

PREA Facility Audit Report: Final

Name of Facility: Crowley County Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/08/2024

Date Final Report Submitted: 02/20/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 02/20/2025

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	10/08/2024
End Date of On-Site Audit:	10/09/2024

FACILITY INFORMATION	
Facility name:	Crowley County Correctional Facility
Facility physical address:	6564 Colorado 96, Olney Springs, Colorado - 81062
Facility mailing address:	

Primary Contact

Name:	[REDACTED]
Email Address:	[REDACTED]
Telephone Number:	[REDACTED]

Warden/Jail Administrator/Sheriff/Director	
Name:	[REDACTED]
Email Address:	[REDACTED]
Telephone Number:	[REDACTED]

Facility PREA Compliance Manager	
Name:	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Facility Health Service Administrator On-site	
Name:	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Facility Characteristics

Designed facility capacity:	1850
Current population of facility:	1509
Average daily population for the past 12 months:	1396
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-87
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	261
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	18
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	27

AGENCY INFORMATION

Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if	

applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	
Telephone number:	615-263-3000

Agency Chief Executive Officer Information:	
Name:	Damon T. Hininger
Email Address:	
Telephone Number:	615-263-3000

Agency-Wide PREA Coordinator Information			
Name:	██████ Baltz	Email Address:	████████████████████

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Number of standards met:	
44	

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-10-08
2. End date of the onsite portion of the audit:	2024-10-09

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI and T.E.S.S.A

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1850
15. Average daily population for the past 12 months:	1396
16. Number of inmate/resident/detainee housing units:	24
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1494
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	9
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	100
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	506
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	17
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	46
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	51

<p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>15</p>
<p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>151</p>
<p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Those with a vision impairment were identified as anyone that had corrective lenses.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>261</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>27</p>

<p>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>17</p>
<p>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample among interviewees (random and targeted). The following incarcerated individuals were selected from the housing units: seven from housing unit 1, seven from housing unit 2, six from housing unit 3, eight from housing unit 4, five from housing unit 5, six from housing unit 6 and one from the segregated housing unit.</p>

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>32 of the incarcerated individuals (random and targeted) were male, five were transgender female and three were non-binary. Five incarcerated individuals interviewed were black, fourteen were white, eleven were Hispanic, and ten were another race/ethnicity. With regard to age, four were between eighteen and 25, twelve were 26-35, thirteen were 36-45, seven were 46-55 and four were 56 or older. 26 of the incarcerated individuals interviewed had been at the facility a year or less, nine had been at the facility between one and five years, two had been at the facility six to ten years and two were at the facility eleven to fifteen years.</p>
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1

41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	7

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed housing documentation for high risk incarcerated individuals and those who reported sexual abuse.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>A few of the incarcerated individuals had more than one targeted interview protocol utilized.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

51. Enter the total number of RANDOM STAFF who were interviewed:

14

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

If "Other," describe:

Race, gender and ethnicity

53. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

Nine of the staff interviewed were from the day shift and five were from the night shift. With regard to the demographics of the random staff interviewed, ten were male and four were female. Five staff were white, one was black and eight were Hispanic. Eight staff were Correctional Officers, two were Sergeants (Correctional Counselors), one was a Lieutenant, two were Captains and one was a Case Manager.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

23

56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

The on-site portion of the audit was conducted on October 8-9, 2024. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected incarcerated individuals and staff for interview as well as documents to review. The auditor conducted a tour of the facility on October 8, 2024. The tour included all areas associated with the facility including: housing units, laundry, intake, visitation, chapel, education, vocation, maintenance, food service, health services, recreation, commissary and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for incarcerated individuals in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information painted in housing units and in a few common areas. The painted information was observed in English and Spanish and was adequate size font. The painted information included: the zero tolerance policy, internal reporting mechanisms (CIPS 006, DOC Tips Line, staff, etc.), the external reporting mechanism (AR100-40G form and address to mail the form), and the hotline number to the local rape crisis center (CIPS 005). The painted information noted AR100-40G (form) is the external reporting entity and incarcerated individuals can remain anonymous when reporting. The painted information also advised that calls to the rape crisis center hotline are free and confidential. The auditor did not observe the AR100-40G form in any of the housing units. The staff advised incarcerated individuals have to request these forms. The auditor requested a form, but staff did not have any available. During the on-site portion of the audit the facility immediately corrected the issue and placed the forms in all housing units. Photos of the forms available in the housing units were provided as

confirmation. The auditor also observed PREA information, including handouts and brochures, in the library. Informal conversation with staff and incarcerated individuals confirmed that the PREA information had been painted for quite a while.

During the tour the auditor viewed painted PREA information in visitation, however it was the same painted information as in the incarcerated individual housing units. The auditor did not observe the Ethics Line Poster or the Resident Concerns Poster in visitation or the front entrance. During the on-site portion of the audit, the facility posted the Resident Concerns Poster in visitation and the front entrance. Photos were provided as confirmation.

During the tour the auditor confirmed the facility follows a staffing plan. There were at least four security staff assigned to each housing building as well as non-security staff. Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor observed staff conducting security checks, rounds and other official duties. The auditor did not observe any blind spots. The auditor confirmed during the tour that the physical plant of the housing units provided an adequate line of sight. Additionally, the auditor observed two or four man cells, none of which were overcrowded. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds every hour and supervisors make rounds a few times a day. Informal conversation with incarcerated individuals noted that security staff make

rounds every half an hour and they see a supervisor at least once a day. A review of the video monitoring technology confirmed that cameras were in housing units, work areas, program areas and other common areas. Video monitoring was observed to be utilized to supplement (not replace) security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Video monitoring can be viewed by each housing unit (only those cameras within their unit), by central control (access to all cameras), and remotely by administrative staff, investigative staff and supervisors (access to all cameras).

With regard to cross gender viewing, the auditor confirmed that housing units provided privacy through shower curtains, doors with security windows, half walls and metal doors with additional privacy barrier material. Informal conversation with staff and incarcerated individuals confirmed that incarcerated individuals have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation and the segregated housing unit. The areas provided privacy during searches through solid doors, shower curtains and doors with a covered window. A review of video monitoring technology confirmed there were zero cross gender viewing issues. Three observation rooms had video monitoring, however a review of the system confirmed a gray box was over the toilet area. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into each of the housing units. The announcement was verbal in English. It should be noted the announcement in some of the housing units was not very loud. Informal conversation with staff and incarcerated individuals indicated that the opposite gender announcement is routinely

made.

Incarcerated individual medical and mental health records are electronic. Electronic records are accessible to medical and mental health care staff only through the CDOC system. Access to the system has to be requested through the Health Service Administrator and as such access is only those with a need to know. Paper medical records are scanned into the system and then shredded. Risk assessment information is electronic (CDOC system) but is initially collected via paper. Paper records are shredded once entered into the electronic system. The electronic records are only accessible to Case Managers, Unit Managers, administrative level staff and the PCM. Access to the risk screening must be requested and as such only those with a need to know have access. Investigative files are electronic and paper. Paper investigations are maintained in the investigators locked office. Electronic investigative records are only accessible to investigative staff via the investigative database.

During the tour the auditor observed that incarcerated individuals are able to place outgoing mail in the drop box outside food service. They also can provide mail to the staff. The drop box was not specific to sexual abuse or sexual harassment allegations. Incarcerated individuals have the ability to purchase writing materials through commissary and all incarcerated individuals receive financial compensation during incarceration. The external reporting entity form, AR100-40G is available in the library and can be requested through staff. The interview with the mailroom staff indicated that outgoing mail is picked up by night shift staff and brought to the mailroom. Staff sort the mail. The staff do not typically review the outgoing mail, but can per policy. Outgoing legal mail is sent through the library where staff confirm it is legal prior to being sealed

and sent out. Incoming mail is picked up and brought to the facility. Mail is sorted by regular mail and legal mail. All regular mail is copied and the incarcerated individual receives the copy. Legal mail is logged into the system. The incarcerated individual is called and the mail is opened in front of the incarcerated individual. The mailroom staff advised the AR100-40G (external reporting) that is sent to the Washington State address is not opened. Staff stated they do not have to have postage or return contact information as they can remain anonymous. The mailroom staff advised mail to the local rape crisis center is treated like legal/privileged mail and would be opened in front of the incarcerated individual.

The auditor observed the intake process through a demonstration. Incarcerated individuals are provided three documents upon arrival: Facts You Should Know, the Handbook and the 14-2AA. All three documents are available in English and Spanish. The new PREA video from the PREA Resource Center is played on a loop on two 26 inch televisions. The video is available in English and Spanish and has subtitles. The auditor observed the video had adequate audio. When incarcerated individuals are provided the orientation packet (three documents above) staff also verbally go over information to include who to report to and how to report.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed one-on-one in one of three offices in intake. Staff utilize a paper version of the risk screening initially and then enter the information into the electronic system. Staff completed a file review prior to the incarcerated individuals arrival to review prior PREA incidents, prior sexual abusiveness, criminal history, etc. Staff verbally ask the incarcerated individual specific questions from the risk screening

form including: prior sexual victimization, gender identity, sexual preference and perception of vulnerability. The auditor was also provided a demonstration of the 30 day reassessment. Reassessments are completed one-on-one in a private office setting. Staff ask the incarcerated individual if anything has changed since the initial risk assessment. Staff then verbally ask about sexual victimization, gender identity, sexual preference and perception of vulnerability. Staff also complete a file review related to criminal history and other elements in the risk screening. It should be noted that the PCM recently (last four to five months) revamped the risk screening process as staff were not completing it as outlined under the PREA Standard.

During the tour the auditor tested the internal reporting mechanisms. The auditor had an incarcerated individual assist with calling the two hotline numbers provided (CIPS 006 and CDOC Tips Line). The CDOC TIPS line required pressing one for English or two for Spanish. Incarcerated individuals then press one for a collect call and then enter their ID number and pin. The CDOC TIPS line requires incarcerated individuals to leave a message. The auditor left a message on October 8, 2024. Confirmation was provided on October 9, 2024 that the CDOC received the information and forwarded it to the facility. The auditor also called the CIPS 006 hotline. The same initial process is required (press one for English or two for Spanish then one for a collect call, etc.). The number then prompts incarcerated individuals to press one for sexual abuse or two for any other reason. The CIPS number is answered by a live person who works for an answering service. The answering service staff advised that they take the report and then forward the information to CDOC via email. The auditor listened to the hold "elevator" music for five minutes and never reached a live person. It should be noted that the facility provided an allegation

that was reported via the CIPS 006 during the on-site portion of the audit. As such, the auditor confirmed this method was accessible. The auditor also tested the written reporting mechanism during the on-site portion of the audit. A kite form was obtained from staff. An incarcerated individual assisted the auditor with filling out the kite. The kite was submitted in the box outside the food service. The auditor was provided confirmation on October 9, 2024 that the kite was received and staff advised the steps they would take if it was a report of sexual abuse. It should be noted that there was initial confusion by staff when the auditor requested the kite form. Staff advised they did not have any forms and had to go print the forms from the office.

The auditor tested the external reporting mechanisms by completing AR100-40G, Outside Agency Reporting Form. The form was not readily accessible and staff and incarcerated individuals were not aware of how to obtain the forms. The PCM had a Unit Manager print off the form in order for the auditor to test the reporting mechanism. The auditor completed the form and mailed it on October 8, 2024 to the address painted around the facility. On October 21, 2024 the CDOC OIG provided confirmation (in writing) that they received the form from Washington State Department of Correction (WADOC) and the information would be forwarded to the facility PCM for investigation. The correspondence confirmed incarcerated individuals can remain anonymous by not putting their name and DOC number on the letter/form. During the on-site portion of the audit the facility immediately corrected the issue of the AR100-40G forms not being accessible. An email was sent out to all Unit Managers to have the forms readily available for incarcerated individuals. Photos of the forms available in the housing units were provided as confirmation.

Additionally during the tour, the auditor had

staff demonstrate how they document verbal reports. Staff illustrated that they document verbal reports via an incident report (5-1C Form). Staff indicated they fill out the necessary information on the form and they print and sign the form. The form is then provided to the supervisor via chain of command.

During the tour the auditor had an incarcerated individual assist with contacting the local rape crisis center via the phone number provided (CIPS 005). The incarcerated individual explained the process and advised that he was prompted to press one for English or two for Spanish and then to press one for a collect call or two for a personal call. He was then prompted to enter his ID number and his pin. The auditor attempted to contact the local rape crisis center on numerous occasions during the audit. The auditor received an automated message that advised an advocate was unable to answer and to leave a message. The auditor called the crisis line after the on-site portion of the audit from her cell phone and reached a live staff member. The staff confirmed they can provide services through the crisis line. The auditor confirmed with the facility that the number linked to the CIPS 005 number was the same number the auditor called from her cell phone. Additionally, agency PREA staff reached out to the local rape crisis center after the on-site and reached the rape crisis center. The PREA staff advised that the rape crisis center staff stated the voicemail is not typical practice and they have live staff to provide services.

The auditor testing the third party reporting mechanism by completing a report through the ethics line website. The auditor immediately received an email from the Director of Ethics and Compliance indicating that the report was received. The auditor was copied on an email to the facility leadership related to the test. The facility leadership

responded indicating they received the test report. The Director of PREA Compliance and Investigations also responded and indicated that she would track the case and schedule a call to discuss the investigation.

The auditor observed the comprehensive PREA education process. Comprehensive PREA education is conducted one-on-one in an office. The staff member meets with the incarcerated individual for the 30 day risk reassessment. During that time, staff provide the 14-2AA PREA Pamphlet to the incarcerated individual and verbally go over information, including: how to report, who the facility PMC is, what the facility policy is on sexual abuse and sexual harassment, where to find the facility policy and what incidents are considered PREA. Incarcerated individuals sign a form indicating they completed the comprehensive education process.

During incarcerated individual interviews the auditor utilized staff translators for LEP interviews. Additionally, the auditor previously utilized the language service at a prior CoreCivic audit. The auditor was provided the call in number as well as the client ID. The translation service is accessible through staff only. CoreCivic also has video translation services, however the auditor did not need to utilize this service. It should be noted the video translation service was utilized at a prior CoreCivic audit and as such the auditor confirmed accessibility.

The segregated housing unit was a two tiered unit that included double bunked cells. Showers were outside of the cell and were single person with metal doors and additional privacy curtain. The housing unit had a separate outdoor recreation area. Incarcerated individuals have out of cell time daily for recreation, three times a week for showers and once a week for the telephone. Grievances and mail are provided to any staff member. PREA reporting information and rape

crisis information was observed in the housing unit in both English and Spanish near the showers, recreation door and front door.

The health services area included a reception space, exam rooms, treatment rooms and observation rooms. The reception area was small with a restroom. Exam and treatment rooms were bays with curtains. There were also six observation rooms. Adequate privacy appeared to be provided in the health services area.

