between CDOC and the Washington Department of Corrections (WA DOC) addresses the procedure whereby the aforementioned form can be submitted to WA DOC for reporting to the CDOC PREA Administrator. The auditor is satisfied that envelopes addressed pursuant to this procedure remain sealed and are not screened.

In addition to the above, the auditor noted two other methods of telephonic reporting to entities outside BCCF. Specifically, free and unmonitored telephone calls can be made from offender telephones to the DOC TIPS-Line and the PREA Reporting Line by dialing #6.

The PCM asserts the DOC-TIPS Line is available on a 24/7 basis with respect to notification from OIG to the Warden.

The PCM asserts the DOC-TIPS line and offender correspondence with the WA DOC are the public entities, not affiliated with the facility, to whom an offender can report sexual abuse/sexual harassment.

Eighteen of 21 random offender interviewees assert they are allowed to make a report without giving their name.

According to the BCCF PCM, the DOC-TIPS-Line and PREA Reporting Line are available Sunday through Saturday. Offenders can access this external reporting resource toll-free and in a confidential manner. Additionally, the PREA reporting line can be reached by offenders pursuant to keying #06 on the offender telephone line.

In regard to the DOC-TIPS Line numbers, the Warden will receive an e-mail and/or a telephone call from the CDOC OIG regarding the calls or letters.

Pursuant to the PAQ, the Warden 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 Warden further self reports staff are required to immediately document verbal reports of sexual abuse/harassment received from offenders.

CDOC Reg. No. 100-40 entitled PREP, pages 18 and 19, section 2(a)(1-3) addresses 115.51(c).

The auditor's review of an Incident Report dated September 26, 2018 reveals immediate action and documentation of a report of sexual abuse and imminent sexual abuse. The alleged victim was immediately placed under staff supervision where he remained until returned to his unit. The timeline from the report of sexual abuse to facility staff notifications to placement in a secure location encompassed approximately 45-60 minutes. The auditor's review of an Incident Report dated December, 2020 reveals similar findings.

Ten of 12 random staff interviewees assert when an offender alleges sexual abuse or sexual harassment, he can do so verbally, in writing, anonymously, and from third parties. All 12 random staff interviewees assert they immediately document verbal reports of sexual abuse and sexual harassment.

All 21 random offender interviewees state they can make reports of sexual abuse or sexual harassment both in person or in writing. Twenty of 21 random offender interviewees further report someone else can make the report for the victim so he/she does not need to be named.

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of offenders. The Warden further reports staff are directed to call (719)226-4621, the DOC Reporting Line for Staff.

Pursuant to PAQ documentation, staff are alerted to the above provision by the CC BCCF Employee Reference Booklet dated December, 2019. The auditor's review of this document confirms the Warden's assertion.

In addition to the above, the auditor's review of a poster for staff reveals provision of the same information.

Finally, the auditor's review of the CC Code of Ethics publication reveals the telephone number for the Ethics Hotline to facilitate such reporting. A poster bearing this information is posted in the Staff Break Room.

CDOC Reg. No. 100-40 entitled PREP, page 19, section 2(b) addresses 115.51(d).

All 12 random staff interviewees assert staff can privately report sexual abuse and sexual harassment by any of the following methods:

- Submission of a written report to the Warden/PCM/Administrative Duty Officer/supervisory staff/Human Resources;
- Closed door verbal report to the same staff;
- Call Ethics Hotline;
- Call DOC-TIPS line;
- Call CDOC Reporting Line; and

Contact supervisor via telephone.

In view of the above, the auditor finds BCCF substantially compliant with 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate 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

115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate 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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
X Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, 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.) X Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
X Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA
- After receiving an emergency grievance alleging an inmate 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.)
X 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.) X 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.)
X Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X 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.) X 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.) 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 Warden self reports the agency has an administrative procedure for dealing with offender grievances regarding sexual abuse.

CDOC Reg. No. 850-04 entitled Grievance Procedure, pages 1 and 2, section IV(A)(1 and 2) addresses 115.52(a).

Pursuant to the PAQ, the Warden self reports agency policy or procedure allows an offender to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The Warden further self reports agency policy does not require an offender to use an informal grievance process, or otherwise to attempt to resolve with staff an alleged incident of sexual abuse.

CDOC Reg. No. 850-04 entitled Grievance Procedure, page 2, section IV(B)(6) and page 7, section IV(F)(3) (a) address 115.52(b).

The BCCF Offender Handbook, page 17 addresses 115.52. Offenders are directed to their unit bulletin boards, Offender news, or unit/town hall meetings for additional information regarding grievance procedures.

Pursuant to the PAQ, the Warden self reports agency policy and procedure allows an offender to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The Warden further self reports agency policy and procedure requires that an offender grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.

CDOC Reg. No. 850-04 entitled Grievance Procedure, page 3, section IV(C)(6) addresses 115.52(c).

Pursuant to the PAQ, the Warden self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The Warden further self reports zero grievances were filed within the last 12 months wherein sexual abuse was alleged. The agency may claim an extension of time to respond of up to 70 days, if the normal period for response is insufficient to make an appropriate decision. The Warden asserts the agency always notifies the offender, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.

CDOC Reg. No. 850-04 entitled Grievance Procedure, pages 7 and 8, section IV(F)(3)(b and c) addresses 115.52(d). This policy stipulates the Step 1 grievance response to an alleged sexual abuse allegation must be completed within 25 days. The Step 2 response must be completed within 25 days. The Step 3 grievance response must be completed within 40 days. The total time for final grievance response concerning an allegation of sexual abuse will not exceed 90 days. If no response or requested delay is received within the above stated time frames, the grievance will be deemed denied at that level.

CDOC can request an extension of time for up to 70 days to respond to a grievance alleging sexual abuse if the good faith effort to respond to the allegations necessitates an extension. The offender will be notified, in writing, of any extension.

None of the three interviewees who alleged sexual abuse at BCCF state that they filed a grievance regarding the alleged sexual abuse incidents.

Pursuant to the PAQ, the Warden self reports agency policy and procedure permits third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedy relating to allegations of sexual abuse and to file such requests on behalf of offenders. The Warden further self reports agency policy and procedure requires if the offender declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the offender's decision to decline. Zero grievances alleging sexual abuse were filed by offenders in the last 12 months wherein the offender declined third-party assistance, ensuring documentation of the offender's decision to decline.

CDOC Reg. No. 850-04 entitled Grievance Procedure, pages 2 and 3, section IV(C)(4)(a-c) addresses 115.52(e).

Pursuant to the PAQ, the Warden self reports the agency has a policy and established procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. The Warden further self reports the agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the last 12 months.

The Warden asserts agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires a final agency decision be issued within five days.

CDOC Reg. No. 850-04 entitled Grievance Procedure, page 8, section IV(G)(4)(a) and (b) addresses 115.52(f).

Pursuant to the PAQ, the Warden self reports the agency has a written policy that limits its ability to discipline an offender for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the offender filed the grievance in bad faith. The Warden further self reports that, during the last 12 months, there were zero instances of offender discipline for incidents of this nature.

CDOC Reg. No. 850-04 entitled Grievance Procedure, page 8, section IV(H)(1) addresses 115.52(g).

In view of the above, the auditor finds BCCF substantially compliant with 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) X Yes No NA

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

115.53 (b)

- Does the facility inform inmates, 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

115.53 (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 inmates 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 Warden self reports the facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving offenders mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for local, state, or national advocacy or rape organizations;
 Giving offenders mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and
 Enabling reasonable communication between offenders and these organizations in as confidential a manner as possible.

CDOC Reg. No. 100-40 entitled PREP, page 26, section IV(L)(1)(a) and (b) addresses 115.53(a). This policy stipulates as follows:

The facility shall provide offenders with access to outside victim advocates for emotional support services through the following:

The PREA Resource Guide which contains contact information for statewide, national, and local rape crisis centers is available in the library, through the facility PCM, or case manager.

Page 38 of the BCCF Offender Handbook reflects the telephone number for the Rape Crisis Hotline (associated with CDOC OIG). The address for the Arkansas Valley Resource Center is also listed. Additionally, the same information is reflected in the PREA Continued Education Form that is signed and dated by offenders and co-signed by staff.

The above policy clearly reflects that the PREA Resource Guide is available as posted on bulletin boards, through the PCM, or case manager. The PREA Resource Guide contains contact information for statewide, national, and local rape crisis centers.

During the course of the on-site audit, the auditor learned that the same information is available on channel 83 of the internal television system. Accordingly, offenders can access the above information as the same is presented on a 24 hour per day basis.

While some of the above information is available as reflected above, the auditor recommends that both the telephone number for AVRC and the address for the CDOC OIG Rape Crisis Hotline provider be documented for offender use in the formats reflected above. Thus, the information will always be available for offender consumption.

It is noted offenders are not housed at BCCF exclusively for civil immigration purposes, as previously articulated in this report.

Eighteen of the 21 random offender interviewees are aware of services available outside of the facility for dealing with sexual abuse, if needed. Five interviewees report counseling, mental health, DOC Crisis Line, and Catholic Charities are examples of the services provided to affected offenders. Several interviewees state telephone numbers and addresses are provided to offenders as relevant telephone number(s) are included in the BCCF Offender Handbook, posted on bulletin boards, and included in pamphlets. Eighteen offenders report such calls are free. Eighteen interviewees report they can make contact with staff from such agencies at any time.

None of the three offenders who reported a sexual assault at BCCF interviewees state the facility provides mailing addresses and telephone numbers for outside services. Similarly, all of these offenders were unaware as to when contact can be made with such services.

Of note, the auditor's review of the BCCF Offender Orientation Verification Form and attachment reveals rape crisis hotline information (CIPS- both #05 and toll free number). Each incoming offender signs for this information. Additionally, the relevant information and telephone numbers are readily available on posters throughout the facility.

Pursuant to the PAQ, the Warden self reports the facility informs offenders, prior to giving them access to outside support services, the extent to which such communications will be monitored. The Warden further self reports the facility informs offenders, 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.

CDOC Reg. No. 100-40 entitled PREP, page 26, section IV(L)(1)(b) addresses 115.53(b). This policy stipulates as follows:

The facility shall provide offenders with access to outside victim advocates for emotional support services through the following:

Offenders can contact the rape crisis hotline at CIPS, number 05 or toll-free line at 800-809-2344. Offenders will be advised these calls are free, confidential, and are not recorded or monitored. The rape crisis advocates are mandatory reporters and are required to report threats of suicide or homicide and reports of child abuse to the OIG or appropriate agency.

While policy seems to at least, partially, address the matter, the auditor has not been provided any evidence validating that the facility informs offenders, prior to giving them access to outside support services, of the extent to which such communications will be monitored or 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. Accordingly, the auditor finds BCCF non-compliant with 115.53(b).

In view of the above, the auditor imposes a 180-day corrective action period wherein BCCF staff will demonstrate institutionalization of and compliance with 115.53(b) requirements. The due date for completion of the following corrective action is May 20, 2022.

To demonstrate compliance with 115.53(b) and institutionalization of the same, the PCM will assess available documentation and potential amendment to the same to ensure compliance with 115.53(b). The auditor recommends that the BCCF Offender Handbook be amended to address victim advocate mandatory reporting of conversations wherein the victim discusses criminal activity, either in the facility or community, self-injurious behavior, either in the facility or community, and/or any threat to the security of the facility. Acceptable language in this regard can be gleaned from the CC PREA Prevent. Detect. Respond. tri-fold pamphlet, section entitled Confidentiality. Additionally, placement of the same narrative on Channel 83 is

also recommended. The auditor notes that the PCM initiated such changes to Channel 83 during the course of the on-site audit.

Subsequent to the above, the PCM will provide a copy of any amended documentation to the auditor. Additionally, a memorandum will be crafted regarding the amendments and the same will be posted on bulletin boards and discussed with the offender population during town hall meetings, etc. The PCM will provide the auditor with a copy of the memorandum and certification as to when the town hall meetings were conducted.

Finally, unit management staff will be trained regarding the amendments. The PCM will provide to the auditor documentation substantiating completion of the training, name(s) of staff participants, along with their signatures. A copy of the lesson plan will also be provided to the auditor.

Upon completion of the above, the auditor will render a finding with respect to provision compliance.

Apr 25, 2022 Update:

The auditor's review of corrective action photographs reveals that nine arriving inmates (on February 10, 2022) received the CC Prevent. Detect. Respond trifold pamphlet. The auditor is advised by the CCPC that provision of this document, along with the aforementioned Channel 83 update, is institutionalized. The trifold is issued to all incoming inmates.

In view of the above, the auditor finds that BCCF is now substantially compliant with 115.53(b).

Seventeen of the 21 random offender interviewees assert they believe the dialogue with people from these services remains private. Of these 17 interviewees however, nine assert the conversations could be told to or listened to by someone else. Reasons for such sharing of information are based on follow-up regarding criminal activity and report(s) of self injurious behavior.

One of the three offenders who reported a sexual abuse incident at BCCF interviewees asserts he can communicate (talk or write) with these people from community or outside sources in a confidential way. In addition to the above, his conversation with staff from the outside services can be told to or listened to by someone else under certain circumstances. He states conversations can be listened to or shared in view of law enforcement ramifications.

The auditor notes that all offenders have the opportunity to be aware of 115.53(a) entitlements, as reflected above.

Pursuant to the PAQ, the Warden self reports the facility maintains Memorandums of Understanding (MOUs) or other agreements with community service providers that are able to provide offenders with emotional support services related to sexual abuse. The Warden further self reports the facility maintains copies of the agreement(s).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 14-2.3(F)(1) addresses 115.53(c) in totality.

The auditor's review of an MOU between CC and Arkansas Valley Resource Center (AVRC) reflects commitment from AVRC to provide advocacy services to offenders who experience sexual assault at BCCF. The same appears to encompass the intent and requirements of 115.53(c).

In view of the above, the auditor finds BCCF substantially compliant with 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? 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 Warden self reports the agency or facility provides a method to receive third-party reports of offender sexual abuse or sexual harassment. Pursuant to the auditor's review of the CC website, any offender sexual abuse/sexual harassment reporter may report anonymously to the Warden (via letter). The facility address and name of the Warden are clearly documented on the website. Additionally, reporters may contact the CC Ethics Hotline [hosted by a third-party Hotline provider (number posted on the CC website)]. Reports can also be reported on-line to the CC Ethics Division. The Warden further self reports the agency or facility publicly distributes information on how to report offender sexual abuse or sexual harassment on behalf of offenders.

CDOC Reg. No. 100-40 entitled PREP, page 17, section IV(1)(a)(3), (7), and (8) and page 18, section IV(1)(d)(3) addresses 115.54(a). This policy stipulates reports of sexual assault/rape, sexual abuse, sexual misconduct, and sexual harassment can be made by a third-party on behalf of an offender by calling DOC Tips Line, PREA reporting line, or mailing a letter to the PREA Administrator.

The auditor's review of the CC and CDOC websites reveals option(s) for third-party reporting. Additionally, posters and informational resources (regarding reporting options inclusive of the DOC-TIPS Line) are available in the front lobby and visiting room for public consumption.

In view of the above, the auditor finds BCCF substantially compliant with 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden 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 offenders or staff who reported such an incident;
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CDOC Reg. No. 100-40 entitled PREP, pages 18 and 19, section 2(a)(1-3) addresses 115.61(a).

The auditor's review of an alleged sexual abuse investigation reveals substantial compliance with 115.61(a). The incident reporter was the victim of the alleged sexual abuse. Investigation commenced immediately following report of the alleged sexual abuse. Pursuant to interview of both the alleged victim and perpetrator, the investigator determined the matter was unsubstantiated.

All 12 random staff interviewees assert agency policy requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Minimally, all interviewees state these issues must be immediately reported to their supervisor or the shift commander.

Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated 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.

CDOC Reg. No. 100-40 entitled PREP, page 19, section 2(d) addresses 115.61(b).

CDOC Reg. No. 100-40 entitled PREP, page 20, section 2(l) addresses 115.61(c).