Documentation Sampling

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

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

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

During the audit the auditor requested personnel and training files of staff, incarcerated individual files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows (not included is the number of documents reviewed during corrective action - which is outlined in the corrective action under each standard):

Personnel and Training Files. The auditor reviewed 41 total personnel and/or training files that included four staff hired within the previous twelve months, three contractors hired in the previous twelve months, four staff employed over five years, one contractor employed over five years and four staff recently promoted. Personnel and/or training files for seven total contractors, four volunteers and five medical and mental health care staff were reviewed.

Incarcerated Individual Files. A total of 57 incarcerated individual files were reviewed. 38 incarcerated individual files were of those that arrived within the previous twelve months, six were LEP incarcerated individuals, ten were disabled incarcerated individuals, six were transgender incarcerated individuals, seven disclosed prior sexual victimization during the risk screening and five had a history of prior sexual abusiveness identified during the risk screening.

Medical and Mental Health Records. The auditor reviewed medical and mental health records for ten incarcerated individual victims of sexual abuse or sexual harassment as well as mental health documents for seven incarcerated individuals who disclosed victimization during the risk screening and five incarcerated individuals identified with prior sexual abusiveness.

Grievances. The auditor reviewed the two

sexual abuse grievance as well as the grievance log and sample grievances.

Incident Reports. The auditor reviewed the incident reports for the ten investigations reviewed.

Investigation Files. The auditor reviewed ten administrative investigations and three criminal investigation. Two investigations were referred for prosecution.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	2	5	2
Staff-on-inmate sexual abuse	4	1	4	1
Total	9	3	9	3

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	5	0	5	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	2	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	0	3	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	3	2
Staff-on-inmate sexual abuse	0	2	1	1
Total	0	2	4	3

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	3	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	2	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

7

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The one substantiated staff on incarcerated individual investigation that is noted in referred for prosecution is based on information provided from the facility. That information was not contained in the report.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 1. Colorado Department of Corrections Administrative Regulation Number 100-40 - Prison Rape Elimination Procedure 2. Colorado Department of Corrections Administrative Regulation 300-06 - Searches and Contraband Control 3. Colorado Department of Corrections Administrative Regulation 700-14 - Practices Concerning Transgender Offenders 4. Colorado Department of Corrections Administrative Regulation 100-19 - Communication with Offenders 5. Colorado Department of Corrections Administrative Regulation 1150-07 - Crime

Scene Management and Criminal Evidence Handling

6. Colorado Department of Corrections Administrative Regulation 1150-14 - Responsibility and Authority of the Office of the Inspector General
7. Colorado Department of Corrections Administrative Regulation 1150-18 - Offender Crime Victim Rights
8. Colorado Department of Corrections Administrative Regulation 900-01 - Volunteer Programs
9. Colorado Department of Corrections Administrative Regulation 150-01 - Code of Penal Discipline (COPD)
10. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
11. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
12. CoreCivic Policy 9-5 Searches of Inmates
13. CoreCivic Policy 13-79 Sexual Assault Response
14. CoreCivic Policy 10-1 Special Management/Restrictive Housing Unit Management
15. CoreCivic Policy 22-1 Volunteer Services and Management
16. Human Rights Policy Statement
17. PREA Zero Tolerance Policy Acknowledgement
18. PREA Coordinator Position Description
19. CoreCivic Organizational Chart
20. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ stated that 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 and the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The PAQ further indicated that the policy includes definitions of prohibited behaviors, sanction for those found to have participated in prohibited behavior and a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of incarcerated individuals. While the agency has a comprehensive PREA Policy: 14-2 Sexual Abuse Prevention and Response as well other documents to supplement the policy, the agency contract requires the facility to follow CDOC policy and procedures. As such, the facility utilizes CDOC policies and procedures as their primary policy and procedure, with CoreCivic policy and procedure utilized as a supplement. 100-40 outlines the CDOC's approach toward preventing, detecting and responding to sexual abuse and sexual harassment. Page 1 states the Colorado Department of Corrections (CDOC) has a zero tolerance policy regarding sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment. Pages 2-5 outline definitions of prohibited behaviors and pages 7-8 note sanctions for those found to participate in prohibited behaviors. 14-2 Sexual Abuse Prevention and Response, page 4 states that CoreCivic has mandated zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the strategies on preventing, detecting and responding to such conduct and includes definitions of prohibited behavior. In addition to the main CDOC policy and main CoreCivic policy, both agencies have supplemental policies that address elements of the PREA standards. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, incarcerated individual education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and incarcerated individuals, incident reviews and data collection. Both agency policies and supporting documentation are consistent with the PREA standards and outline the agency's approach to sexual safety. All CoreCivic staff are required to sign a PREA zero tolerance policy acknowledgment which states the zero tolerance policy, directs staff on their requirements in reporting and methods of reporting, states that all allegations will be aggressively investigated and lists the definitions of sexual abuse and sexual harassment. In addition to policies and procedure, the PREA Coordinator and staff have designated November as PREA month for the agency. During the month of November the PC and staff conduct a webinar related to different PRE topics. Staff are also provided links to videos to share with facility staff related to the topics. Additionally, during the month of November the PC and staff send out messaging, PREA Refreshers from the PRC and virtual training opportunities for everyone in the company. A few of the resources sent out included a safety PREA refresher on the effects of sexual abuse and a training on responding to incarcerated victim of sexual abuse and sexual harassment. The designation of a "PREA Month" and ongoing trainings, webinars and refresher documents illustrate the agency's commitment to PREA compliance.

115.11 (b): The PAQ stated that the agency employs or designates an upper-level, agency wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PC is the Senior Director of PREA Programs and Compliance. The PC reports to the Vice President of Operations Administration. The PC's position description states that the Senior Director develops, implements and oversees company policies and procedures in complying with the standards of the Prison Rape Elimination Act (PREA). Additionally, it states that the Senior Director manages the company's compliance efforts, reporting requirements and audit processes related to PREA. The interview with the PC indicated that she has enough time to manage all of his PREA related responsibilities. She stated that at any given time there are approximately 57 PCM including those from Community Corrections. She noted that the PREA Office consists of two individuals, herself and a Director that coordinates PREA investigations. The PC indicated that they have quarterly training sessions with the PCMs via skype and that she travels to facilities for audits and training sessions. She further advised that the PREA staff are in contact with facilities daily on investigations and audit issues. The PC indicated that she assists the facility with corrective action plans as a result of audits and that if they identify an issue with policy, she will look at necessary policy revisions. She stated that she is able to provide technical on-site assistance for training that can correct incorrect practices that may have developed due to a misunderstanding of PREA standards. She also stated she is able to involve CoreCivic Managing Directors and Vice Presidents and elevate concerns that need addressed. During the month of November the PC and staff conducted a webinar related to staff on incarcerated individual relationships and the impact on facilities. Staff were also provided links to videos to share with facility staff related to this topic. Additionally, during the month of November the PC and staff send out messaging, PREA Refreshers from the PRC and virtual training opportunities for everyone in the company. A few of the resources sent out included a safety PREA refresher on the effects of sexual abuse and a training on responding to incarcerated victim of sexual abuse and sexual harassment. The designation of a "PREA Month" and ongoing trainings, webinars and refresher documents provided by the PC and staff illustrate the PC's commitment to sexual safety and the ability to oversee PREA compliance at all levels.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ stated that the PCM's position at the facility is the Chief of Unit Manager and the position reports to the Assistant Warden. The facility's organizational chart confirms that the Chief of Unit Management reports to the Assistant Warden. The interview with the PREA Compliance Manager indicted that she has enough time to manage all of her PREA related responsibilities. She stated she ensures signage is posted and she goes over policy updates with staff. She also stated she reviews camera and mirror locations and she looks at modifications

	<p>for cross gender viewing. The PCM advised if she identifies an issues complying with a PREA standard she immediately notifies the area(s) out of compliance and addresses how to alleviate the issue. She noted she conducts follow-up training if needed. It should be noted that the PCM was very knowledgeable on the many aspects of PREA compliance at the facility. She is involved in the many components at the facility, including security and classification. She is well respected by staff and has the authority and experience to implement policies, procedures, training and practice for PREA compliance.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulations 100-40, 300-06, 700-14, 100-19, 1150-07, 1150-14, 1150-18, 900-01, 150-01, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, CoreCivic Policy 14-9, CoreCivic Policy 9-5, CoreCivic Policy 13-79, CoreCivic Policy 10-1 CoreCivic Policy 22-1 , the agency’s organization chart, the facility’s organizational chart, the PC position description, the Human Rights Policy Statement and information from the interviews with the PC and PCM, the facility appears to exceed this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Findings (By Provision):</p> <p>115.12 (a): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s incarcerated individuals and does not contract with other entities for the confinement of incarcerated individuals in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its incarcerated individuals. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its incarcerated individuals and as such an interview was not conducted.</p> <p>115.12 (b): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s</p>

	<p>incarcerated individuals and does not contract with other entities for the confinement of incarcerated individuals in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its incarcerated individuals. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its incarcerated individuals and as such an interview was not conducted.</p> <p>Based on a review of the PAQ, this standard appears to not be applicable and as such compliant.</p>
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115.13 Supervision and monitoring	
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 4. The Staffing Plan 5. Deviations from Staffing Plan (5-1B) 6. Annual PREA Staffing Plan Assessment (14-21) 7. Documentation of Unannounced Rounds <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with the PREA Coordinator 4. Interviews with Intermediate-Level or Higher-Level Facility Staff <p>Site Review Observations:</p>

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): 14-2 Sexual Abuse Prevention and Response, page 8 addresses the agency's staffing plan development. Specifically, it states that the facility, in coordination with CoreCivic Facility Support Center (FSC), shall develop an annual staffing plan that provides for adequate levels of staffing to protect incarcerated individuals/detainees against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the incarcerated individual/detainee population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based on 1431 incarcerated individuals. The facility employs 261 staff. Security staff mainly make up two shifts, day shift works from 6am-6pm and evening shift works from 6pm-6am. A review of the 2024 staffing plan indicates that each shift has a Shift Supervisor and at least one Correctional Officer on each shift in each of the housing units. Additional Correctional Officers are assigned to other areas to include transportation, visitation, laundry, kitchen, medical, recreation, yard and programs. While the staffing plan does not include narrative related to the elements under this provision, the Annual PREA Staffing Plan Assessments, which is part of the staffing plan each year, contains the elements under this provision. The document illustrates that the elements under this provision are reviewed annually and any changes to staffing or request to change staffing is documented on the form. During the tour the auditor confirmed the facility follows a staffing plan. There were at least four security staff assigned to each housing building as well as non-security staff. Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor observed staff conducting security checks, rounds and other official duties. The auditor did not observe any blind spots. The auditor confirmed during the tour that the physical plant of the housing units provided an adequate line of sight. Additionally, the auditor observed two or four man cells, none of which were overcrowded. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds every hour and supervisors make rounds a few times a

day. Informal conversation with incarcerated individuals noted that security staff make rounds every half an hour and they see a supervisor at least once a day. A review of the video monitoring technology confirmed that cameras were in housing units, work areas, program areas and other common areas. Video monitoring was observed to be utilized to supplement (not replace) security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Video monitoring can be viewed by each housing unit (only those cameras within their unit), by central control (access to all cameras), and remotely by administrative staff, investigative staff and supervisors (access to all cameras). The interview with the Warden indicated that the facility has a staffing plan that provides adequate staffing levels to protect incarcerated individuals from sexual abuse. He stated the facility has a contract with their partner (CDOC) that outlines a staff to incarcerated individual ratio based on the physical plant of the facility. The staffing plan is reviewed by the agency and notes cameras, physical plant, capacity and number of staff. The Warden confirmed video monitoring is part of the staffing plan and the staffing plan is documented. He advised the elements under this provision are included in the staffing plan. He stated the facility has monthly audits and inspections related to staffing. The Warden indicated he checks for compliance with the staffing plan weekly and the Chief checks compliance daily. The PCM confirmed that all required components under this provision are considered when developing and reviewing the staffing plan. She advised they ensure the staff to incarcerated individual ratio is adequate and that they have enough staff to conduct required rounds. She further noted that if areas need additional attention they place supplemental staff in those areas.

115.13 (b): The PAQ stated that this provision does not apply as the facility had not deviated from the staffing plan. 14-2 Sexual Abuse Prevention and Response, page 9 states that the PCM shall document and describe the deviation on the 5-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. The interview with the Warden confirmed that deviations from the staffing plan are documented via the master scheduler. He also stated any deviations are required to be reported to the CDOC. There were zero deviations from the staffing plan in the previous twelve months.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 100.40, page 29 states whenever necessary, but no less frequently than once each year, each facility operated by CDOC, in consultation with the PREA administrator and PREA Compliance Manager, will assess, determine, and document whether adjustments are needed to the facility staffing plan. 14-2 Sexual Abuse Prevention and Response, page 8 states that the facility PCM will complete the 14-21 Annual PREA Staffing Plan Assessment and forward it to the Warden/Facility

Administrator for review. Upon completion of the Warden/Facility Administrator's review, the 14-21 Annual Staffing Plan Assessment will be forwarded to the FSC PREA Coordinator. Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant to this section, the facility's deployment of video monitoring systems and other monitoring technology; and the resources the facility has available to commit to ensure adherence to the staffing plan. The staffing plan was most recently reviewed on February 22, 2024 by the PCM, Warden and PC. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The previous annual review was completed on March 20, 2023. The PC confirmed she is consulted regarding any assessments of, or adjustment to the staffing plan. She confirmed she is consulted annually or when there has been a significant change that would require re-evaluation of the plan.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further stated that these rounds are documented and cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. 100-40, page 29 states Lieutenants or higher-level supervisors will conduct and document unannounced rounds to identify and deter sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment. Such unannounced rounds will occur during all shifts. CDOC employees are prohibited from alerting others that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility 14-2 Sexual Abuse Prevention and Response, page 8 indicates that intermediate level and/or upper level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment. The occurrences of such rounds shall be documented as unannounced rounds or "PREA Rounds" in the applicable log. This practice shall be implemented for night shifts as well as day shifts and through all areas where incarcerated individuals/detainees are permitted. Additionally, it states that employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Interviews with intermediate-level or higher-level supervisors indicated that they make unannounced rounds and they document the rounds on the sign off sheet. The staff indicated they try to ensure staff don't notify one another of the rounds by not telling them they are coming and by not having a pattern or route. A review of unannounced rounds for six requested weeks confirmed that unannounced rounds were made on both shifts in each housing unit. Further, documentation indicated that the facility exceeds this standard as Shift Supervisors conduct unannounced rounds daily in housing units and executive staff make rounds at least weekly in housing units.

	<p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the staffing plan, Deviations from Staffing Plan (5-1B), Annual PREA Staffing Plan Assessment (14-21), documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.</p>
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115.14	Youthful inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 14-2 Sexual Abuse Prevention and Response 3. Memorandum Related to Youthful Inmates 4. Population Age Reports <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicated the facility does not house youthful inmates and as such this provision is not applicable. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states youthful inmates shall not be placed in a housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The memo from the PCM as well as population age reports confirm that the facility does not house youthful inmates.</p> <p>115.14 (b): The PAQ indicated the facility does not house youthful inmates and as such this provision is not applicable. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states in areas outside of housing units, agencies shall either maintain sight and sound separation between youthful inmates and adult inmates, or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. The memo from the PCM as well as population age reports confirm that the facility does not house youthful inmates.</p>

	<p>115.14 (c): The PAQ indicated the facility does not house youthful inmates and as such this provision is not applicable. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states the facility shall make its best effort to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, facilities shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. The memo from the PCM as well as population age reports confirm that the facility does not house youthful inmates.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the memo from the PCM and population age reports, this standard appears to be not applicable and as such compliant.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 300-06 - Searches and Contraband Control 4. Colorado Department of Corrections Administrative Regulation 700-14 - Practices Concerning Transgender Offenders 5. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 6. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities 7. CoreCivic Policy 9-5 Searches of Inmates 8. CoreCivic Search Procedures Facilitators Guide 9. Search Procedures Curriculum 10. Staff Training Records 11. Shower/Searches Acknowledgment

12. Signed Transgender Search Document

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Incarcerated Individuals
3. Interviews with Transgender/Intersex Incarcerated Individuals

Site Review Observations:

1. Observation of Privacy in Bathrooms and Showers
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility conducts cross gender strip or cross gender visual body cavity searches of incarcerated individuals. Further information on the PAQ indicated transgender females are searched by female staff when requested by the incarcerated individual. The PAQ stated there have been zero searches of this kind in the previous twelve months. 300-06 page 5 states a strip search, including non-invasive visual inspection of offender body cavities, will be conducted based on a reasonable believe that the offender is carrying contraband or other prohibited materials. Such searches will be conducted by an employee of the same sex as the offender being searched, except in exigent circumstances or when performed by medical practitioners. Further policy states offenders that identify as transgender or intersex, may request to be strip searched by an employee of the gender the offender identifies with. The request will be honored if an employee of the designated gender is available and willing to conduct the search, unless exigent circumstances dictate the need for an immediate search by available personnel. Exigent circumstances resulting in an opposite-gender strip search by non-medical staff will be documented in an incident report. 14-2 Sexual Abuse Prevention and Response, page 14 states that cross-gender incarcerated individual/detainee strip searches (male staff on female incarcerated individual/detainee, or, female staff on male incarcerated individual/detainee) and cross gender visual body cavity inspections (i.e. viewing of the anal and/or genital opening) shall not be conducted except in exigent circumstances. A cross gender visual inspection of a body cavity under exigent circumstance shall be conducted only pursuant to an approved cross gender strip search. Policy further states that CoreCivic staff shall not conduct body cavity searches. Body Cavity searches may only be conducted by non-CoreCivic medical professionals. Staff of the opposite gender, other than a designated qualified medical

professional, shall not observe a body cavity search. 9-5 Searches of Incarcerated individuals specifically states that the strip search shall be conducted by employees of the same sex as the incarcerated individual/resident being searched except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration (NTA). Security staff shall be trained on how to conduct cross-gender strip searches. Additionally, page 2 states that visual inspections of body cavities may be conducted when reasonable suspicion exists that an incarcerated individual/resident may have secreted contraband in the rectum and/or vagina, upon approval of the Shift Supervisor. The Shift Supervisor will designate two correctional staff of the same gender as the incarcerated individual/resident to perform the visual inspection. The memo from the PCM indicated that currently the facility has two female staff trained to perform searches on transgender female incarcerated individuals. Interviews with transgender incarcerated individuals indicated most do not have a preference for searches. One advised she preferred a female but her preference was not honored. Further communication with the PCM and facility staff noted the current form utilized through CDOC does not differentiate between strip searches and pat searches and as such they were only conducting pat searches based on preference. During the interim report period the facility completed the "Shower/Searches Acknowledgment" form for all transgender incarcerated individuals. The form asks incarcerated individuals their preference on pat searches and strip searches. The form advises the incarcerated individual that it is their responsibility to notify staff of their preference. The PCM met with each transgender incarcerated individual on November 7, 2024 and confirmed all are being searched based on their preference and none had any issues related to appropriate searches.

115.15 (b): The PAQ indicated that the facility houses male incarcerated individuals only. 300-06 page 5 state universal pat searches of male offenders may be conducted by employees or contract workers of either sex; female offenders will only be universal pat searched by female employees or contract workers, absent exigent circumstances. Offenders that identify as female transgender may request to be pat searched by a female employee. The request will be honored if an employee of the designated gender is available and willing to conduct the search, unless exigent circumstances dictate the need for an immediate search by available personnel. 14-2 Sexual Abuse Prevention and Response, page 14 states that pat searches of female incarcerated individuals/detainees by male staff are prohibited except in exigent circumstances. The facility shall not restrict female incarcerated individual/detainee access to regularly available programming or out of cell opportunities in order to comply with this provision. 9-5 Searches of Incarcerated individuals, page 2 states that conducting frisk/pat searches of female incarcerated individuals/residents by male staff is prohibited except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility as authorized by the Shift Supervisor or above. Any occurrences of such frisk/

pat searches shall be documented in the 5-1 Incident report administration process Form 5-1B Notice to Administration. Security staff shall be trained in how to conduct cross gender frisk/pat down searches. The PAQ information indicated that zero female incarcerated individuals were pat searched by male staff. The memo from the PCM indicated that currently the facility has two female staff trained to perform searches on transgender female incarcerated individuals. Interviews with transgender incarcerated individuals indicated most do not have a preference for searches. One advised she preferred a female but her preference was not honored. Interviews with random staff indicated none were aware of a time a transgender female was restricted access. Further communication with the PCM and facility staff noted the current form utilized through CDOC does not differentiate between strip searches and pat searches and as such they were only conducting pat searches based on preference. During the interim report period the facility completed the "Shower/ Searches Acknowledgment" form for all transgender incarcerated individuals. The form asks incarcerated individuals their preference on pat searches and strip searches. The form advises the incarcerated individual that it is their responsibility to notify staff of their preference. The PCM met with each transgender incarcerated individual on November 7, 2024 and confirmed all are being searched based on their preference and none had any issues related to appropriate searches.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Additionally, the PAQ indicated that the facility does not house female incarcerated individuals and as such any documentation of cross gender pat down searches of female incarcerated individuals would not apply. 300-06 page 5 states opposite gender universal pat searches of female offenders will be documented in an incident report. Additionally, it states exigent circumstances resulting in an opposite gender strip search by non-medical staff will be documented in an incident report. Further, page 7 states opposite gender body cavity searches will be documented in an incident report. Further policy states offenders that identify as transgender or intersex, may request to be strip searched by an employee of the gender the offender identifies with. The request will be honored if an employee of the designated gender is available and willing to conduct the search, unless exigent circumstances dictate the need for an immediate search by available personnel. Exigent circumstances resulting in an opposite-gender strip search by non-medical staff will be documented in an incident report. 14-2 Sexual Abuse Prevention and Response, page 15 states that whenever a cross-gender pat search of a female incarcerated individual/detainee, cross gender body cavity inspection of any incarcerated individual/detainee, cross-gender strip search of any incarcerated individual/detainee, or body cavity search of any incarcerated individual/detainee does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 5-1B Notice to Administration (NTA) in accordance with CoreCivic Policy 5-1 Incident Reporting. Details of the exigent circumstances must be included in all log entries and 5-1B Notices. Additionally, 9-5 Searches of Incarcerated individuals, page 2 and 3 state that any occurrences of such frisk/pat searches shall be documented in the 5-1

Incident report administration process using Form 5-1B Notice to Administration and any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration. The memo from the PCM indicated that currently the facility has two female staff trained to perform searches on transgender female incarcerated individuals. Interviews with transgender incarcerated individuals indicated most do not have a preference for searches. One advised she preferred a female but her preference was not honored. Further communication with the PCM and facility staff noted the current form utilized through CDOC does not differentiate between strip searches and pat searches and as such they were only conducting pat searches based on preference. During the interim report period the facility completed the "Shower/Searches Acknowledgment" form for all transgender incarcerated individuals. The form asks incarcerated individuals their preference on pat searches and strip searches. The form advises the incarcerated individual that it is their responsibility to notify staff of their preference. The PCM met with each transgender incarcerated individual on November 7, 2024 and confirmed all are being searched based on their preference and none had any issues related to appropriate searches.

115.15 (d): The PAQ indicates that the facility has implemented policies and procedures that enable incarcerated individuals 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. 100-40 page 6 states in order to enable offenders to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, staff of the opposite gender will announce their presence when entering an offender housing unit at the beginning of each shift. If opposite gender status quo changes during that shift another announcement is required. 14-2 Sexual Abuse Prevention and Response, page 14 states that incarcerated individuals/detainees may shower, perform bodily function, and change clothes 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/living quarter checks. Additionally, it states that staff of the opposite gender are required to announce their presence when entering an incarcerated individual/detainee housing unit. Where a large housing unit is broken into several individual smaller units such as pods, cell-blocks, dorms, etc. the staff member must announce as he/she enters each of the smaller units. With regard to cross gender viewing, the auditor confirmed that housing units provided privacy through shower curtains, doors with security windows, half walls and metal doors with additional privacy barrier material. Informal conversation with staff and incarcerated individuals confirmed that incarcerated individuals have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation and the segregated housing unit. The areas provided privacy during searches through solid doors, shower curtains and doors with a covered window. A review of video monitoring technology confirmed

there were zero cross gender viewing issues. Three observation rooms had video monitoring, however a review of the system confirmed a gray box was over the toilet area. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into each of the housing units. The announcement was verbal in English. It should be noted the announcement in some of the housing units was not very loud. Informal conversation with staff and incarcerated individuals indicated that the opposite gender announcement is routinely made. Interviews with 40 incarcerated individuals indicated that 30 had never been naked in front of an opposite gender staff member and as such are provided privacy when showering, using the restroom and changing their clothes. It should be noted many incarcerated individuals expressed they do not have privacy as staff no longer allow them to cover their window when using the restroom. The auditor confirmed that cell doors provided adequate privacy and the windows did not present a cross gender viewing issue. All fourteen of the staff interviewed confirmed that incarcerated individuals have privacy when showering, using the restroom and changing their clothes. Additionally, all fourteen staff indicated that staff of the opposite gender announce prior to entering an incarcerated individual housing/living area. 21 of the 40 incarcerated individuals interviewed confirmed that staff of the opposite gender announce prior to entering incarcerated individual living areas. The auditor noted that the opposite gender announcement is occurring, but more than likely it is not always audible. As such, the auditor highly recommends the facility increase the volume of the announcement.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status and that no searches of this nature have occurred within the previous twelve months. 100-40, page 13 and 700-14 page 2 indicate that the facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, 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. 14-2 Sexual Abuse Prevention and Response, page 15 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities state that the facility shall not search or physically examine a transgender or intersex incarcerated individual/detainee for the sole purpose of determining the incarcerated individual/detainee's genital status. If the incarcerated individual/detainee's genital status is unknown, it may be determined during conversation with the incarcerated individual/detainee, 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. Interviews with fourteen staff indicated nine were aware of a policy prohibiting searching a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individuals' genital status. Interviews with seven transgenders incarcerated individual indicated six had never been searched for the

sole purpose of determining her genital status.

115.15 (f): 100-40, page 9 states employees will be trained in how to conduct a universal pat search which includes searches of transgender and intersex offenders. 300-06 page 5 states employees are trained in how to conduct universal pat searches of all offenders including male, female, transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. 9-5 Searches of Incarcerated individuals, page 1, states that security staff shall be trained in how to conduct searches of transgender and intersex incarcerated individuals while page 2 states that security staff shall be trained in how to conduct cross gender frisk/pat down searches. Page 13 further states an offender that identifies as transgender or intersex, may request to be strip searched and pat searched by an employee of the gender the offender identifies with. The request will be honored if an employee of the designated gender is available and willing to conduct the search, unless exigent circumstances dictate the need for an immediate search by available personnel. If the requested gender is not available or willing to conduct the search, an incident report shall be written in PCDCIS. 14-2 Sexual Abuse Prevention and Response, page 16 and 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 4, states that all searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. 14-2 Sexual Abuse Prevention and Response, page 15 states that there are four options for pat searches and strip searches of transgender or intersex incarcerated individuals/detainees: pat searches conducted only by female staff; asking incarcerated individuals/detainees identified as transgender or intersex to identify the gender of staff with whom they would feel most comfortable conducting the pat search and/or strip search, pat searches and strip searches conducted in accordance with the incarcerated individual/detainee's gender identity and pat searches and strip searches conducted only by medical staff. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex incarcerated individuals. A review of the CoreCivic Search Procedures Facilitators Guide confirms that pages 10-12 outline professional and respectful searches. The training discusses procedures for searches, documenting searches and prohibition of searches. The training also outlines search procedures for male and female incarcerated individuals. A review of the Search Training Curriculum confirms it discusses how to complete pat searches and strip searches. Staff are provided an outline, watch a video and then conduct hands on pat searches with other staff. The curriculum further outlines that searches are to be conducted professionally and in the least intrusive manner possible and should be conducted in private. Interviews with fourteen staff indicated all fourteen had received training on how to conduct cross gender pat searches and searches of transgender and intersex incarcerated individuals. A review of fourteen security staff training records indicated all fourteen had received the training.

	<p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, CDOC Administrative Regulation 300-06, CDOC Administrative Regulation 700-14, 14-2 Sexual Abuse Prevention and Response, 9-5 Searches of Inmates, 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, CoreCivic Search Procedures Facilitators Guide, Search Procedures Training, staff training records, Shower/Searches Acknowledgment, Signed Transgender Search Document, observations made during the tour and information from interviews with random staff, random incarcerated individuals and transgender and intersex incarcerated individuals, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility train staff to complete the opposite gender announcement loudly upon entry and/or numerous times when walking through the housing units to ensure all incarcerated individuals hear the announcement. Additionally, the auditor highly recommend that the facility emphasize the prohibition under provision (e) during the next training.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 100-19 – Communication with Offenders 4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 5. Photo of TTY System 6. Voyance Language Poster 7. Voyance Service Agreement 8. Facility Translator List

9. Offender Orientation Verification Form
10. Facts You Should Know (AR Form 100-40A)
11. AR Form 100-40G – Outside Agency Reporting Form
12. 14-2AA PREA Pamphlet
13. Offender Handbook
14. PREA Posters

Interviews:

1. Interview with the Agency Head Designee
2. Interviews with LEP and Disabled Incarcerated Individuals
3. Interviews with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled incarcerated individuals 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. 100-19 page 3 states translation and/or interpretation for PREA related communication including but not limited to offender education, orientation, investigation, grievances, COPD procedures, medical/mental health services and victim rights/advocacy will be offered so that offenders with limited English proficiency can participate in or benefit from all aspects of the department's efforts to prevent, detect and respond to sexual assault, sexual abuse and sexual harassment. Page 4 further states that sign language interpretation is required for PREA related communication, including but not limited to investigations, victim rights/advocacy and resources. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take appropriate steps to ensure that incarcerated individual/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and response to sexual abuse and sexual harassment. Specifically it indicates that incarcerated individuals/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language

interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the incarcerated individual/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to incarcerated individuals/detainees with limited reading skills. In the event an incarcerated individual/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such incarcerated individual/detainees on an individual basis. The facility provided a photo of the TTY system. The agency has a contract with Voyance. The company offers services through video remote interpreting (VRI) and voice only interpreting (VOI). A review of the Offender Handbook, Facts You Should Know, 14-2AA PREA Pamphlet and PREA Posters confirmed that they are available in larger font, bright colors and simple terms. The interview with the Agency Head Designee indicated the agency has established procedures to provide incarcerated individuals with disabilities and incarcerated individuals who are LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He stated that the CoreCivic corporate office provides assistance to the facilities that enable them to locate potential vendors and/or agencies that would provide support services for incarcerated individuals with disabilities. He stated that the agency maintains a comprehensive contract with language services and some facilities even have an MOU with organizations in the local communities to provide translation services when needed. He stated that TTY phones are provided and arrangements are made to assist those incarcerated individuals who are blind. The auditor observed PREA information painted in housing units and in a few common areas. The painted information was observed in English and Spanish and was adequate size font. The painted information included: the zero tolerance policy, internal reporting mechanisms (CIPS 006, DOC Tips Line, staff, etc.), the external reporting mechanism (AR100-40G form and address to mail the form), and the hotline number to the local rape crisis center (CIPS 005). The painted information noted AR100-40G (form) is the external reporting entity and incarcerated individuals can remain anonymous when reporting. The painted information also advised that calls to the rape crisis center hotline are free and confidential. The auditor also observed PREA information, including handouts and brochures, in the library. The auditor did not require accommodations during disabled incarcerated interviews, however CoreCivic has video translation services that can be utilized. The video translation service was utilized at a prior CoreCivic audit and as such the auditor confirmed accessibility. Interviews with six disabled incarcerated individuals indicated three received information in a format that they could understand. This will be addressed in Standard 115.33.