According to the medical (MED) and MH interviewees, disclosure of confidentiality limitations and duty to report is provided to offenders prior to initiation of services. The MH interviewee states that a Mandatory Disclosure Form is completed and shared with the offender. The MED interviewee states the admonishment is documented in the offender's chart. Minimally, this requirement is policy, licensure, and HIPPA driven. Similarly, reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven.

One interviewee states he/she has become aware of an incident during the last 24 months however, he does not recall the name of the offender. Both interviewees state they would report the allegation to the shift commander, PCM, and their supervisor.

CDOC Reg. No. 100-40 entitled PREP, page 20, section 2(k) addresses 115.61(d).

The Warden asserts no individuals under the age of 18 are housed at BCCF. Similarly, in view of contractual issues, he is not aware of any vulnerable adults being housed at BCCF.

According to the CCPC, if an offender under the age of 18 or a vulnerable adult were housed at a CC facility, he would ensure facility staff notify either Child Protective Services or Adult Protective Services or applicable agency, based on the situation and/or contractual agreement(s), should an allegation of sexual abuse occur.

The PCM asserts zero reports of sexual abuse applicable to vulnerable adults were referred to social services agencies, etc. during the last 12 months. All such reports would be referred to OIG and they provide further direction through CDOC.

CDOC Reg. No. 100-40 entitled PREP, page 19, section 2(c) addresses 115.61(e).

The Warden asserts the investigator is notified of all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. Generally, all such allegations are referred to the CDOC OIG and subsequently, they direct the investigative steps.

The auditor notes pursuant to review of the sexual abuse investigation referenced in the narrative for 115.61(a), the investigative report clearly reveals both the facility investigator and the CDOC OIG investigator were immediately notified subsequent to receipt of the report.

In view of the above, the auditor finds BCCF substantially compliant with 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? 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 Warden self reports when the agency or facility learns an offender is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the offender (i.e. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the last 12 months, there was zero instances wherein the facility determined an offender was at substantial risk of imminent sexual abuse.

CDOC Reg. No. 100-40 entitled PREP, page 6, section IV(A)(3) addresses 115.62(a).

The auditor's review of one 2019 case involving a transgender offender with a concerning history and risk factors reveals substantial compliance with 115.62(a). The incident report is reflective of the thought processes utilized to facilitate the offender's sexual 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 be placed in segregated housing status. The contractual requirements of the partner will dictate the ability to transfer the potential victim and/or potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.

The Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged. He further asserts he could work with another Warden to relocate the potential victim if circumstances warrant the same. If movement of the perpetrator is warranted, coordination with CDOC could be an option.

All 12 random staff interviewees assert the potential victim would be immediately removed from the danger zone when it is learned he/she is in imminent danger of sexual abuse. The incident would then be reported to the shift supervisor.

In view of the above, the auditor finds BCCF substantially compliant with 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate 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

115.63 (b)

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

115.63 (c)

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

115.63 (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 Warden self reports the agency has a policy requiring that, upon receiving an allegation an offender 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 Warden further self reports in the last 12 months, zero allegations of sexual abuse were received at the facility where an offender was abused while confined at another facility.

CDOC Reg. No. 100-40 entitled PREP, page 20, section H(3)(a) addresses 115.63(a).

The auditor's review of a memorandum memorializing an offender's allegation regarding sexual abuse at a state facility and subsequent reporting to CDOC Headquarters (HQ), reveals substantial compliance with 115.63, with the exception of the requisite 72-hour written notification following the report. The offender reported the alleged sexual abuse on October 2, 2019 and the same was reported to CDOC HQ on or about October 9, 2019.

The auditor's review of another memorandum from the Warden at BCCF to the Warden at another facility reveals substantial compliance with 115.63. The offender reported the alleged sexual abuse on March 18, 2020 and the Warden reported the same to the other Warden, in writing, on March 19, 2020.

Pursuant to the PAQ, the Warden 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.

CDOC Reg. No. 100-40 entitled PREP, page 20, section H(3)(a) addresses 115.63(b).

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

CDOC Reg. No. 100-40 entitled PREP, page 20, section H(3)(a) addresses 115.63(c).

Pursuant to the PAQ, the Warden self reports the facility requires that allegations received from other facilities/agencies are investigated in accordance with PREA standards. The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at BCCF.

CDOC Reg. No. 100-40 entitled PREP, page 20, section H(3)(b) addresses 115.63(d).

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

The Warden asserts a full investigation is initiated either by the facility investigator or CDOC OIG investigator(s). As a starting point however, the investigator reviews incident reports to determine if the incident was already reported and investigated. The Warden further asserts he would report findings of the investigation to the referring Warden.

The auditor's review of an Incident Investigation Report (5-1G) dated October 19, 2019, and accompanying interview results memorandum reveals substantial compliance with 115.63(d). Specifically, the Warden at a state facility forwarded notification and a full investigation was initiated/completed.

In view of the above, the auditor finds BCCF substantially compliant with 115.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a first responder policy for allegations of sexual abuse. The Warden further self reports agency policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:

Separate the alleged victim and abuser;
Preserve and protect any crime scene until appropriate steps can be taken to collect the evidence;
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
If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.
In the last 12 months, there were eight allegations that an offender was sexually abused. Upon further questioning, the PCM asserts that in four of these cases, the offender reported the incident outside the allowable time frame for collection of physical evidence.

With the exception of the aforementioned four incidents wherein the allegation was not reported in a timely manner, the first security staff member to respond to the report separated the alleged victim and abuser. The PCM asserts that in the last 12 months, four allegations were reported where staff may have been notified within a time period that still allowed for the collection of physical evidence. In these four instances, the first security staff member protected any crime scene until appropriate steps could be taken to collect any physical evidence. Additionally, first responders requested that the victim not destroy physical evidence and ensured the perpetrator did not destroy physical evidence.

The auditor's review of one of these investigations reveals substantial compliance with 115.64(a). While the allegation was administratively determined to be unsubstantiated, a forensic examination was conducted and the results of the CDOC OIG investigation are pending.

The auditor's review of a second investigation likewise resulted in an administrative finding of unsubstantiated. A forensic examination was conducted in response to this incident.

CDOC Reg. No. 100-40 entitled PREP, page 21, sections IV(I)(1-3) and 7(b) address 115.64(a).

The auditor's review of the PREA BCCF Coordinated Response Plan reveals language congruent with 115.64(a). However, the Sexual Abuse Incident Check Sheet reveals the following:

Offender is not allowed to shower, remove clothing without medical supervision, use the restroom, or consume any liquids.

This verbiage is not distinguished as applicable to specifically the victim or perpetrator and accordingly, the auditor construes the above to be applicable to both. The auditor finds this verbiage to be non-compliant with 115.64(a).

In view of the above, the auditor strongly recommends the form be brought into compliance with both standard and policy. The same does not equate to a finding given the totality of the evidence presented.

The non-security and security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities.

One offender who reported sexual abuse at BCCF reports that he reported his incident to an unidentified staff member. Accordingly, the auditor was unable to follow-up regarding the allegation. The offender stated nobody came to the scene subsequent to his report. Of note, the PCM asserts there is no evidence that this offender reported the alleged incident nor was the same investigated.

Two additional offenders who reported sexual abuse at BCCF (involved in the same incident) state they attempted to report to a sergeant, a case manager, and then the PCM. The incident did not constitute sexual abuse, even if all allegations were accurate. Rather, the incident involved alleged staff unprofessional misconduct as the perpetrator allegedly made inappropriate comments about one offender's gastric smells and the same was heard by other offenders. According to the interviewees, staff did not address the alleged incident until three days later.

The auditor concurs with the PCM in regard to the identification of the matter as an employee code of conduct matter.

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The Warden further self reports of the allegations made that an offender was sexually abused within the last 12 months, four non-security staff members were the first responders. In all four instances, the first responder requested that the alleged victim not take any action that could destroy physical evidence and he/she then notified security staff.

CDOC Reg. No. 100-40 entitled PREP, page 21, sections IV(I)(3) and (4) addresses 115.64(b). The auditor notes that all BCCF staff receive the same first responder training.