115.16 (b): The PAQ stated that the agency has established procedures to provide incarcerated individuals 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. 100-19 page 3 states translation

and/or interpretation for PREA related communication including but not limited to offender education, orientation, investigation, grievances, COPD procedures, medical/mental health services and victim rights/advocacy will be offered so that offenders with limited English proficiency can participate in or benefit from all aspects of the department's efforts to prevent, detect and respond to sexual assault, sexual abuse and sexual harassment. Page 4 further states that sign language interpretation is required for PREA related communication, including but not limited to investigations, victim rights/advocacy and resources. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The agency has a contract with Voyance. The company offers services through video remote interpreting (VRI) and voice only interpreting (VOI). The Voyance Poster includes many languages for an incarcerated individual to point to in order to advise the language in which they communicate. The facility also has a list of approved staff translators that can be utilized to provide assistance. A review of the Offender Handbook, 14-2AA PREA Pamphlet, Facts You Should Know, AR Forms and PREA Posters confirmed that PREA information is available in English and Spanish. The auditor observed PREA information painted in housing units and in a few common areas. The painted information was observed in English and Spanish and was adequate size font. The painted information included: the zero tolerance policy, internal reporting mechanisms (CIPS 006, DOC Tips Line, staff, etc.), the external reporting mechanism (AR100-40G form and address to mail the form), and the hotline number to the local rape crisis center (CIPS 005). The painted information noted AR100-40G (form) is the external reporting entity and incarcerated individuals can remain anonymous when reporting. The painted information also advised that calls to the rape crisis center hotline are free and confidential. The auditor also observed PREA information, including handouts and brochures, in the library. During incarcerated individual interviews the auditor utilized staff translators for LEP interviews. Additionally, the auditor previously utilized the language service at a prior CoreCivic audit. The auditor was provided the call in number as well as the client ID. The translation service is accessible through staff only. Interviews with three LEP incarcerated individuals indicated one received information in a format they could understand. This will be addressed in Standard 115.33.

115.16 (c): The PAQ stated that agency policy prohibits the use of incarcerated individual interpreters, incarcerated individual readers, or other types of incarcerated individual assistants except in limited circumstances. 100-40, page 26 states the use of a sign language interpreter for offenders whose primary means of communication is through sign language is required during the investigation. CDOC will not rely on 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 or impede the performance of first-response

duties. If an offender interpreter, offender reader, or other type of offender assistant was used, the OIG investigator will document it in their report and will notify the OIG victim rights coordinator, who will document it in their victim contact database. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility will not rely on incarcerated individuals/detainees to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the incarcerated individual/detainee's safety, the performance of first responder duties or the investigation of the incarcerated individual/detainee's allegation. The PAQ indicated the facility documents the limited circumstances in individual cases where incarcerated individual interpreters, readers or other assistants are used. The PAQ expressed that there were zero instances where an incarcerated individual was utilized to interpret, read or provide other types of assistance. Interviews with fourteen staff indicated thirteen were aware of a policy that prohibits the use of incarcerated individual interpreters, translator, readers or other types of incarcerated individual assistants for sexual abuse allegations. Interviews with six disabled incarcerated individuals and three LEP incarcerated individuals indicated four received information in a format that they could understand. None advised they had another incarcerated individual assist them.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Memorandum on the TTY System, Photo of TTY System, Voyance Services Agreement and Poster, Facility Translator List, Offender Orientation Verification Form, Facts You Should Know (AR Form 100-40A), AR Form 100-40G - Outside Agency Reporting Form, 14-2AA PREA Pamphlet Offender Handbook, PREA Posters, observations during the tour and information from interviews with the Agency Head Designee, LEP and disabled incarcerated individuals and random staff, the facility appears to meet this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H) 4. First Advantage Packet

5. Staff and Contractor Personnel Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with incarcerated individuals and prohibits enlisting the services of any contractor who may have contact with incarcerated individuals who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when 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 above. 14-2 Sexual Abuse Prevention and Response, page 4 states that to the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with incarcerated individuals and who has: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when 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 above. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", and "Has a substantiated allegation of sexual harassment ever been made against you?". A review of personnel files for four staff hired in the previous twelve months indicated all four had a criminal background records check completed prior to hire. All four also completed the Self-Declaration of Sexual Abuse/ Sexual Harassment form, which includes the PREA questions outlined under this provision. A review of three contractor files confirmed that all three contractor had a criminal background records check completed prior to enlisting services.

115.17 (b): The PAQ indicated that 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 incarcerated individuals. 14-2 Sexual Abuse Prevention and Response, page 5 states that any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with incarcerated individuals. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the question "Has a substantiated allegation of sexual harassment ever been made against you?". The interview with the Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with incarcerated individuals, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with incarcerated individuals, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. The policy further indicates that Consistent with federal, state, and local law, the facility shall make its best effort 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 as defined by this policy. The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information. The agency utilizes First Advantage to complete criminal background records checks. The First Advantage packet notes that the third party entity completes public record checks through national, state and local courts. Additionally, CDOC requires the facility to complete criminal background records check through their agency. CDOC is a law enforcement agency and utilizes the NCIC system. The PAQ indicated that 69 individuals hired in the past twelve months had a criminal background records check completed prior to hire. The interview with the Human Resource staff confirmed that a criminal background records check is completed for all new employees who may have contact with incarcerated individuals and all prior institutional employers are contacted related to substantiated incidents of sexual abuse or sexual harassment and/or resignations during an investigation of sexual abuse or sexual harassment. The staff stated they utilized First Advantage to conduct criminal background record checks and they also have criminal background record checks completed through CDOC. CDOC conducts criminal background record checks through the NCIC system while First Advantage conducts record checks of national, state and local jurisdictions.

A review of personnel files for four staff hired in the previous twelve months indicated all four had a criminal background records check completed prior to hire. None of the four had a prior institutional employer, however the facility provided an example of a staff member that did have prior institutional employment to confirm the process.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with incarcerated individuals. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with incarcerated individuals/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals/detainees, or, have in place a system for otherwise capturing such information. The PAQ indicated that six contracts for services have had a criminal background records check conducted on all staff covered under the contracts. Further communication with the PCM noted this was a typo and there are two contracts at the facility and all contractors under the two contracts had a criminal background records check completed prior to enlisting their services. The Human Resource staff confirmed that contractors have a criminal background records check completed prior to enlisting their services through CDOC and First Advantage. A review of three contractor files confirmed that all three had a criminal background records check completed prior to enlisting services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals or that a system is in place for otherwise capturing such information for current employees. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with incarcerated individuals/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals/detainees, or, have in place a system for otherwise capturing such information. The interview with the Human Resource staff member indicated that criminal background record checks are completed annually for all staff and contractors in their birthday month. A review of four staff who were hired over five years prior and one contractor hired over five years prior confirmed all five had a criminal background records check completed at least every five years.

115.17 (f): 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with

incarcerated individuals, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", and "Has a substantiated allegation of sexual harassment ever been made against you?". The interview with the Human Resource staff confirmed that all applicants, employees and contractors who have contact with incarcerated individuals are asked the questions under this provision via a written questionnaire. The staff further confirmed that they impose a continuing affirmative duty to disclose any previous such misconduct. A review of documentation for four staff hired in the previous twelve months confirmed all four completed the 14-2H. Additionally, a review of documentation for four staff promoted in the previous twelve months confirmed all four completed the 14-2H prior to promotion.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 14-2 Sexual Abuse Prevention and Response, page 5 states that to the extent permitted by law, CoreCivic may decline to hire or promote, and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information.

115.17 (h): 14-2 Sexual Abuse Prevention and Response, page 5 states that unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Human Resource staff confirmed that this information would be provided when requested.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H) form, the First Advantage Packet, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview, this standard appears to be compliant.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Form 7-1B PREA Physical Plant Considerations
4. Camera Listing

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. Further communication with the PCM indicated this was incorrect and that there has not been any substantial modifications to the facility since the last PREA audit. 14-2 Sexual Abuse Prevention and Response, page 9 states that when designing or acquiring any new facility and in planning substantial expansion or modification to existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect incarcerated individuals/detainees from sexual abuse. Considerations from modifications and renovations shall be documented on form 7-1B PREA Physical Plan Considerations. During acquisition, the staff making the site visit develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plan issues. At existing facilities, a form 7-1B is used to ensure PREA is considered when initiating a renovation/new construction. During the tour the auditor

did not observe any substantial modifications or expansions to the existing facility. The interview with the Agency Head Designee indicated that CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. He said new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms and any other areas where incarcerated individuals may be in a state of undress. He indicated that blind spots are identified that can be corrected through video surveillance coverage. The interview with the Warden indicated they have not made any substantial modifications to the existing facility. He noted that they have a multipurpose room they are updating for programming, but it is not yet online.

115.18 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 14-2 Sexual Abuse Prevention and Response, page 9 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect incarcerated individuals/detainees from sexual abuse. Such considerations shall be documented on 7-1B PREA Physical Plant Considerations. A review of the video monitoring technology confirmed that cameras were in housing units, work areas, program areas and other common areas. Video monitoring was observed to be utilized to supplement (not replace) security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Video monitoring can be viewed by each housing unit (only those cameras within their unit), by central control (access to all cameras), and remotely by administrative staff, investigative staff and supervisors (access to all cameras). The interview with the Agency Head Designee indicated that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. He said that camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restroom and showers areas and that technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the PREA Coordinator. The interview with the Warden confirmed that when the facility installs or updates video monitoring technology they consider how that technology can be utilized to protect incarcerated individuals from sexual abuse. He stated they review video monitoring technology with vendors and the FSC security team to determine best places to install video monitoring.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Form 7-1B PREA Physical Plant Considerations, Camera Listing, observations during the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 427 378">Documents:</p> <ol data-bbox="256 412 1458 1218" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 1150-07 – Crime Scene Management and Criminal Evidence Handling 4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 5. CoreCivic Policy 13-79 Sexual Assault Response 6. Memorandum of Understanding with Colorado Department of Corrections (CDOC) Office of the Inspector General (OIG) 7. Memorandum of Understanding with Parkview Medical Center, Inc. 8. Memorandum of Understanding with T.E.S.S.A 9. Victim Services Memorandum 10. Investigative Reports <p data-bbox="256 1330 416 1364">Interviews:</p> <ol data-bbox="256 1397 1299 1644" style="list-style-type: none"> 1. Interviews with Random Staff 2. Interview with SAFE/SANE 3. Interview with the PREA Compliance Manager 4. Interviews with Incarcerated Individuals who Reported Sexual Abuse <p data-bbox="256 1756 587 1789">Findings (By Provision):</p> <p data-bbox="256 1901 1474 2058">115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations and CDOC OIG staff conduct criminal investigations. The PAQ stated that the CDOC OIG conducts criminal investigations and typically refers administrative investigations back to facility staff to investigate. Additionally, the PAQ</p>

stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 100-40, page 27 states the OIG investigator will follow a sexual assault uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Collection of evidence will be done by a qualified CDOC credentialed PREA first responder in coordination with the OIG, and/or the Colorado Bureau of Investigation. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The policy states the investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency utilizes direction from 14-2 Sexual Abuse Prevention and Response and 13-79 Sexual Assault Response as a uniform evidence protocol. SAFE/SANE would collect evidence via the forensic medical examination and this would be turned over to local law enforcement for investigation. CDOC OIG utilize 1150-07 Crime Scene Management and Criminal Evidence Handling and 100-40 Prison Rape Elimination Procedures, which outline procedures for sexual abuse investigations. The MOU with the OIG indicates that the facility has a specific CDOC OIG staff member assigned to complete criminal investigations. Interviews with random staff indicated all fourteen knew and understood the agency's protocol on obtaining usable physical evidence. Additionally, thirteen staff stated they knew who was responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as the facility does not house youthful incarcerated individuals. The PAQ further stated the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. 1150-07 page 5 states OIG investigators will follow a uniform sexual assault evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The sexual assault protocol is the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents". 14-2 Sexual Abuse Prevention and Response, page 28 states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate shall be adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. The agency utilizes direction from 14-2 Sexual Abuse Prevention and Response and 13-79 Sexual Assault Response as a uniform evidence protocol. SAFE/SANE would collect evidence via the forensic medical examination and this would be turned over to CDOC OIG. CDOC OIG utilize 1150-07 Crime Scene Management and Criminal Evidence Handling and

100-40 Prison Rape Elimination Procedures, which outline procedures for sexual abuse investigations.

115.21 (c): The PAQ indicated that the facility offers incarcerated individuals who experience sexual abuse access to forensic medical examination at an outside facility. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that the facility documents efforts to provide SAFE or SANE. 100-40, page 28 states access to forensic medical examinations will be free of charge. Once the OIG Investigator determines a forensic medical examination is needed, such examinations will be performed by Sexual Assault Forensic Examiners (SAFE) or SANE where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners at the hospital. CDOC will document its efforts to provide a forensic medical exam performed by a SAFE or SANE. 14-2 Sexual Abuse Prevention and Response, page 21 states that the facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PCM, facility investigator or ADO shall consult with law enforcement prior to transporting an incarcerated individual/detainee for an examination to be performed by SAFE or SANE. If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim. If a SAFE/SANE provider is not available, the examination may be performed by other qualified medical practitioners. 13-9 Sexual Assault Response, page 2 states that upon receiving notice of an alleged rape that occurred within the previous 72 hours, QHCP (qualified health care professional) will examine the patient incarcerated individual/resident utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient incarcerated individual/detainee to be transported to the local designated Emergency Room for examination, evidence collection and prophylaxis treatment for sexually transmitted disease. A review of the MOU with Parkview Medical Center (executed May 26 ,2022) outlines services. The MOU states that the contractor will engage SANE/SAFE personnel to provide timely sexual assault medical forensic examinations and suspect evidence collection, intervention and treatment services in accordance with the Evidence Collection Protocol. The PAQ indicated that there was one forensic medical examinations conducted in the previous twelve months by a SAFE/SANE. A review of investigative reports confirmed there was one forensic medical examinations completed at Parkview Medical Center via a SAFE/SANE. The auditor contacted Parkview Medical Center related to forensic medical examinations. The staff advised that they provide forensic medical examinations at the hospital and all examinations are performed by SANE.

115.21 (d): The PAQ indicated 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 that the efforts are documented. The PAQ also indicated that 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 agency staff member (mental health care staff or CDOC equivalency). 100-40, page 25 states the OIG Investigator will determine if there is a victim. If the allegation involves sexual assault or sexual abuse (excluding sexual harassment or sexual misconduct), the OIG investigator will initiate victim advocate services. The OIG offender victim rights coordinator or designee will be contacted who will attempt to make available to the victim of a suspected sexual assault or sexual abuse (excluding sexual harassment or sexual misconduct) a victim advocate from a rape crisis center. If a victim advocate from a rape crisis center is not available to provide victim advocate services, the OIG offender victim's rights coordinator, qualified staff member or a victim advocate from a community based organization will respond 14-2 Sexual Abuse Prevention and Response, page 21, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Checklist via the IRD. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The MOU with T.E.S.S.A (executed July 12 2023) indicates that a victim advocate may be asked to respond to any crime defined in 24-4.1-302, CRS. CDOC may contact the contractor when a crime victim requests CDOC to provide a victim advocate. An offender victim may also contact the contractor directly by telephone to request assistance. When authorized to respond, the victim advocate will report to the hospital or CDOC facility to provide services including: provide victim rights information, crisis intervention services, victim compensation referrals and follow-up services as needed. After a report of sexual abuse incarcerated victims are provided the victim services memo that notes that the PREA Resource Guide, which contains information on rape crisis centers, is available in the library and through the PCM and Case Managers. The memo also advises of the 005 hotline and that calls are free, confidential and not recorded or monitored. The staff advised that they provide this memo to victims after a report of sexual abuse and it is noted on the incident report. The auditor determined that providing the hotline number is not what is required under this provision. The PCM confirmed that if requested by the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM stated she believed this process is more part of the CDOC OIG and that they have a phone number that incarcerated individuals can reach out to for advocacy services. The PCM further stated there is an MOU with the local rape crisis center for services. Interviews with incarcerated individuals who reported sexual abuse indicated one of the three was afforded access to an advocate. A review of eight sexual abuse allegations indicated one was provided a victim advocate when

transported to the hospital for a forensic medical examination. Two of the victims were not at the facility when the allegation was reported.

115.21 (e): The PAQ indicated that as 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. 100-40 page 25 states if requested by the victim, the victim advocate, qualified staff member, or OIG offender victim rights coordinator will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. 14-2 Sexual Abuse Prevention and Response, page 21, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Checklist via the IRD. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The MOU with T.E.S.S.A (executed July 12 2023) indicates that a victim advocate may be asked to respond to any crime defined in 24-4.1-302, CRS. CDOC may contact the contractor when a crime victim requests CDOC to provide a victim advocate. An offender victim may also contact the contractor directly by telephone to request assistance. When authorized to respond, the victim advocate will report to the hospital or CDOC facility to provide services including: provide victim rights information, crisis intervention services, victim compensation referrals and follow-up services as needed. After a report of sexual abuse incarcerated victims are provided the victim services memo that notes that the PREA Resource Guide, which contains information on rape crisis centers, is available in the library and through the PCM and Case Managers. The memo also advises of the 005 hotline and that calls are free, confidential and not recorded or monitored. The staff advised that they provide this memo to victims after a report of sexual abuse and it is noted on the incident report. The auditor determined that providing the hotline number is not what is required under this provision. The PCM confirmed that if requested by the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM stated she believed this process is more part of the CDOC OIG and that they have a phone number that incarcerated individuals can reach out to for advocacy services. The PCM further stated there is an MOU with the local rape crisis center for services. Interviews with incarcerated individuals who

reported sexual abuse indicated one of the three was afforded access to an advocate. A review of eight sexual abuse allegations indicated one was provided a victim advocate when transported to the hospital for a forensic medical examination. Two of the victims were not at the facility when the allegation was reported.

115.21 (f): The PAQ indicated that 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 under this standard. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The MOU with the OIG indicates that the facility has a specific CDOC OIG staff member assigned to complete criminal investigations. CDOC OIG utilize 1150-07 Crime Scene Management and Criminal Evidence Handling and 100-40 Prison Rape Elimination Procedures, which outline procedures for sexual abuse investigations including the requirements under this standard. 100-40, page 23 states clinical Services will consider any treatment of the victim of sexual assault as a medical emergency. The victim of sexual assault will be provided outside medical treatment pursuant to DOC clinical protocols, when necessary, and transported to a medical facility for a forensic medical exam with a sexual assault nurse examiner (SANE), upon request by the OIG investigator. When an OIG investigator is not responsible for investigating allegations of sexual assault, the CDOC will request that the investigating law enforcement agency follow the requirements outlined in this policy as well as the PREA standards.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): Advocacy services are provided by the certified rape crisis center. Advocates are provided training based on the requirements of the state.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 1150-07, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response, MOU with CDOC OIG, MOU with Parkview Medical Center, MOU with T.E.S.S.A, Investigative Reports and information from interviews with random staff, the SAFE/SANE, the PREA Compliance Manager and incarcerated individuals who reported sexual abuse indicates that this standard appears to require corrective action. After a report of sexual abuse incarcerated victims are provided the victim services memo that notes that the PREA Resource Guide, which contains information on rape crisis centers, is available in the library and through the PCM and Case Managers. The memo also advises of the 005 hotline and that calls are free, confidential and not recorded or monitored. The staff advised that they provide this memo to victims after a report of

sexual abuse and it is noted on the incident report. The auditor determined that providing the hotline number is not what is required under this provision. The PCM confirmed that if requested by the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM stated she believed this process is more part of the CDOC OIG and that they have a phone number that incarcerated individuals can reach out to for advocacy services. The PCM further stated there is an MOU with the local rape crisis center for services. Interviews with incarcerated individuals who reported sexual abuse indicated one of the three was afforded access to an advocate. A review of eight sexual abuse allegations indicated one was provided a victim advocate when transported to the hospital for a forensic medical examination. Two of the victims were not at the facility when the allegation was reported.

Corrective Action

The facility will need to review and update their current process for affording victim advocates to victims of sexual abuse. This process should include offering a victim advocate to all victims, not just those who go out for a forensic medical examination. Staff will need to be trained on the process. Confirmation of the process and appropriate training will need to be provided. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated confirmation of affording victim advocates.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
3. Investigative Reports

	<p>The facility provided training documentation that was completed with staff related to affording access to a victim advocate. Investigators were trained to offer a victim advocate to all victims who report sexual abuse, including during a forensic medical examination and investigatory interviews. Staff signatures were provided confirming receipt of the training.</p> <p>A list of sexual abuse and sexual harassment allegations reported during the corrective action period and associated investigative reports were provided. In all five investigative reports, the victim was documented with being afforded a victim advocate. In all five investigative reports it noted the victim declined the outside services. It should be noted that none of the investigations involved a forensic medical examination.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 1150-07 - Crime Scene Management and Criminal Evidence Handling 4. Colorado Department of Corrections Administrative Regulation 1150-14 - Responsibility and Authority of the Office of the Inspector General 5. Colorado Department of Corrections Administrative Regulation 1150-18 - Offender Crime Victim Rights 6. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 7. CoreCivic Policy 5-1 Incident Reporting 8. Memorandum of Understanding with Colorado Department of Corrections (CDOC) Office of the Inspector General (OIG)

9. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 24 states that the Warden/Facility Administrator shall ensure that an administrative investigation and/or a referral for a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA and I incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. 100-40, page 25 states except where otherwise provided in statutes and/or local law enforcement agreements, the OIG will conduct all investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct or sexual harassment that occur in, CDOC facilities, private prisons and correctional facilities operated by or pursuant to a contract with the CDOC (including return to custody offenders in community confinement facilities). The PAQ noted that there were fifteen allegations reported during the previous twelve months. All fifteen resulted in an administrative investigation and one resulted in a criminal investigation. CDOC OIG utilize 1150-07 Crime Scene Management and Criminal Evidence Handling and 100-40 Prison Rape Elimination Procedures, which outline procedures for sexual abuse investigations including the requirements under this standard. The PAQ stated all administrative and/or criminal investigations have been completed. The interview with the Agency Head Designee indicated it is CoreCivic policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. He stated that all administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. The Agency Head Designee indicated that all allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations and referred to the appropriate law enforcement officials (or by contracted partner investigative entity). He stated that the staff work with outside law enforcement, upon request. There were fourteen allegations reported during the previous twelve months. A review of ten investigations indicated all ten had a completed administrative investigation and

three had a criminal investigation.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 14-2 Sexual Abuse Prevention and Response, page 22 states that the Administrative Duty Office (ADO) staff, the PCM, Warden/Facility Administrator or designed on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegations do not involve potentially criminal behavior or the allegation would not be considered a criminal act under federal, state or local law. 100-40, page 25 states except where otherwise provided in statutes and/or local law enforcement agreements, the OIG will conduct all investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct or sexual harassment that occur in, CDOC facilities, private prisons and correctional facilities operated by or pursuant to a contract with the CDOC (including return to custody offenders in community confinement facilities). A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. The interview with the facility investigator indicated the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the activity is clearly not criminal. He stated all allegations are referred to CDOC OIG and they determine if they want to conduct an investigation. The CDOC OIG investigator further confirmed that all allegations are referred to them first and they determine if they will conduct an investigation. A review of ten investigations indicated all ten had a completed administrative investigation and three had a criminal investigation (two were referred for prosecution but no results were back). Four of the allegations were investigated by the CDOC OIG (can conduct administrative and criminal investigations).

115.22 (c): 100-40 page 25 states except where otherwise provided in statutes and/or local law enforcement agreements, the OIG will conduct all investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct or sexual harassment that occur in, CDOC facilities, private prisons and correctional facilities operated by or pursuant to a contract with the CDOC (including return to custody offenders in community confinement facilities). The MOU with the OIG indicates that the facility has a specific CDOC OIG staff member assigned to complete criminal investigations. CDOC OIG utilize 1150-07 Crime Scene Management and Criminal Evidence Handling and 100-40 Prison Rape Elimination Procedures, which outline procedures for sexual abuse investigations including the requirements under this

	<p>standard. A review of CoreCivic’s website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available as well as CoreCivic Policy 14-2. Information is located at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea.</p> <p>115.22 (d): The auditor is not required to audit this provision.</p> <p>115.22(e): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, CDOC Administrative Regulation 1150-07, CDOC Administrative Regulation 1150-18,14-2 Sexual Abuse Prevention and Response, 5-1 Incident Reports, MOU with CDOC OIG, investigative reports, the agency’s website and information obtained via interviews with the Agency Head Designee and the investigators, this standard appears to be compliant.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. PREA: Overview: Facilitator Guide 5. Female Offender and Detainees PowerPoint 6. Staff Training Records (14-2A CoreCivic PREA Training Acknowledgment) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with incarcerated individuals on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the incarcerated individuals' right to be free from sexual abuse and sexual harassment, the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationship with incarcerated individuals, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals and how to comply with relevant laws related to mandatory reporting. How to detect and respond to signs of threatened and actual sexual abuse was not checked, however further communication with the PCM indicated that was an oversight and that this topic is also covered during staff training. 100-40, pages 8-9 state PREA training will be provided to all employees during the basic training academy. Training will include, but is not limited to: review of this AR, the Prison Rape Elimination Act of 2003, and any other applicable state or federal laws; information on DOC's policy of zero tolerance for sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment; how to fulfill their requirements under CDOC's sexual assault, sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; information on reporting and responding to such incidents; recognition of warning signs that someone has been a victim of sexual assault/rape, sexual abuse and sexual harassment and regarding available medical and mental health treatment; information related to the investigation of incidents of sexual assault/rape, sexual abuse and sexual harassment and the prosecution of perpetrators; common reactions of victims; sensitivity to offender allegations of sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment; offenders right to be free from sexual assault/rape, sexual abuse and sexual harassment and to be free from retaliation for reporting such behavior; how to communicate effectively with offenders, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming offenders; confidentiality; dynamics of sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment in confinement; recognition of signs of predatory offenders and potential victims; employee, contract worker, or volunteer involvement with offenders and how to avoid inappropriate relationships with offenders; compliance with relevant laws related to mandatory reporting of sexual assault/rape, sexual abuse and sexual harassment; and consequences for failure to report. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service training on the following: the CoreCivic zero tolerance policy for sexual abuse and sexual harassment, how to fulfill employee responsibilities for sexual abuse and sexual harassment prevention, detection, reporting and response in accordance with

policy, the right of the incarcerated individuals/detainees to be free from sexual abuse and sexual harassment, the right of the incarcerated individuals/detainees and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting including locations, situations and circumstances in which sexual abuse may occur, signs of victimization and common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals/detainees, how to communicate effectively and professionally with incarcerated individuals/detainees including LGBTI and gender non-conforming incarcerated individuals/detainees and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA Overview Facilitator Guide confirmed that the staff training includes information on: the agency's zero tolerance policy (page 3), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 4-19), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (pages 19-20), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 21-23), the common reactions of sexual abuse and sexual harassment victims (page 24-26), how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). Interviews with fourteen random staff confirmed that all fourteen received PREA training and the training included the topics under this provision. A review of nineteen staff training records indicated all nineteen had received PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of the incarcerated individual at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. Such training shall be tailored to the gender of the incarcerated individuals/detainees at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of incarcerated individual/detainee shall receive additional training A review of the Female Offender and Detainees PowerPoint indicated it includes specific information related to female incarcerated individuals. It discusses key differences between male and female individuals and how staff can be gender responsive and trauma informed. Additionally, the common reactions of victims of sexual abuse and sexual harassment (PREA Overview) includes information on male and female incarcerated individuals. The facility houses adult male incarcerated individuals and adult female incarcerated individuals.