Seven of 12 interviewees state they separate the victim and perpetrator, secure the crime scene, request the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC card bearing the instructions as required by Standard 115.64(a).

In view of the above, the auditor finds BCCF substantially compliant with 115.64.

Standard 115.65: Coordinated response

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

115.65 (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 Warden 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.

CDOC Reg. No. 100-40 entitled PREP, page 21, section IV(I)(1-7) addresses 115.65(a).

The auditor's review of the PREA BCCF Coordinated Response Plan reveals a detailed and understandable document, available to all staff. Additionally, the auditor's review of the accompanying Sexual Abuse Incident Check Sheet reveals a chronological aid the stakeholder completes to memorialize events and actions that were taken in response to the allegation/incident.

The Warden asserts the facility has 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 Warden further asserts CC Policy 14-2 captures coordinated response procedures and the 14-2C Checklist is used to document the actions of involved staff throughout the incident. First Responders, medical and mental health staff responses, administration of a forensic examination (if applicable), security supervisor response, transport, notifications to CDOC and corporate staff, and investigation initiation are documented.

In view of the above, the auditor finds BCCF substantially compliant with 115.65.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to PAQ documentation, the Warden relates there is no collective bargaining unit at BCCF.

The Agency Head interviewee advises there are five or fewer facilities under the CC umbrella which 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.

As there are no deviations from standard, the auditor finds BCCF to be substantially compliant with 115.66.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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 inmate 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 inmate 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

115.67 (d)

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

115.67 (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

115.67 (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 Warden self reports the agency has a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other staff and offenders. The Warden further self reports the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. At BCCF, the

PCM, the chief of security (cos), three unit managers (UMs), investigator, and a mental health representative are designated as retaliation monitors.

CDOC Reg. No. 100-40 entitled PREP, page 5, section 3 addresses 115.67(a).

CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 6, section IV(L)(2) addresses 115.67(b).

According to the Agency Head interviewee, staff and offenders who report sexual abuse/sexual harassment allegations are protected from retaliation pursuant to frequent retaliation monitoring check-ins (offenders/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 from area of victim housing, transfer of alleged abusers, and changes in programming. In regard to alleged staff perpetrators, monitoring and follow-up regarding staff conduct is a primary consideration to the offender safety equation.

If the alleged perpetrator is a staff member, the retaliation monitor collaborates with affected managers to ensure the staff member is not assigned to the area in which the victim is housed. The alleged staff perpetrator may be removed from all detainee contact or placed on administrative leave/moved to another facility.

The Warden essentially corroborates the statement of the retaliation monitor interviewee in regard to offender retaliation monitoring.

The retaliation monitor interviewee asserts he monitors to ensure no retaliation against affected offenders. If a sexual abuse investigation is opened and subsequently released by CDOC OIG, he reaches out to the victim and initiates retaliation monitoring. Minimally, formal 30/60/90 day retaliation monitoring meetings are initiated however, during the first week, he informally meets with the victim on a daily basis.

The interviewee discusses any retaliation issues with the offender and if issues or the potential for issues exists, he places the offender as close to his office as possible, for monitoring. He offers mental health and victim advocacy services and advises that if anything arises, the victim should contact him or any supervisor.

As a matter of routine, an offender-on-offender perpetrator is removed from the facility. A staff perpetrator is removed from offender contact and may be placed on administrative leave.

All three offender victims who reported a sexual abuse at BCCF interviewees assert they do feel protected enough against possible revenge from staff or other detainees because they reported the incident.

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of offenders or staff who reported sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary. The facility acts promptly to remedy any such retaliation.

As reflected above, the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred in the last 12 months.

The policy discussion relevant to 115.67(c) is addressed in the narrative for 115.67(a), above. CDOC Reg. No. 100-40 entitled PREP, page 5, section 3 addresses 115.67(c). Additionally, CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 6, section IV(L) and page 7, section IV(L)(6) address 115.67(c).

The auditor's review of two PREA Retaliation Monitoring Reports (two separate sexual abuse investigations) reveals substantial compliance with 115.67(c). The documents reflect monitoring at 30/60/90 day intervals and beyond if deemed appropriate and necessary.

The auditor's review of one 2019 and one 2021 unsubstantiated investigations of sexual abuse reveals that retaliation monitoring was initiated in a timely manner and completed in accordance with both policy and 115.67(c) requirements.

The auditor's review of eight PREA Retaliation Monitoring Reports reveals substantial compliance with 115.67(c) and (d). Information is thoroughly documented within the documents.

In addition to the above, the auditor's on-site review of five substantiated or unsubstantiated investigations completed during the last 12 months reveals substantial compliance with 115.67(c). Either 90-day retaliation monitoring or the rationale for non-completion of the same (e.g. offender was transferred on a specific date) is reflected in each case document.

In regard to staff victims of retaliation, an increase in call-offs, increase in disciplinary charges, increase in shift/post change requests, hygiene depreciation, isolation, and a decrease in performance are key indicators to monitor. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to offenders.

The retaliation monitor interviewee asserts he assesses whether there is acting out, attitude changes, hygiene depreciation, programming avoidance, isolation, withdrawal, and changes in associations to detect possible retaliation towards offenders. He monitors accrual of misconduct reports, monitors behavior/changes in routine/changes in demeanor towards staff/and group/activity participation. Is the offender frequenting food service and recreation?

The interviewee also asserts retaliation monitoring is facilitated for 90 days minimum (30/60/90 day intervals) with check-ins. Retaliation monitoring continues as long as needed to resolve potential retaliation following completion of the 90-day period.

As reflected in the CC policy narrative reflected for 115.67(a), status checks with respect to retaliation monitoring are addressed.

CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 6, section IV(L)(1) addresses 115.67(d).

The auditor notes that periodic status checks are documented on the single PREA Retaliation Monitoring Reports as referenced in the narrative for 115.67(c).

CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 6, section IV(L)(3) also addresses 115.67(e).

When an offender 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 115.67(b) and (c) above.

The BCCF PCM asserts that within the last 12 months, there has not been any instances wherein another staff or offender, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring.

In view of the above, the auditor finds BCCF substantially compliant with 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? 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 Warden self reports the agency has a policy prohibiting the placement of offenders who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports zero offenders alleged to have suffered sexual abuse were held in involuntary segregated housing in the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.

CDOC Reg. No. 100-40 entitled PREP, pages 23 and 24, section 2(b)(1-4) addresses 115.68(a).

During the course of the facility tour and pursuant to conversation with the Warden and PCM, the auditor learned that the BCCF Restricted Housing Unit (RHU) is not in use. RHU offenders are currently housed at another Colorado CC facility.

The Warden asserts agency policy prohibits placing offenders at a high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. Generally, such temporary placements are limited to 24 hours. The Warden further asserts an offender may request placement in segregated housing.

The Warden asserts offenders at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Generally, alternative housing can be successfully arranged.

Such placements would be short term, generally no more than 24 hours. The Warden asserts, during the last 12 months, that zero offenders were placed in segregated housing to protect him/her following an allegation of sexual abuse.

The Warden further self reports that if the facility restricts access to programs, privileges, education, or work opportunities, documentation is maintained regarding:

The opportunities that have been limited;
The duration of the limitations; and
The reasons for such limitations.

Records are maintained for length of placement in segregated housing for those offenders who alleged to have suffered sexual abuse to verify that:

Offenders are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged; and
Offenders are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days.

In view of the above, the auditor finds BCCF substantially compliant with 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (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 115.21(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 115.21(a).] X Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? X Yes No

115.71 (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

115.71 (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

115.71 (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 inmate or staff? X Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? X Yes No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (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 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

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

CDOC Reg. No. 100-40 entitled PREP, page 25, section IV(K)(1)b addresses 115.71(a).

The investigative staff interviewee asserts if he is on site, the investigation commences immediately. If a report of sexual abuse is received during non-regular business hours, the shift commander assumes initial investigative and notification duties. If the fact pattern is clearly not a PREA issue, the investigator does not report to the facility. If the same does constitute a sexual abuse case, he immediately reports to the facility. If he receives a report of sexual harassment and dependent upon the circumstances, he would use the shift commander to initiate investigative protocols.

With respect to an administrative investigation, the administrative interviewee states that investigative steps are implemented as follows:

Check 1st responder duties, crime scene, and take photographs. Establish log to identify entry and egress from the crime scene area; (20-30 minutes)
Threshold questioning of victim; (45-60 minutes)
Preliminary review of telephone monitoring, video, log book(s), file(s) and security check(s); (30-90 minutes)
Witness interviews; (30 minutes- two hours)
Perpetrator interview(s) (if the case is released by CDOC OIG); (zero- two hours)
Re-interviews, if necessary; (one hour)
Report writing; (two hours to two hours, 30 minutes)

Anonymous and/or third party reports of sexual abuse/harassment are handled in the same manner as any sexual abuse/harassment investigation.

The auditor's review of one investigation (alleged offender-on-offender sexual abuse occurring on July 16, 2019) reveals substantial compliance with 115.71. Similarly, the auditor's on-site review of seven random administrative sexual abuse investigations conducted during the last 12 months reveals substantial compliance with 115.71.

CDOC Reg. No. 100-40 entitled PREP, page 9, section IV(C)(4)(a-e) addresses 115.71(b).

The auditor's review of the BCCF PREA investigator training records are addressed in the narrative for 115.34. The auditor's review of the lesson plan for the course reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

According to the investigative staff interviewee, he did receive training specific to conducting sexual abuse investigations in confinement settings. Specifically, he completed the three hour on-line NIC PREA: Conducting Sexual Abuse Investigations in a Confinement Setting course.

CDOC Reg. No. 1150-07 entitled Crime Scene Management and Criminal Evidence Handling, page 4, section IV(E) addresses 115.71(c).

In addition to the investigative steps articulated in the narrative for 115.71(a), the administrative investigative staff interviewee states he secures anatomical schematics from relevant medical files. Accordingly, he secures offender and/or staff files, video, initial and 30-day reassessment sexual abusiveness/victimization assessments, telephone monitoring documentation, and interview notes.

CDOC Reg. No. 1150-07 entitled Crime Scene Management and Criminal Evidence Handling, page 5 section IV(E)(5) addresses 115.71(d).

According to the administrative investigative staff interviewee, CDOC OIG handles all prosecution liaison and compelled interviews.

With respect to the previously mentioned 2019 sexual abuse allegation [115.17(a)], the auditor's review of an OIG memorandum reveals the matter was not criminally investigated as an administrative investigation was in process by facility staff.

CDOC Reg. No. 100-40 entitled PREP, page 25, section IV(K)(1)(i) addresses 115.71(e).

The investigative staff interviewee asserts he assesses credibility of an alleged victim, suspect, or witness by the consistency in their narrative vs. the evidence as it unfolds. Is there more evidence validating their statement(s) than not? Are there factors which make the victim more believable than not?

The interviewee further asserts he would not require an offender who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation. The same falls under the parameters of CDOC OIG.

All three offenders who reported a sexual abuse state they were not required to take a polygraph test as a condition for proceeding with a sexual abuse investigation.

CDOC Reg. No. 1150-07 entitled Crime Scene Management and Criminal Evidence Handling, page 3 section IV(D)(3) addresses 115.71(f).

The investigative staff interviewee asserts he gathers and reviews reports, comparing the same against video, if applicable, to discern any inconsistencies. Were rounds made in accordance with policy and post orders? Were security checks facilitated? Was the crime scene secured? Compare staff actions/inactions against policy/procedure and the Code of Ethics to identify any deviations.

In regard to report preparation, the investigative staff interviewee asserts he does document administrative investigations in written reports. The following topics are included in the report:

Executive Summary of allegations, time line, and a thumb nail sketch of fact pattern findings;
Evidentiary credibility assessment(s);
Physical evidence and circumstantial evidence analysis;
Conclusion, inclusive of policy violations; and
Recommendations.

The auditor's review of one Incident Investigation Report (5-1G) dated October 19, 2019 and accompanying investigative interview report dated October 7, 2019 respectively, validates compliance with 115.71(f). With respect to the previously mentioned on-site review of sexual abuse investigations, the auditor found no deviations from 115.71(f).

CDOC Reg. No. 100-40 entitled PREP, page 25, section IV(K)(1)(d) addresses 115.71(g).

It is noted criminal investigations are facilitated by CDOC OIG. According to the administrative investigative staff interviewee, criminal investigations are documented, generally in the same manner as an administrative investigation, with the exception of inclusion of a physical evidence analysis.

The auditor's review of a criminal report completed during the last 12 months confirms the information provided in the preceding sentences. Actually, the facility report appears to serve as the basis for the criminal report.

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The Warden further self reports three substantiated allegations of conduct that appeared to be criminal were referred for prosecution since the last PREA audit.

CDOC Reg. No. 100-40 entitled PREP, pages 25 and 26, sections IV(K)(1)(j) and k addresses 115.71(h).

The investigative staff interviewee asserts he does not refer cases for prosecution as the same falls under the purview of CDOC OIG.

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CDOC Reg. No. 100-40 entitled PREP, page 16, section IV(G)(3) addresses 115.71(i).

Throughout the on-site audit, the auditor found no evidence of deviation from 115.71(i).

CDOC Reg. No. 100-40 entitled PREP, page 26, section IV(K)(1)(l) addresses 115.71(j).

The investigative staff interviewee asserts when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

CDOC Reg. No. 100-40 entitled PREP, page 25, section IV(K)(1)(c) addresses 115.71(l).

The Warden asserts the facility investigator remains in routine contact with CDOC OIG investigator(s) to obtain updates. The CCPC relates, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. Designated facility staff follow-up with the outside agency on a schedule determined at the local level. The BCCF PCM asserts almost weekly conversation is maintained between the CDOC OIG, PCM, and facility investigator relative to the status of investigation(s).

The administrative investigative interviewee states CDOC OIG facilitates the criminal investigation in entirety and he provides support as a liaison/facilitator and assists with investigative organization, interviews, etc.

In view of the above, the auditor finds BCCF substantially compliant with 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden 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.

CDOC Reg. No. 100-40 entitled PREP, page 25, section IV(K)(1)(j) addresses 115.72(a).

The administrative investigative interviewee states the standard of proof in an administrative matter is "preponderance". Preponderance can be described as 51% or more evidence the incident occurred than not.

The auditor's review of one PAQ investigation reveals substantial compliance with 115.72(a). Similarly, the auditor's on-site review of the previously mentioned seven investigations, as well as, all PAQ investigations reveals substantial compliance with the premise of 115.72.

In view of the above, the auditor finds BCCF substantially compliant with 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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

115.73 (e)

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

115.73 (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 Warden self reports the agency has a policy requiring that any offender who makes an allegation he 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 Warden further self reports eight criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months and all eight alleged offender victims were notified, verbally or in writing, upon completion of the sexual abuse investigation.

CDOC Reg. No. 100-40 entitled PREP, page 27, section IV(L)(2) addresses 115.73(a).

The Warden asserts the BCCF PCM notifies an offender who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A Notification Form is completed and issued to the affected offender.

The administrative investigative staff interviewee asserts agency procedures require that an offender who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He further asserts the PCM generally makes such written notification.

None of the three offenders who allegedly reported a sexual abuse at BCCF interviewees state they recall receipt of requisite 115.73(a) notifications. The auditor's review of two of the relevant investigations related to these interviewees clearly reveals the fact patterns do not constitute sexual abuse. In the third case, there is no evidence validating the alleged victim reported the incident.

The auditor's review of one alleged sexual abuse investigation (alleged voyeurism) reveals substantial compliance with 115.73(a) and (c). The BCCF PCM issued a properly executed Offender PREA Allegation Status Notification to the victim, addressing the finding. Of note, the offender also signed and dated the same.

In addition to the above, the auditor's review of four of seven random sexual abuse investigations completed during the last 12 months reveals the requisite 115.73(a) notifications were provided to the offenders. In two additional cases, the ODOC OIG notified two victims of the investigative outcome of the criminal investigations and in the third case, the criminal investigation has not yet been closed. Accordingly, the requisite notification has not yet been provided to the victim.