115.31 (c): The PAQ indicated that all of the staff have been trained or retrained in PREA requirements. The PAQ stated that staff are annually. 100-40 page 8 states PREA training will be provided to all employees during the basic training academy. All staff will take a refresher course on an annual basis thereafter. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service. A review of documentation for nineteen staff indicated thirteen had completed training at least every two years. Six of the staff were new hires and had not been at the facility more than a year.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with incarcerated individuals understand the training they have received through employee signature or electronic verification. 100-40 page 9 states each employee, contract worker and volunteer will document through signature or electronic verification that they understand the training they have received. 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. Signed documentation will be maintained in the employee's training and/or HR file. A review of staff training documents indicated that staff sign the PREA Training Acknowledgment form and/or staff complete an electronic verification.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, PREA: Overview: Facilitator Guide, Female Offender and Detainees PowerPoint, staff training records as well as interviews with random staff, this standard appears to be compliant.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison

Rape Elimination Procedure

3. Colorado Department of Corrections Administrative Regulation 900-01 - Volunteer Programs
4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
5. Basic Volunteer Training - Professionalism
6. PREA: Overview: Facilitator Guide
7. PREA Overview: Training for Contractors and Volunteers (14-2K)
8. Volunteer/Contract/Temp/Intern Agreement (CDOC AR Form 900-01B)
9. Contractor and Volunteer Training Records

Interviews:

1. Interviews with Volunteers and/or Contractors who have Contact with Incarcerated Individuals

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with incarcerated individuals have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 100-40 page 8 states contract workers, temporary staff, and interns will receive the training through an on-line training system. Volunteers and chaplains will receive the training in the Basic Volunteer Training. Policy states training will include information on how to fulfill requirements under CDOC's sexual assault, sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 14-2 Sexual Abuse Prevention and Response, pages 7 state that and volunteers and contractor who have contact with incarcerated individuals/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in policy. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with incarcerated individuals. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with incarcerated individuals/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the

zero tolerance policy and reporting incidents. Volunteers who have contact with incarcerated individuals/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. A review of the Basic Volunteer Training noted it discussed the offender right to be free from sexual abuse and sexual harassment, reporting mechanisms, traits/behaviors of high risk victims and abusers, reactions and signs of sexual abuse and sexual harassment, prohibited activities and overview of relevant policies and procedures. Contractors receive the staff training as required under 115.31. A review of the PREA Overview Facilitator Guide confirmed that the staff training includes information on: the agency's zero tolerance policy (page 3), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 4-19), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (pages 19-20), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 21-23), the common reactions of sexual abuse and sexual harassment victims (page 24-26), how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. The PAQ stated 44 contractors and volunteer that received training. Interviews with the contractors confirmed that they received training related to their responsibilities under the agency's sexual abuse and sexual harassment policies. It should be noted there were zero volunteers available for interview during the on-site portion of the audit. A review of documentation for seven contractors and four volunteers confirmed all eleven had received PREA training.

115.32 (b): The PAQ indicated that 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 incarcerated individuals. Additionally, the PAQ indicates that all volunteers and contractors who have contact with incarcerated individuals have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 100-40 page 8 states contract workers, temporary staff, and interns will receive the training through an on-line training system. Volunteers and chaplains will receive the training in the Basic Volunteer Training. Policy states training will include information on how to fulfill requirements under CDOC's sexual assault, sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 14-2 Sexual Abuse Prevention and Response, page 7 states that the level and type of training provided to volunteers and contractors shall be based on the services they provide

and level of contact with incarcerated individuals/detainee. All volunteers and contractors who have contact with incarcerated individuals/detainees shall acknowledge the CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. All volunteers shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with incarcerated individuals. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with incarcerated individuals/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with incarcerated individuals/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. A review of the Basic Volunteer Training noted it discussed the offender right to be free from sexual abuse and sexual harassment, reporting mechanisms, traits/behaviors of high risk victims and abusers, reactions and signs of sexual abuse and sexual harassment, prohibited activities and overview of relevant policies and procedures. Contractors receive the staff training as required under 115.31. A review of the PREA Overview Facilitator Guide confirmed that the staff training includes information on: the agency's zero tolerance policy (page 3), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 4-19), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (pages 19-20), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 21-23), the common reactions of sexual abuse and sexual harassment victims (page 24-26), how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. Interviews with the contractors confirmed they received training that included information on the zero tolerance policy and how to report sexual abuse. They stated training is provided annually. A review of documentation for seven contractors and four volunteers confirmed all eleven had received PREA training.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that

	<p>volunteers/contractors understand the training they have received. 100-40 page 9 states each employee, contract worker and volunteer will document through signature or electronic verification that they understand the training they have received. 14-2 Sexual Abuse Prevention and Response, page 8 states that the signed documentation confirming that each volunteer or contractors understand the training that he/she received will be kept in the volunteer or contractor's file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the Warden/Facility Administrator or PCM. The agency utilizes 14-2A, 14-2J and/or 14-2K for contractor and volunteer training acknowledgments. Additionally, because the facility is required to follow CDOC policies and procedures they utilize the CDOC AR Form 900-01B - Volunteer/Contract/Temp/Intern Agreement as a training acknowledgment. A review of seven contractor training documents and four volunteer training documents confirmed 100% of those reviewed had documentation confirming they completed the training.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, Basic Volunteer Training - Professionalism, PREA: Overview: Facilitator Guide, contractor and volunteer training records as well as interviews with contractors, this standard appears to be compliant.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 100-19 - Communication with Offenders 4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 5. Photo of TTY System 6. Voyance Language Poster 7. Voyance Service Agreement 8. Facility Translator List 9. Facts You Should Know (AR Form 100-40A)

10. AR Form 100-40G - Outside Agency Reporting Form
11. 14-2AA PREA Pamphlet
12. Offender Handbook
13. PREA Posters
14. Incarcerated Individual Education Records (AR Form 850-07A - Offender Orientation Verification Form)

Interviews:

1. Interview with Intake Staff
2. Interviews with Random Incarcerated Individuals

Site Review Observations:

1. Observations of Intake Area
2. Observations of Posted PREA Information

Findings (By Provision):

115.33 (a): The PAQ stated that incarcerated individuals receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 14-2 Sexual Abuse Prevention and Response, page 12 states that upon arrival at the facility for intake, each incarcerated individual/detainee shall be provide with information regarding sexual abuse prevention and reporting (e.g. handbook, CoreCivic 14-2AA, contracting agency brochure, handout, etc.). A review of the 14-2AA PREA Pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. A review of the Offender Handbook confirmed that pages 37-38 include information on PREA including: the opposite gender announcement, the zero tolerance policy, right to be free from retaliation, reporting mechanisms (internal and external), victim advocacy information, and confidentiality of information after it is reported. A review of the Facts You Should Know confirms that it includes information on the zero tolerance policy, types of prohibited behaviors, self-protection, prevention/intervention, reporting procedures, treatment and counseling, relief from retaliation and discipline related to false allegations. The PAQ indicated 1782 incarcerated individuals received information at intake, which is 100% of those that arrived in the previous twelve

months. The auditor observed the intake process through a demonstration. Incarcerated individuals are provided three documents upon arrival: Facts You Should Know, the Handbook and the 14-2AA. All three documents are available in English and Spanish. The new PREA video from the PREA Resource Center is played on a loop on two 26 inch televisions. The video is available in English and Spanish and has subtitles. The auditor observed the video had adequate audio. When incarcerated individuals are provided the orientation packet (three documents above) staff also verbally go over information to include who to report to and how to report. The interview with the intake staff confirmed that incarcerated individuals receive information on the zero tolerance policy and how to report allegations of sexual abuse and sexual harassment upon intake. The staff stated incarcerated individuals are provided an orientation packet upon arrival. Staff verbally go over the information in the packet. The PREA video is also played on a loop in intake and incarcerated individuals can watch the video while going through the intake process. The staff further stated that incarcerated individuals are also provided a PREA Brochure and are verbally advised of information again during the 30 day risk reassessment. 31 of the 40 incarcerated individuals interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies, including zero tolerance and ways to report sexual abuse and sexual harassment. A review of 38 incarcerated individual files of those that arrived within the previous twelve months indicated all 38 received PREA information upon intake.

115.33 (b): 100-40 page 16 states during the intake process all offenders entering CDOC at DRDC, Denver Women's Correctional Facility (DWCF), and YOS and upon subsequent transfer between facilities and community confinement facilities will receive orientation material regarding their rights to be free from sexual assault/rape, sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents or behavior, and regarding agency policies and procedures for responding to sexual abuse, sexual assault/rape, sexual harassment or sexual misconduct. Information provided will include, but not be limited to: CDOC's zero tolerance policy; self-protection; prevention/intervention; reporting procedures; treatment and counseling; protection against retaliation and disciplinary actions for making false allegations. Offenders will be shown the PREA Intake Orientation (Male or Female) and Information Video and receive a copy of the "Facts You Should Know" brochure at intake (DRDC/Denver Women's Correctional Facility (DWCF)/YOS). Upon transfer to another facility, offenders will be shown the PREA Refresher Orientation Video. 14-2 Sexual Abuse Prevention and Response, pages 12-13 state that within 30 days following intake, either in person or through video, incarcerated individuals/detainees shall receive comprehensive educational information on the following topics related to sexual abuse and sexual assault prevention and intervention: CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents, threats or suspicion of sexual abuse or sexual harassment; an incarcerated individual/detainee's right to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents; incarcerated individual/detainee on incarcerated individual/detainee sexual abuse; employee on incarcerated

individual/detainee sexual abuse; availability of policies regarding sexual abuse prevention/intervention; and available emotional support services to include internal and external victim advocates and community support services. A review of the 14-2AA PREA Pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. A review of the Offender Handbook confirmed that pages 37-38 include information on PREA including: the opposite gender announcement, the zero tolerance policy, right to be free from retaliation, reporting mechanisms (internal and external), victim advocacy information, and confidentiality of information after it is reported. A review of the Facts You Should Know confirms that it includes information on the zero tolerance policy, types of prohibited behaviors, self-protection, prevention/intervention, reporting procedures, treatment and counseling, relief from retaliation and discipline related to false allegations. The PAQ indicated that 1611 incarcerated individuals received comprehensive PREA education within 30 days of intake, which is 100% of those that arrived in the previous twelve months that stayed longer than 30 days. The auditor observed the comprehensive PREA education process. Comprehensive PREA education is conducted one-on-one in an office. The staff member meets with the incarcerated individual for the 30 day risk reassessment. During that time, staff provide the 14-2AA PREA Pamphlet to the incarcerated individual and verbally go over information, including: how to report, who the facility PMC is, what the facility policy is on sexual abuse and sexual harassment, where to find the facility policy and what incidents are considered PREA. Incarcerated individuals sign a form indicating they completed the comprehensive education process. The interview with the intake staff confirmed that incarcerated individuals receive information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and the facility's response to an incident of sexual abuse or sexual harassment. The staff stated incarcerated individuals are provided an orientation packet upon arrival. Staff verbally go over the information in the packet. The PREA video is also played on a loop in intake and incarcerated individuals can watch the video while going through the intake process. The staff further stated that incarcerated individuals are also provided a PREA Brochure and are verbally advised of information again during the 30 day risk reassessment. 22 of the 40 incarcerated individuals interviewed indicated that they were informed of their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's policies and procedures in response to an allegation of sexual abuse and sexual harassment. A review of 38 incarcerated individual files of those received in the previous twelve months indicated all 38 received comprehensive PREA education within 30 days. It should be noted that the education process was not being completed prior to the PCM taking over four to five months prior to the PREA audit. Incarcerated individuals were only being provided written documentation as education. As such, not all incarcerated individuals that arrived received appropriate education.

115.33 (c): The PAQ indicated all current incarcerated individuals at the facility had

been educated on PREA within 30 days. Additionally, it stated that agency policy requires that incarcerated individuals who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 100-40 page 16 states during the intake process all offenders entering CDOC at DRDC, Denver Women's Correctional Facility (DWCF), and YOS and upon subsequent transfer between facilities and community confinement facilities will receive orientation material regarding their rights to be free from sexual assault/rape, sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents or behavior, and regarding agency policies and procedures for responding to sexual abuse, sexual assault/rape, sexual harassment or sexual misconduct. Information provided will include, but not be limited to: CDOC's zero tolerance policy; self-protection; prevention/intervention.; reporting procedures; treatment and counseling; protection against retaliation and disciplinary actions for making false allegations. Offenders will be shown the PREA Intake Orientation (Male or Female) and Information Video and receive a copy of the "Facts You Should Know" brochure at intake (DRDC/Denver Women's Correctional Facility (DWCF)/YOS). Upon transfer to another facility, offenders will be shown the PREA Refresher Orientation Video. 14-2 Sexual Abuse Prevention and Response, page 13 states that incarcerated individuals/detainees who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training. A review of the 14-2AA PREA Pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. A review of the Offender Handbook confirmed that pages 37-38 include information on PREA including: the opposite gender announcement, the zero tolerance policy, right to be free from retaliation, reporting mechanisms (internal and external), victim advocacy information, and confidentiality of information after it is reported. A review of the Facts You Should Know confirms that it includes information on the zero tolerance policy, types of prohibited behaviors, self-protection, prevention/intervention, reporting procedures, treatment and counseling, relief from retaliation and discipline related to false allegations. The interview with the intake staff confirmed that incarcerated individuals receive information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and the facility's response to an incident of sexual abuse or sexual harassment. The staff stated incarcerated individuals are provided an orientation packet upon arrival. Staff verbally go over the information in the packet. The PREA video is also played on a loop in intake and incarcerated individuals can watch the video while going through the intake process. The staff further stated that incarcerated individuals are also provided a PREA Brochure and are verbally advised of information again during the 30 day risk reassessment. A review of a total of 57 incarcerated individual files indicated all 57 were documented with comprehensive PREA education. Three of the 57 were at the facility prior to 2013 but were documented with updated PREA education during the on-site portion of the audit.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for incarcerated individuals who are LEP, deaf, visually impaired, otherwise disabled, as well as to incarcerated individuals who have limited reading skills. 100-40 page 16 states the orientation information will be communicated orally, either in person or by video, and in written form in a manner that is clearly understood by the offender. In accordance with AR 100-19 Communication with Offenders and AR 750-04, Americans with Disabilities Act - Offender Request for Accommodation, appropriate provisions will be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. CDOC will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. CDOC will maintain documentation of offender participation in these education sessions. Policy further states intake staff will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as to offenders who have limited reading skills. Peer Educators may be used after the PREA Intake Orientation is completed to provide additional information about PREA. 14-2 Sexual Abuse Prevention and Response, page 12 states that the facility shall provide resident education at intake in formats accessible to all residents including those who are disabled or LEP. 14-2AA PREA pamphlet is available in English and Spanish. Policy states that incarcerated individuals/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the incarcerated individual/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to incarcerated individuals/detainees with limited reading skills. In the event an incarcerated individual/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such incarcerated individual/detainees on an individual basis. Policy also states that interpreters shall be provided (for LEP incarcerated individuals) who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The facility provided a photo of the TTY system. The agency has a contract with Voyance. The company offers services through video remote interpreting (VRI) and voice only interpreting (VOI). The Voyance Poster includes many languages for an incarcerated individual to point to in order to advise the language in which they communicate. A review of the Offender Handbook, 14-2AA PREA Pamphlet, PREA Posters, Facts You Should Know and AR Forms confirmed that they are available in larger font, bright colors, simple terms and in Spanish. A review of documentation for ten disabled incarcerated individual and six LEP incarcerated individual files indicated all sixteen completed comprehensive PREA training. Two of the six LEP incarcerated individual signed English acknowledgment forms. Interviews with nine LEP and disabled incarcerated individuals indicated four had received information in a format they could understand.