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 offender of the outcome of the investigation.

The Warden further self reports three alleged offender sexual abuse investigations were completed by the CDOC OIG during the last 12 months. The auditor's review of the record associated with one of these cases reveals that CDOC OIG exclusively handled the matter, inclusive of provision of the 115.73(a) notification.

As previously mentioned in the narrative for 115.73(a) one of these criminal cases has not yet been resolved by CDOC OIG.

CDOC Reg. No. 100-40 entitled PREP, page 27, section IV(L)(2) addresses 115.73(b).

According to the BCCF PCM, the CDOC OIG investigates all PREA allegations due to possible criminal implications. The BCCF investigator conducts the administrative investigations however, they both do assist each other with investigations, working collaboratively.

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

The staff member is no longer posted within the inmate's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Warden further self reports there has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an offender in an agency facility in the last 12 months. According to the Warden, the agency subsequently informed the offender victim whenever:

The staff member was no longer posted within the offender's unit;

The staff member was no longer employed at the facility;

The agency learned that the staff member was indicted on a charge related to sexual abuse within the facility;

The agency learned that the staff member was convicted on a charge related to sexual abuse within the facility.

CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 6, section IV(K)(2)(a-c) addresses 115.73(c).

The auditor's review of three sexual abuse investigations and the accompanying Offender PREA Allegation Status Notifications reveals the offender victims were notified, in writing, when the perpetrators were no longer employed at the facility.

With respect to the incident and investigation described in 115.73(a), there is no evidence that any of the four 115.73(c) notifications are applicable.

An explanation regarding the fact patterns associated with the offenders who reported a sexual abuse at BCCF interviewees appears in the narrative for 115.73(a). In view of the fact patterns, 115.73(a), (c), and (d) notifications were not required.

Pursuant to the PAQ, the Warden self reports following an offender's allegation that he or she has been sexually abused by another offender in an agency facility, 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 the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 5, section IV(K)(1) addresses 115.73(d).

Pursuant to the PAQ, the Warden self reports the agency has a policy that all notifications to offenders described in 115.73 are documented. The Warden further self reports in the last 12 months, 12 written notifications were provided to offenders.

CDOC Reg. No. 100-40 entitled PREP, page 27, section IV(L)(2) addresses 115.73(e).

In view of the above, the auditor finds BCCF substantially compliant with 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (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

115.76 (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? 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 Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CDOC Reg. No. 100-40 entitled PREP, page 7, section IV(B)(3)(c) addresses 115.76(a).

Pursuant to the PAQ, the Warden self reports one facility staff member has violated agency sexual abuse or sexual harassment policies during the last 12 months. However, pursuant to further questioning, the auditor learned that the staff member's employment was actually terminated for other violation of the code of conduct. Accordingly, zero staff member's employment was terminated for violation of agency sexual abuse or sexual harassment policies during the last 12 months.

CDOC Reg. No. 100-40 entitled PREP, page 7, section IV(B)(3)(c) addresses 115.76(b).

The auditor's review of one investigation regarding a staff-on-offender sexual misconduct matter that occurred during the audit period reveals the employee's employment at BCCF was terminated. The matter was jointly investigated by the BCCF investigator and the facility CDOC OIG investigator. The auditor's review of employment termination documentation confirms the action taken against the employee.

Pursuant to the PAQ, the Warden 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 Warden further self reports in the last 12 months, zero facility staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CDOC Reg. No. 100-40 entitled PREP, page 7, section IV(B)(3)(f) addresses 115.76(c).

Pursuant to the PAQ, the Warden self reports all terminations for violations of 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 Warden further self reports in the last 12 months, one staff member from the facility has been reported to the CDOC OIG during the investigation.

CDOC Reg. No. 100-40 entitled PREP, page 7, section IV(B)(3)(g) addresses 115.76(d).

The PCM reports that the case of the one staff member referenced above (allegation allegedly occurred over a period of time between May, 2021 and July, 2021) was investigated by CDOC OIG and the employee was charged. The case is still active with the District Attorneys (DA) Office and CDOC OIG. Documentation could not be provided with respect to this matter.

In view of the above, the auditor finds BCCF substantially compliant with 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (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 inmates? 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 Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of offenders.

CDOC Reg. No. 100-40 entitled PREP, pages 7 and 8, sections IV(B)(3)(d) and (h) addresses 115.77(a). Pursuant to section h, the appropriate director or designee will make notification to the licensing body within 30 days.

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

CDOC Reg. No. 100-40 entitled PREP, page 7, section IV(B)(3)(d) addresses 115.77(b).

The Warden asserts a contractor or volunteer's access privileges would be pulled pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer would have no access to the facility and consequently, offenders. If the investigation is substantiated, privileges would be rescinded on a permanent basis.

In view of the above, the auditor finds BCCF substantially compliant with 115.77.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (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 inmate to participate in such interventions as a condition of access to programming and other benefits? X Yes No

115.78 (e)

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

115.78 (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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) 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 Warden self reports offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse. The Warden further self reports offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for offender-on-offender sexual abuse.

In the last 12 months, there were zero administrative findings of offender-on-offender sexual abuse that occurred at the facility. Similarly, there were zero criminal findings (offender) of guilt for offender-on-offender sexual abuse that occurred within the facility during the last 12 months.

CDOC Reg. No. 150-01 entitled Code of Penal Discipline (COPD), page 8, section 21 addresses 115.78(a). Additionally, CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 14-2.3(R)(1)(a)(i and ii) addresses 115.78(a) in entirety.

According to PAQ documentation, there has been zero incidents of disciplinary sanctions imposed on offenders during the last 12 months for:

Administratively substantiated offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse, nor for offender-staff sexual contact/abuse.

CDOC Reg. No. 150-01 entitled Code of Penal Discipline (COPD), page 20, section 5(a)(1) addresses 115.78(b).

The Warden asserts varying degrees of sanctions are available pursuant to the CC disciplinary process. A sexual misconduct charge could warrant up to 30 days in the Restricted Housing Unit (RHU). Additionally, there may be parole and classification ramifications, loss of Good Conduct Credit (GCC), and/or a transfer to another facility.

The Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the offender's disciplinary history, and the sanction(s) imposed for similar offenses by other offenders with similar histories. Additionally, assessment of mental disability or mental illness is built into the policy. Specifically, mental health staff assess every disciplinary case, prior to the hearing, wherein major sanctions may be imposed.

CDOC Reg. No. 150-01 entitled Code of Penal Discipline (COPD), page 19, section d(3) addresses 115.78(c).

Pursuant to the PAQ, the Warden self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offender to participate in such interventions as a condition of access to programming or other benefits.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 14-2.3(R)(1)(c) addresses 115.78(d) in entirety. Additionally, CDOC Reg. No. 100-40 entitled PREP, page 14, sections IV(E)(9) addresses 115.78(d).

According to the mental health interviewee, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are offered to both victims and perpetrators. Offender access to programming or other benefits is not contingent upon participation in such services.

Pursuant to the PAQ, the Warden self reports the agency disciplines an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

CDOC Reg. No. 100-40 entitled PREP, pages 6 and 7, section IV(B)(2) addresses 115.78(e).

Pursuant to the PAQ, the Warden 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.

CDOC Reg. No. 100-40 entitled PREP, page 17, section IV(H)(1)(b) addresses 115.78(f).

Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between offenders. The Warden further self reports the agency disciplines offenders for such activity only if it is determined the sexual abuse activity is coerced.

CDOC AR 100-40 entitled PREP, page 6, section IV(B)(1) addresses 115.78(g).

In view of the above, the auditor finds BCCF substantially compliant with 115.78.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
X Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) X Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? X Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? X Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? 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 Warden self reports all offenders at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the last 12 months, 100% of offenders who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CDOC Reg. No. 100-40 entitled PREP, pages 10 and 11, sections IV(D)(2)(d) and 3(b) and page 13, section IV(E)(3) addresses 115.81(a/c). CDOC Reg. No. 700-03 entitled Mental Health Scope of Service, page 3, section B(1) also addresses 115.81(a/c).