115.33 (e): The PAQ indicated that the agency maintains documentation of incarcerated individual participation in PREA education sessions. 100-40 page 16 states offenders will be required to sign AR Form 850-07A, Offender Orientation Verification acknowledging receipt of this information. A copy of the offender orientation verification form will be maintained in the offender's electronic file. 14-2 Sexual Abuse Prevention and Response, page 13 states that incarcerated individuals/ detainees shall sign indicating acknowledgment that they received intake information and the 30 day comprehensive education and this documentation shall be maintained by the facility in the incarcerated individual/detainee file. The facility follows CDOC policies and procedures and utilizes AR Form 850-07A - Offender Orientation Verification Form which includes a list of topics covered under orientation, including Prison Rape Elimination Procedures. The form requires the incarcerated individual to sign that they received the orientation and that orientation material were in an understandable format. Additionally, the form has check boxes to illustrate whether the incarcerated individual required materials in an accessible format and which accessible formats were utilized (i.e. large print, ASL, other language). A review of 57 incarcerated individual files indicated all 57 signed an acknowledgment that they completed PREA education.

115.33 (f): The PAQ stated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, incarcerated individual handbooks or other written formats. 100-40 page 17 states key information is continuously and readily available or visible to offenders through brochures, posters, policies, offender handbook and the offender PREA resource guide. 14-2 Sexual Abuse Prevention and Response, page 13 indicates that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, incarcerated individual handbooks or other written formats. A review of documentation confirmed the facility has PREA information via the PREA Pamphlet, Offender Handbook, PREA Posters, Facts You Should Know and AR Forms. The auditor observed PREA information painted in housing units and in a few common areas. The painted information was observed in English and Spanish and was adequate size font. The painted information included: the zero tolerance policy, internal reporting mechanisms (CIPS 006, DOC Tips Line, staff, etc.), the external reporting mechanism (AR100-40G form and address to mail the form), and the hotline number to the local rape crisis center (CIPS 005). The painted information noted AR100-40G (form) is the external reporting entity and incarcerated individuals can remain anonymous when reporting. The painted information also advised that calls to the rape crisis center hotline are free and confidential. The painted information also advised that calls to the rape crisis center hotline are free and confidential. The auditor also observed PREA information, including handouts and brochures, in the library. Informal conversation with staff and incarcerated individuals confirmed that the PREA information had been painted for quite a while.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, 14-22A PREA pamphlet, the Offender Handbook, the PREA Posters, the PREA Video, Facts You Should Know, AR Forms, a review of incarcerated individual records, observations made during the tour as well information obtained during interviews with intake staff and random incarcerated individuals, this standard appears to require corrective action. It should be noted that the education process was not being completed prior to the PCM taking over four to five months prior to the PREA audit. Incarcerated individuals were only being provided written documentation as education. As such, not all incarcerated individuals that arrived received appropriate education. 22 of the 40 incarcerated individuals interviewed indicated that they were informed of their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's policies and procedures in response to an allegation of sexual abuse and sexual harassment. A review of documentation for ten disabled incarcerated individual and six LEP incarcerated individual files indicated all sixteen completed comprehensive PREA training. Two of the six LEP incarcerated individual signed English acknowledgment forms. Interviews with nine LEP and disabled incarcerated individuals indicated four had received information in a format they could understand.

Corrective Action

The facility will need to ensure all incarcerated individuals that arrived prior to the change in procedure received PREA education. This education will need to be provided in accessible formats for LEP and disabled incarcerated individuals. Confirmation of the education will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Town Hall Education Memo

The facility provided a memo that outlined they identified the comprehensive PREA

	<p>education issue prior to the on-site portion of the audit. The facility conducted informal comprehensive PREA education via town hall meetings for all incarcerated individuals at the facility. This was completed during the week of the on-site portion of the audit and the week after the on-site portion of the audit. Staff provided information on PREA verbally and in writing during the town hall meetings. All incarcerated individuals were given a chance to ask questions. The town hall information was provided in both English and Spanish. Incarcerated individuals that needed accommodations related to the town hall information were addressed individually.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.34 Specialized training: Investigations	
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. National Institute of Correction (NIC): Investigating Sexual Abuse in a Confinement Setting 5. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 100-40</p>

page 10 states investigators will be trained in: conducting investigations of sexual assault/rape, sexual abuse and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements. 14-2 Sexual Abuse Prevention and Detection, page 6 states that in addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences. This training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. The interview with the facility investigator confirmed that he completed the specialized training through the NIC training curriculum and a subsequent CoreCivic training. The CDOC OIG also stated she completed the specialized training.

115.34 (b): 100-40 page 10 states investigators will be trained in: conducting investigations of sexual assault/rape, sexual abuse and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements. 14-2 Sexual Abuse Prevention and Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. Interviews with investigators confirmed that the specialized training they received included all the elements required under this provision.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training. The PAQ indicated one investigator received the training. 100-40 page 10 states documentation verifying completion of the specialized training will be recorded in each investigator's Training

	<p>Information System (TIS) record. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of ten investigations indicated they were completed by two facility investigators and the CDOC OIG. Both facility investigators were documented with specialized training.</p> <p>115.34 (d): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, investigator training records as well as the interviews with the investigators, this standard appears to be compliant.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure 3. CoreCivic 14-2 Sexual Abuse Prevention and Response 4. National Institute of Corrections (NIC) Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff 5. Medical and Mental Health Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.35 (a): The PAQ stated that the agency has a policy related to training medical</p>

and mental health practitioners who work regularly in its facilities. 100-40 page 9 states all full-and part-time medical health care professionals and mental health clinicians who work regularly in facilities will be trained in: how to detect and assess signs of sexual assault/rape, sexual abuse and sexual harassment; how to preserve physical evidence; how to respond effectively and professionally to victims of sexual assault/rape, sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual assault/rape, sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 7 states that in addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time qualified health care professionals and qualified mental health care professionals, shall receive specialized training. Training includes; how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to response effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations of sexual abuse and sexual harassment. The training is completed through the NIC Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff curriculum. A review of the training modules confirmed they include: how to detect and assess signs of sexual abuse and sexual harassment (chapter 2), how to preserve physical evidence of sexual abuse (chapter 3), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (chapter 2) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (chapter 4). The PAQ noted that 23 medical and mental health care staff (which is 100%) received the specialized training. Interviews with medical and mental health care staff indicated both received specialized training. The medical staff noted the elements under this provision were included in the training. The mental health staff advised not all elements were in the training. A review of five medical and mental health staff training records confirmed all five received the specialized medical and mental health training.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. The interviews with the medical and mental health care staff confirmed that facility staff do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 100-40 pages 9-10 state medical health care professionals will attend PREA First Responders training and mental health clinicians will attend Trauma Informed Practice training. Documentation of completion of this training will be recorded in each individual's Training Information System (TIS) record. 14-2 Sexual Abuse Prevention and Response, page 7 states that medical and mental health staff are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file. A review of five medical and mental health staff training

records indicated that all five had received the specialized medical and mental health training and were documented with the training.

115.35 (d): 100-40 page 10 states PREA training will be provided to all employees during the basic training academy. Contract workers, temporary staff, and interns will receive the training through an on-line training system. 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. It also states that contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with incarcerated individuals. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. A review of five medical and mental health staff training documents all five had completed training as required under 115.31.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, the PREA Medical and Mental Health Care: A Trauma Informed Approach curriculum, medical and mental health care staff training records as well as interviews with medical and mental health care staff, this standard appears to be compliant.

Recommendation

The auditor highly recommends that medical and mental health staff receive refresher specialized training to ensure they remember the elements under the training that is provided.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire

2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Sexually Aggressive Behavior (SAB) and Sexually Vulnerability Risk (SVR) Assessment
5. Incarcerated Individual Assessment and Re-Assessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Random Incarcerated Individuals
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Incarcerated Individual Files are Located

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other incarcerated individuals. 100-40 page 10 states all offenders will be screened within 72 hours of their arrival into a reception and diagnostic facility and again upon transfer between facilities, for potential risk of sexual vulnerability or potential risk of sexually aggressive behavior utilizing the Sexually Aggressive Behavior (SAB) and Sexually Vulnerability Risk (SVR) Assessment in PCDCIS. The screening will be in person and conducted in a private location. Information obtained during the orientation, assessment, and screening process along with the SAB and SVR assessment report will be used to determine appropriate housing, bed, program, and work assignments. Page 11 further states all offenders will be assessed during intake for their risk of being sexually victimized or sexually aggressive 14-2 Sexual Abuse Prevention and Response, page 10 states that all incarcerated individual/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education and programming assignments. The goal is to keep separate those incarcerated

individuals/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. This includes incarcerated individuals/detainees who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception and incarcerated individuals/detainees who have been returned from court, or other leave status. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed one-on-one in one of three offices in intake. Staff utilize a paper version of the risk screening initially and then enter the information into the electronic system. Staff completed a file review prior to the incarcerated individuals arrival to review prior PREA incidents, prior sexual abusiveness, criminal history, etc. Staff verbally ask the incarcerated individual specific questions from the risk screening form including: prior sexual victimization, gender identity, sexual preference and perception of vulnerability. The interview with the staff responsible for the risk screening indicated that incarcerated individuals are screened for their risk of victimization and/or abusiveness upon admission to the facility. Interviews with 26 incarcerated individuals that arrived within the previous twelve months indicated nineteen had the risk screening questions completed upon intake. It should be noted that some of the incarcerated individuals advised they were not asked the questions, rather they were asked to fill out a form. It should be noted that the PCM recently (last four to five months) revamped the risk screening process as staff were not completing it as outlined under the PREA Standard. The auditor confirmed the current process is that observed and described during the on-site portion of the audit. The corrective action to the process has been implemented for over four months and as such the auditor determined this process was corrected prior to the audit.

115.41 (b): The PAQ indicated that the policy requires that incarcerated individuals be screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours of their intake. 100-40 page 10 states all offenders will be screened within 72 hours of their arrival into a reception and diagnostic facility and again upon transfer between facilities, for potential risk of sexual vulnerability or potential risk of sexually aggressive behavior utilizing the Sexually Aggressive Behavior (SAB) and Sexually Vulnerability Risk (SVR) Assessment in PCDCIS. The screening will be in person and conducted in a private location. Information obtained during the orientation, assessment, and screening process along with the SAB and SVR assessment report will be used to determine appropriate housing, bed, program, and work assignments. Page 12 further states the facility intake screening will ordinarily take place within 72 hours of arrival at the facility. 14-2 Sexual Abuse Prevention and Response, page 10 states that incarcerated individuals/detainees shall be assessed within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. The PAQ stated that 1782 incarcerated individuals that arrived in the previous twelve months were screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours, which is 100% of those that arrived in the previous twelve months and stayed longer than 72 hours. The interview with the staff responsible for the risk screening indicated that incarcerated individuals are screened for their risk of victimization and/

or abusiveness within 72 hours. Interviews with 26 incarcerated individuals that arrived within the previous twelve months indicated nineteen had the risk screening questions completed upon intake. It should be noted that some of the incarcerated individuals advised they were not asked the questions, rather they were asked to fill out a form. A review of 38 incarcerated individual records of those received in the previous twelve months indicated all 38 had an initial risk screening and 37 were completed within 72 hours.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 14-2 Sexual Abuse Prevention and Response, page 10 states that screenings will be completed and documented using an objective screening instrument. The facility utilizes the CDOC risk screening tool. The tool includes a SVR (victimization) section and a SAB (abusiveness) section. There are five criteria levels for each section. Under each criteria are checkboxes that outlines elements that are considered. Criteria on one the SAB outlines two elements, criteria two includes many of the demographic and criminal history elements, criteria three includes elements or more than a certain number of checked elements under criteria two, criteria four and five also have their own elements. Criteria on the SVR is outlined similarly in that criteria one is no indicators, criteria two includes many of the demographic and self -reported information, criteria three, four and five includes sexual victimization criteria or more than a certain number of checked elements under criteria two. The auditor confirmed that the tool was objective and included a tally type system that required a certain number of checked criteria or certain confirmed sexual victimization elements.

115.41 (d): 14-2 Sexual Abuse Prevention and Response, pages 10-11 indicate that the intake screening shall consider, at minimum, the following criteria to assess incarcerated individuals/detainees for risk of victimization: whether the incarcerated individual/detainee has a mental, physical or developmental disability; the age of the incarcerated individual/detainee; the physical build of the incarcerated individual/detainee; whether the incarcerated individual/detainee has previously been incarcerated; whether the incarcerated individual/detainee's criminal history is exclusively nonviolent; whether the incarcerated individual/detainee has prior convictions for sex offenses against an adult or child; whether the incarcerated individual/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the incarcerated individual/detainee has previously experienced sexual victimization; the incarcerated individual/detainee's own perception of vulnerability and whether the incarcerated individual/detainee is detained solely for civil immigration purposes. Additionally, policy states that screenings shall also include a review of the incarcerated individual/detainee's available institutional file. A review the SVR confirmed that all the required elements under this provision are in the tool, including: prior victimization, age, perception of vulnerability, mental disability, physical disability, gender identity, sexual preference, development disability, staff perception of LGBTI, stature, history of physical abuse,

history of non-violent crimes, prior incarcerations, language skills and conviction of sexual abuse. The staff who conduct the risk screening stated the screening includes a file review as well as verbally asking questions such as prior sexual victimization, prior sexual abusiveness, LGBTIQ, violent history and perception of vulnerability. He confirmed the elements under this provision are included in the risk assessment.