The auditor's review of a Condensed Health Services Encounter dated January 15, 2020 and a Health Services Encounter Form regarding a potential victim reveals substantial compliance with 115.81(a/c). An Offender Appointment Form reveals the follow-up meeting was scheduled for January 29, 2020 subsequent to a referral. Again, documentation appears to be commensurate with the provision.

One of three offenders who disclosed historical sexual victimization at risk screening interviewees states he declined a meeting with mental health staff regarding the same. Two additional interviewees report they did participate in such a meeting within two weeks of arrival at the facility. The auditor finds the same commensurate with CC policy.

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee asserts he offers a follow-up meeting with a medical and/or mental health practitioner (to occur within 14 days of intake screening) whenever the screening indicates an offender has experienced prior sexual victimization, whether in an institutional setting or in the community.

Pursuant to the PAQ, the Warden self reports if the facility is a prison, all prison offenders who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. Reportedly, during the last 12 months, 100% of offenders who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CDOC Reg. No. 100-40 entitled PREP, page 10, section IV(D)(2)(e) and page 13, section IV(E)(3) addresses 115.81(b). CDOC Reg. No. 700-03 entitled Mental Health Scope of Service, page 3, section B(1) also addresses 115.81(b).

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee asserts he offers a follow-up meeting with a mental health practitioner whenever the screening indicates an offender has perpetrated prior sexual abuse, whether in an institutional setting or in the community. The same is offered to the offender within 14 days of intake.

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

CDOC Reg. No. 100-40 entitled PREP, page 10, section IV(D)(2)(c) addresses 115.81(d).

The auditor has not discovered any information contrary to the intent of 115.81(d).

Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

CDOC Reg. No. 700-03 entitled Mental Health Scope of Service, AR Form 700-03C, paragraph I addresses 115.81(e). This document is provided to offenders and signed by the same.

The auditor's review of a completed CDOC Mandatory Disclosure and Information for Behavioral Health Clients form reflects verbiage regarding informed consent commensurate with 115.81(e). This document is signed by the affected offender and a staff witness. This particular form references the offender addressed throughout the narrative for 115.81.

In view of the above, the auditor finds BCCF substantially compliant with 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate 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

115.82 (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 § 115.62? X Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X Yes No

115.82 (c)

- Are inmate 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

115.82 (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*)
- 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 Warden self reports offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CDOC Reg. No. 100-40 entitled PREP, page 22, section IV(J)(1)(b) addresses 115.82(a).

The auditor's review of an MOU between CDOC and a nearby hospital clearly addresses the parameters of 115.82(a) and (c). Additionally, the auditor's review of sexual abuse investigations, as previously described, reveals no deviation from policy and standard.

The medical and mental health interviewees assert victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This occurs almost immediately following decision-making and a brief life-saving medical examination at BCCF. The nature and scope of these services are determined according to the professional judgment of the provider, in addition to the physician, if available.

Two offenders who reported a sexual abuse at BCCF interviewees described a fact pattern more conducive with staff unprofessionalism and accordingly, 115.82 requirements were not invoked. In the one additional situation, the victim asserts he was cleaning and when he bent over the dish machine, another offender placed a broom handle between his legs touching his rectum. The victim states he was clothed at all times. Given the fact pattern, the incident, as described by the victim, appears to be sexual harassment.

Of note and as reflected throughout this report, there is no evidence substantiating that the latter offender reported the alleged incident and accordingly, there is no investigation.

Pursuant to the PAQ, the Warden asserts there has been no sexual abuse cases requiring emergency medical and mental health services during the last 12 months.

CDOC Reg. No. 100-40 entitled PREP, page 21, section IV(I)(7) addresses 115.82(b).

The non-security and security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities.

Pursuant to the PAQ, the Warden self reports offender victims of sexual abuse while incarcerated are 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.

Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CDOC Reg. No. 100-40 entitled PREP, page 22, section IV(J)(1)(c) addresses 115.82(c).

The medical staff interviewee asserts victims of sexual abuse are offered timely information about access to emergency transmitted infection prophylaxis. He/she asserts such information is provided at the hospital.

All three of the offenders who reported a sexual abuse incident at BCCF interviewees state they were not provided information about, and access to, emergency contraception and/or sexually transmitted infection prophylaxis. As reflected in the narrative for 115.82(a), penetration and/or skin-to-skin contact was not present in any of the three cases.

Pursuant to the PAQ, the Warden self reports treatment services shall be 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.

CDOC Reg. No. 100-40 entitled PREP, page 23, section IV(J)(1)(e) addresses 115.82(d).

The auditor has not found evidence suggesting that any charges were assessed to victims of sexual abuse at BCCF during the last 12 months.

In view of the above, the auditor finds BCCF substantially compliant with 115.82.

Standard 115.83: 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

115.83 (a)

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

115.83 (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

115.83 (c)

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

115.83 (d)

- Are inmate 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 inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such*

individuals may be in the population and whether this provision may apply in specific circumstances.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

CDOC Reg. No. 700-02 entitled Medical Scope of Service, page 6, section 12 and CDOC Reg. No. 700-03 entitled Mental Health Scope of Service, page 6, section 2 address 115.83(a).

The one offender interviewee who reported prior institutional sexual abuse states that he was offered the requisite mental health meeting however, he didn't need the same.

CDOC Reg. No. 700-02 entitled Medical Scope of Service, page 6, section 12 and CDOC Reg. No. 700-03 entitled Mental Health Scope of Service, page 6, section 2 address 115.83(b).

The medical staff interviewee asserts she facilitates threshold questioning as a point of reference, followed by a clothed inspection for bleeding, bruising, etc. If life threatening trauma is noted, treatment evolves accordingly. She calms the victim and she generally takes vitals.

The mental health staff interviewee asserts he meets with the victim, assessing mental health status. He inquires of the victim as to suicidal or homicidal intent as a point of reference. He further assesses if ongoing therapy is needed and provides education regarding available resources. A primary task is to calm the victim and ensure safety.

A description of the three incidents in which interviewees who reported a sexual abuse were involved, appears throughout this report narrative. Given the fact patterns articulated by the involved offenders, 115.83 services were not required in all three cases.

Both the medical and mental health staff interviewees assert medical and mental health services offered are consistent with the community level of care. Services offered at the facility and subsequent to transport to a local hospital for a forensic examination, if applicable, meet the community standard of care.

Pursuant to the PAQ, the Warden self reports 115.83(d) and (e) are not applicable to BCCF as only male offenders are housed at the facility. The auditor validated the same during the facility tour.

Pursuant to the PAQ, the Warden self reports offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. This issue is addressed in the narrative for 115.21(c).

CDOC Reg. No. 100-40 entitled PREP, page 22, section IV(J)(1)(a) addresses 115.83(f).

Pursuant to the PAQ, the Warden self reports offender victims of sexual abuse while incarcerated are offered treatment services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CDOC Reg. No. 100-40 entitled PREP, page 23, section IV(J)(e) addresses 115.83(g).

All three offenders who reported a sexual abuse interviewees report they did not have to pay for any treatment related to the incidents of sexual abuse. This is commensurate with the auditor's findings following document reviews.

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

CDOC Reg. No. 100-40 entitled PREP, pages 14 and 15, section IV(E)(9) addresses 115.83(h).

The PCM asserts zero offender-on-offender sexual abusers have been housed at BCCF during the last 12 months. Furthermore, zero offender-on-offender sexual abusers have been administratively or criminally found guilty of sexual abuse during the last 12 months.

The mental health staff interviewee states mental health screenings are conducted at intake followed by a mental health evaluation within 14 days for all offenders,

In view of the above, the auditor finds BCCF substantially compliant with 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (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

115.86 (b)

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

115.86 (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

115.86 (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 §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? X Yes No

115.86 (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*)
- 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 facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports in the last 12 months, 12 criminal and/or administrative investigations of alleged sexual abuse/harassment were completed at the facility.

CDOC Reg. No. 100-40 entitled PREP, page 28, section IV(N)(1)(b) addresses 115.86(a).

The auditor's review of a Sexual Abuse or Assault Incident Review (SAIR) Form regarding an unsubstantiated investigative finding for sexual abuse (review dated August 5, 2019 and investigation completed August 5, 2019) reveals substantial compliance with 115.86. The review was facilitated in a timely manner [115.86(b)], there was proper staff composition within the review team [115.86(c)], and all requirements of 115.86(d) were met. Finally, there were no recommendations with respect to this matter.

The auditor's random on-site review of four applicable unsubstantiated sexual abuse investigations reveals SAIRs were completed in accordance with the requirements of 115.86. Two additional matters were determined to be unsubstantiated while one matter is still pending with CDOC OIG.

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports in the last 12 months, eight criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

CDOC Reg. No. 100-40 entitled PREP, page 28, section IV(N)(1)(b)(1) addresses 115.86(b).

Pursuant to the PAQ, the Warden self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

CDOC Reg. No. 100-40 entitled PREP, page 28, section IV(N)(1)(b)(3) addresses 115.86(c).

The Warden asserts there is a SAIR at BCCF. He further reports the SAIR is comprised of upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Pursuant to the PAQ, the Warden self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made regarding the following:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including, but not necessarily limited to, determinations made pursuant to the above and any recommendations for improvement and submit such report to the facility head and PCM.

CDOC Reg. No. 100-40 entitled PREP, page 28, section IV(N)(1)(b)(4)(a-e) addresses 115.86(d).

The Warden asserts the SAIR process is used to assess PREA successes, failures, and needs. The SAIR process assesses "all things PREA" in terms of the incident.

Additionally, he asserts the SAIR team considers the following:

Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status, or perceived status, gang affiliation, and/or group dynamics at the facility;
Examines the area in the facility where the incident allegedly occurred to assess whether the physical barriers in the area may enable abuse;
Assesses the adequacy of staffing levels in that area during different shifts, and;
Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PCM asserts a SAIR report is prepared regarding findings as described in 115.86(d-1) through 115.86(d-5). The SAIR reports are generated by the PCM and he is a permanent member of the SAIR. Finally, he asserts recommended corrective actions are generally implemented, where applicable. If not implemented, the PCM justifies the rationale for the same, in writing.

The SAIR member interviewee asserts the review team considers the following:

Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status, or perceived status, gang affiliation, and/or group dynamics at the facility;
Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
Assesses the adequacy of staffing levels in that area during different shifts; and
Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The interviewee further asserts that a physical inspection, as well as, a camera inspection of the area in which the incident was allegedly perpetrated, are also effected. The ADO also facilitates a live roster audit one time per week.

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

CDOC Reg. No. 100-40 entitled PREP, page 28, section IV(N)(1)(b)(4)(f) addresses 115.86(e).

In view of the above, the auditor finds BCCF substantially compliant with 115.86.

Standard 115.87: Data collection

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

115.87 (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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden 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 Warden 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 conducted by the Department of Justice.

CC Policy 5-1 entitled Incident Reporting, pages 16 and 17, section L addresses 115.87(a/c). This policy stipulates responsibility for data collection from the IRD system rests with the CC Facility Support System (FSC) Quality Assurance Department, who will ensure that all necessary reports from the system are generated accurately and timely.

The auditor's review of the 2020 SSV reflects substantial compliance with 115.87(a)/(c). Data was complete as reflected on the SSV.

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

CDOC Reg. No. 100-40 entitled PREP, pages 16 and 17, section IV(G)(4) addresses 115.87(b). CC Policy 5-1 entitled Incident Reporting, page 17, section L also addresses 115.87(b).

The auditor's cursory review of PREA Annual Reports on the CC website for 2018, 2019, and 2020 reveals annual aggregation of incident-based sexual abuse data for BCCF.

Pursuant to the PAQ, the Warden 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.

CDOC Reg. No. 100-40 entitled PREP, page 16, section IV(G)(2) addresses 115.87(d). CC Policy 5-1 entitled Incident Reporting, page 17, section O and O(1)(b) also address 115.87(d).

The auditor has learned BCCF does not contract with any other private facilities for the confinement of any offenders designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) non-applicable to BCCF.

Pursuant to the PAQ, the Warden self reports the Department of Justice has requested aggregated data from the previous calendar year and BCCF provided the same.

In view of the above, the auditor finds BCCF substantially compliant with 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 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

115.88 (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

115.88 (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

115.88 (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

- 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 agency reviews data collected and aggregated pursuant to 115.87 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 any corrective actions for each facility, as well as, the agency as a whole.

CDOC Reg. No. 100-40 entitled PREP, page 28, section IV(N)(2)(d) addresses 115.88(a).

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 of reporting. Monthly, a report of PREA related incidents details frequency, 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 offenders at CC facilities. The auditor finds BCCF to exceed 115.88(a) expectations in view of the above.

The CCPC interviewee 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.

Of note, PREA investigation reports and ancillary documentation are electronically generated however, a safely secured filing cabinet is located in the Investigator's Office. The auditor observed these processes 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 BCCF PCM asserts agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the corporate office. Investigations and SAIRs are electronically transmitted to corporate and the CCPC maintains the same. The BCCF investigator maintains hard copies of investigations in a locked cabinet in his/her office. Data is published by Corporate staff.

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and the 2018, 2019, and 2020 corporate cumulative annual reports reflects substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly address a comparison of data for the years 2018, 2019, and 2020. The data collected pursuant to 115.87 is included within the annual report. Enhancements enacted as the result of pre-audits

completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the year, are discussed in the annual report. Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CDOC Reg. No. 100-40 entitled PREP, page 28, section IV(N)(2)(d) addresses 115.88(b).

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the agency head.

CDOC Reg. No. 100-40 entitled PREP, page 28, section IV(N)(2)(d) addresses 115.88(c).

The auditor's review of the aforementioned 2018 and 2019, and 2020 annual reports clearly reflects the CC Executive Vice President and Chief Corrections Officer approves the report as the cover memorandum bears his signature. The auditor verified the report, in question, is posted on the CC website.

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 Executive Vice President and Chief Corrections Officer for final review and signature.

Pursuant to the PAQ, the Warden 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. The Warden further self reports the agency indicates the nature of the material redacted.

CDOC Reg. No. 100-40 entitled PREP, page 28, section IV(N)(2)(d) addresses 115.88(d).

According to the CCPC interviewee, CC rarely redacts information from aggregated reports, etc. All data is collected in generic fashion.

In view of the above, the auditor finds BCCF exceeds standard expectations with respect to 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
X Yes No

115.89 (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? X Yes No

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? 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 Warden self reports the agency ensures incident-based and aggregate data are securely retained.

CC Policy 1-15 entitled Retention of Records, pages 2 and 3, section D(1 and 2) and CC Policy 5-3 entitled Information Systems, page 3, section B(1) and (2)(a and b) address 115.89(a).

It is noted the CCPC clearly addressed secure retention of data (pursuant to 115.87) in the narrative for 115.88(a), above. The same statement applies to perpetual secure retention of data on an annual basis since the date of the last PREA audit.

Pursuant to the PAQ, the Warden 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.

CDOC Reg. No. 100-40 entitled PREP, page 17, section IV(G)(5) addresses 115.89(b).

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CDOC Reg. No. 100-40 entitled PREP, page 17, section IV(G)(5) addresses 115.89(c).

The auditor has found no instances wherein personal identifiers have been excised from subject reports.

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

The Core Civic Record Retention Schedule and appendix 1-15B clearly stipulates retention guidelines. The auditor finds BCCF substantially compliant with 115.89(d).

In view of the above, the auditor finds BCCF substantially compliant with 115.89.

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 inmates, residents, and detainees? X Yes No

115.401 (n)

- Were inmates 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*)
- 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*)

Both CC and BCCF staff were quite diligent in providing the auditor requested information. Provision of this information greatly enhanced the audit process and allows for creation of a path forward in terms of PREA compliance and offender sexual safety.

BCCF staff were very facilitative in terms of facilitation of on-site tasks. Interviews, documentation reviews, and the facility tour were conducted in an efficient manner. Additionally, the PCM's diligence in terms of clarification was invaluable to the auditor, providing a better picture of PREA programs and operations at BCCF.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

None.

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 inmate 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

May 13, 2022

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.