115.41 (e): 14-2 Sexual Abuse Prevention and Response, page 11 states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Additionally, policy states that screenings shall also include a review of the incarcerated individual/detainee's available institutional file. A review of the SAB confirmed the required elements under this provision are in the tool; including: sexual violence codes, convictions for indecent exposure, masturbation and sexual abuse, history of physically abusing others, violent offenses, gang affiliation, history of domestic violence, prior institutional violence, placement in a juvenile facility and charged with a sex crime. The staff who conduct the risk screening stated the screening includes a file review as well as verbally asking questions such as prior sexual victimization, prior sexual abusiveness, LGBTIQ, violent history and perception of vulnerability. He confirmed the elements under this provision are included in the risk assessment.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each incarcerated individual's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the incarcerated individual's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 100-40 page 13 states within 30 days from the date of arrival at the facility, the living unit supervisor or CO III or equivalent will reassess the offender's risk of sexual victimization or sexual aggressiveness creating an updated SAB and SVR assessment in PCDCIS for both CDOC and private prisons. The screening will be in person and conducted in a private location. 14-2 Sexual Abuse Prevention and Response, pages 11-12 states that within a set period of time not to exceed 30 days from the incarcerated individual's arrival at the facility, a reassessment of the incarcerated individual/detainee's risk level of victimization or abusiveness, will be completed utilizing the 14-2B Sexual Abuse Screening Tool, or contracting agency equivalent instrument. Additionally, policy states that the 30-day reassessment will include any additional relevant information received by the facility since the initial intake screening. The facility will maintain a tracking system to ensure that reassessments are not completed beyond 30 days. The PAQ stated 1611 incarcerated individuals received a risk reassessment, which is equivalent to 100% of those that arrived and stayed longer than 30 days. The auditor was also provided a demonstration of the 30 day reassessment. Reassessments are completed one-on-one in a private office setting. Staff ask the incarcerated individual if anything has changed since the initial risk assessment. Staff then verbally ask about sexual victimization, gender identity, sexual preference and perception of vulnerability. Staff also complete a file review related to criminal history and other elements in the risk

screening. The interview with the staff responsible for the risk screening indicated incarcerated individuals are reassessed within 30 days. Interviews with 26 incarcerated individuals that arrived within the previous twelve months indicated eight were asked the risk assessment questions on more than one occasion. A review of 38 incarcerated individual files of those that arrived during the previous twelve months indicated 38 had a reassessment completed and 33 were completed within 30 days or arrival. It should be noted that the PCM recently (last four to five months) revamped the risk screening process as staff were not completing it as outlined under the PREA Standard. The auditor confirmed the current process is that observed and described during the on-site portion of the audit. The corrective action to the process has been implemented for over four months and as such the auditor determined this process was corrected prior to the audit. Further during incarcerated individual interviews, the auditor asked if they were asked the questions on more than one occasion as the auditor was unaware of the actual process prior to interview. As such, this may be why a low number answered that they were asked the questions on more than one occasion, as they are not asked the questions a second time, rather they are asked if anything has changed since the initial.

115.41 (g): The PAQ indicated that policy requires that an incarcerated individual'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 incarcerated individual's risk of sexual victimization or abusiveness. 100-40 page 14 states an offender's risk level will be reassessed when warranted by the PREA program analyst due to a referral, request, or incident of sexual abuse, sexual assault/rape, sexual harassment or sexual misconduct or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. 14-2 Sexual Abuse Prevention and Response, page 12 states that a reassessment shall also be completed when warranted, due to referral, request, incident of sexual abuse, or receipt of additional information that may impact the incarcerated individual/detainee's risk of victimization or abusiveness. Additionally, policy states that following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator. The interview with the risk screening staff confirmed that incarcerated individuals are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with 26 incarcerated individuals that arrived within the previous twelve months indicated eight were asked the risk assessment questions on more than one occasion. A review of 38 incarcerated individual files of those that arrived during the previous twelve months indicated 38 had a reassessment completed and 33 were completed within 30 days or arrival. A review of eight sexual abuse investigations indicated three required a reassessment based on the allegation and investigative outcome. One of the three was documented with a reassessment. Two incarcerated individuals left the facility prior to the completion of the investigation and both perpetrators of the substantiated investigations were transferred from the facility prior to the completion of the investigation.

115.41 (h): The PAQ indicated that policy prohibits disciplining incarcerated individuals for refusing to answer whether or not the incarcerated individual has mental, physical or developmental disability; whether or not the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the incarcerated individual has previously experienced sexual victimization; and the incarcerated individual's own perception of vulnerability. 100-40 page 10 states offenders will not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked in the SAB/SVR assessment. 14-2 Sexual Abuse Prevention and Response, page 11 states that incarcerated individuals/detainees may not be disciplined for refusing to answer, or for not disclosing complete information. The interview with the staff responsible for risk screening indicated that incarcerated individuals are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): 100-40 page 11 states appropriate controls will be used on the dissemination of information in order to ensure that sensitive information contained in responses to SAB/SVR assessments is not exploited by staff or other offenders. 14-2 Sexual Abuse Prevention and Response, page 11 states that the facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the incarcerated individual/detainee's detriment by staff or other incarcerated individual/detainees. Measures taken shall include, but are not limited to: screening interview shall be conducted with as much privacy as is reasonable given security and safety concerns; an incarcerated individual/detainee shall not be permitted to complete his/her own 14-2B form or utilize other assistance from other incarcerated individuals/detainees to complete the form; incarcerated individuals/detainees shall not be permitted access to files containing assessment forms belonging to other incarcerated individuals/detainees; and electronic assessments access is granted only to those staff involved in the assessment process, those making housing and program decisions, medical and mental health staff and staff with a need to know for the safe and secure operations of the facility. Risk assessment information is electronic (CDOC system) but is initially collected via paper. Paper records are shredded once entered into the electronic system. The electronic records are only accessible to Case Managers, Unit Managers, administrative level staff and the PCM. Access to the risk screening must be requested and as such only those with a need to know have access. The interview with the PC confirmed that there is a policy that outlines who should have access to the incarcerated individual's risk screening assessment within the facility in order to protect sensitive information from exploitation. She stated risk assessments (14-2B) and partner agency risk assessments are secured in the incarcerated individual's file in the records office where it is controlled to only those who have a need to know, such as Case Managers and treatment personnel. Further, the PC stated that the assessments on the computer are protected by passwords that are not accessible by all staff. The PCM advised that the agency has outlined who has access to the risk screening information so sensitive information is not exploited. She noted that access is limited to Case Managers, Classification Supervisors and Unit Managers. The staff

	<p>responsible for the risk screening indicated that the agency has implemented appropriate controls of the information so that sensitive information is not exploited. He stated only certain people have access (only those with a need to know).</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, Sexually Aggressive Behavior (SAB) and Sexually Vulnerability Risk (SVR) Assessment, a review of incarcerated individual files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random incarcerated individuals indicate that this standard appears to be compliant. It should be noted that the facility corrected the risk assessment process four to five months prior to the audit.</p>
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115.42 Use of screening information	
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 700-14 - Practices Concerning Transgender Offenders 4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 5. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities 6. Housing Determination Documents 7. 14-9A Transgender/Intersex Assessment and Treatment Plan Form 8. Transgender/Intersex Incarcerated Individual Biannual Reviews 9. LGBTI Incarcerated Individual Housing Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening

2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interviews with Transgender/Intersex Incarcerated Individuals
5. Interviews with Gay, Lesbian and Bisexual Incarcerated Individuals

Site Review Observations:

1. Location of Incarcerated Individual Records.
2. Housing Assignments of LGBTI Incarcerated Individuals
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ was blank but further communication with the PC indicated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. 100-40 page 12 states employees will use information from the SAB/SVR assessments to determine 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 aggressive. Offenders with SAB and SVR levels of 3 or higher will be reviewed by the facility internal classification committee to determine appropriate facility work, education and programming assignments. The facility will make individual determinations considering the safety of each offender. Offenders with SAB and SVR levels of 3 or higher will be reviewed by designated housing assignment staff to determine appropriate facility housing/bed assignment. The facility will make individual determinations considering the safety of each offender by not generally housing offenders with a SVR level 3 or higher with an offender with an SAB level 3 or higher. SAB and SVR levels are one factor to assist the housing assignment staff in making facility housing, bed, program, or work assignments. 14-2 Sexual Abuse Prevention and Response, page 10 states that all incarcerated individual/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and programming assignments. The goal is to keep separate those incarcerated individuals/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Page 14 further states that the facility shall use the information from the 14-2B Sexual Abuse Screening Tool or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments in the consideration of housing, recreation, work, program

and other activities. The interview with the PREA Compliance Manager indicated that risk screening information is utilized for to ensure that high risk victims are not with high risk abusers. She stated they do not house high risk victims and high risk abusers together and they would not place them in a work area together that is not appropriate (i.e. unsupervised work assignment). She further stated they try not to place them in programming together as well if they can. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized for case planning and programming. He stated they use the information for movement and suggested housing assignments. A review of documentation for high risk victims (SVR 4 and 5) and high risk abusers (SAB 4 and 5) confirmed they were not housed together in the same unit. Additionally, a review of job, education and program assignments confirmed none worked or programmed together.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each incarcerated individual. 100-40 page 12 states a report of the offenders with SAB and SVR levels of 3 or higher is sent weekly to the appointing authority/designee and will be used to assist with facility housing, bed, work, education, and programming assignments.

Individualized determinations will be made for each offender. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility shall make individualized case-by-case determinations about how to ensure the safety of each incarcerated individual/detainee. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized for case planning and programming. He stated they use the information for movement and suggested housing assignments. A review of documentation for high risk victims (SVR 4 and 5) and high risk abusers (SAB 4 and 5) confirmed they were not housed together in the same unit. Additionally, a review of job, education and program assignments confirmed none worked or programmed together.

115.42 (c): The PAQ indicated the agency/facility makes housing and program assignments for transgender or intersex incarcerated individuals in the facility on a case by case basis. 100-40 page 12 states in making facility, cell/unit housing and programmatic assignments for transgender or intersex offenders the DOC will consider on a case-by-case basis whether the assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems. Page 14 further states living unit supervisor, CO III or equivalent will meet individually with offenders who identify as transgender or intersex at least every six months. The meeting is to review placement and programming assignments and review any threats to safety experienced by the offender. 14-2 Sexual Abuse Prevention and Response, page 13 states that in deciding whether to house a transgender/intersex incarcerated individual/detainee in a male or female unit, pod, cell or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such incarcerated individuals/detainees, the facility shall consider whether the placement would ensure

the incarcerated individual/detainee's health and safety and whether the placement would present management or security problems. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 6 states that following identification of a transgender or intersex incarcerated individual/detainee at intake (or upon identification after intake), the incarcerated individual/detainee shall be referred to the SART established by the facility for an assessment using the CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan form. Additionally, page 8 states that CoreCivic facilities shall not base housing placement decisions for transgender or intersex incarcerated individuals/detainees solely on the identify documents or physical anatomy of the incarcerated individual/detainee. CoreCivic houses male or female incarcerated individuals as deemed by the client, CDOC. The interview with the PCM indicated that transgender and intersex incarcerated individual housing and programming assignments are determined on a case-by-case basis via the risk screening designations. She stated they try to accommodate any requests and they are able to put in an application for the incarcerated individual to go to the new CDOC facility for transgender individuals. She confirmed placement and programming would consider the incarcerated individuals health and safety as well as any security or management problems. Interviews with seven transgender incarcerated individuals indicated six were asked about how they felt about their safety regarding housing and programming. All seven stated they did not feel LGBTI incarcerated individuals are housed in one facility, unit or wing.

115.42 (d): 100-40 page 14 states transgender and intersex offenders will be reassessed every six months using the SVR assessment to review placement and programming assignments to review any threats to safety experienced by the offender. 14-2 Sexual Abuse Prevention and Response, page 13 indicates placement and programming assignments for each transgender or intersex incarcerated individual/detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced the incarcerated individual/detainee. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 7-8 state that a reassessment shall be completed any time that additional relevant information becomes known or following any indicating of victimization or threats of safety experienced by the incarcerated individual/detainee. At minimum, SART shall consider the following in the reassessment: changes in the transgender incarcerated individual/detainee's housing preferences; variations in the incarcerated individual/detainee's medical or mental health status; safety/security of the incarcerated individual/detainee, other incarcerated individual/detainees, and/or facility staff; any threats to safety experienced by the incarcerated individual/detainee; continued availability of housing; and concerns documented by the facility. The staff responsible for the risk screening confirmed that transgender and intersex incarcerated individuals would be reassessed at least twice a year. The PCM stated transgender and intersex incarcerated individuals are reassessed every six months. A review of documentation for six transgender incarcerated individuals indicated all had one assessments completed. All six had been at the facility less than a year.

115.42 (e): 100-40 page 13 states a transgender or intersex offender's own views with respect to their own safety will be given serious consideration. 14-2 Sexual Abuse Prevention and Response, page 13, indicates that transgender and intersex incarcerated individual/detainee gender self-identification of safety needs shall be given serious consideration in all housing and programming assignments. The Human Rights Policy Statement indicates on page 1 that CoreCivic policy includes protection for freedom of expression and identity, including freedom from discrimination or harassment based on race, religion, national origin, sex, gender, sexual orientation, disability or political views and freedom of personal grooming. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex incarcerated individuals' views with respect to their safety are given serious consideration. Interviews with seven transgender incarcerated individuals indicated six were asked about how they felt about their safety regarding housing and programming.

115.42 (f): 100-40 page 13 states self-identified transgender and intersex offenders will be given the opportunity to request waterproof stall screens, if available, or the opportunity to shower separately from other offenders. Page 14 further states living unit supervisor or CO III or equivalent will inquire about the offender's opportunity to shower separately from other offenders. 14-2 Sexual Abuse Prevention and Response, page 16 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 8 indicate that transgender and intersex incarcerated individuals/detainees shall be given the opportunity to shower separately from other incarcerated individuals/detainees. Facilities should adopt procedures that will afford transgender and intersex incarcerated individual/detainees the opportunity to disrobe, shower and dress apart from other incarcerated individual/detainees. During the tour the auditor observed that all showers were single and provided privacy through curtains or metal doors with additional barrier material. Interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex incarcerated individuals are provided the opportunity to shower separately. The PCM stated transgender incarcerated individuals are able to shower during count when other incarcerated individuals do not have access to the area. Interviews with seven transgender incarcerated individuals indicated all seven have been afforded the opportunity to shower separately from the rest of the incarcerated individuals.

115.42 (g): 100-40 page 13 states CDOC will not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such offenders. 14-2 Sexual Abuse Prevention and Response, page 13 states that the establishment of a unit, pod or wing solely dedicated to the house of LGBTI and/or gender non-conforming incarcerated individuals/detainees is strictly prohibited unless required by consent decree, court order or other comparable legal authority. The interviews with the PC

and PCM confirmed that the agency does not have a consent decree. The PC stated that it is contrary to CoreCivic policy to place LGBTI incarcerated individuals together in one dedicated unit. She stated that housing decisions are made at the facility level using the screening forms to assess risk. Interviews with LGBTI incarcerated individuals indicated that none of the nine felt that LGBTI incarcerated individuals were placed in any specific housing unit based on their sexual preference and/or gender identity. A review of housing assignments for LGBTI incarcerated individuals indicated they were assigned to different housing units across the facility. It should be noted that the facility does not track LGB incarcerated individuals.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, CDOC Regulation 700-14 14-2 Sexual Abuse Prevention and Response, 14-9 Management of Transgender and Intersex Incarcerated individuals and Detainees in Prison and Jail Facilities, a sample of housing determinations, 14-9A Transgender/Intersex Assessment and Treatment Plan forms, transgender/intersex incarcerated individual biannual reviews, LGBTI incarcerated individual housing documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI incarcerated individuals, this standard appears to be compliant.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. CoreCivic Policy 10-1 Special Management/Restrictive Housing Unit Management 5. Housing Assignments of Incarcerated Individuals at High Risk of Victimization 6. Staff Training <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Incarcerated Individuals in Segregated

Housing

Site Review Observations:

1. Observations in the Segregation Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of incarcerated individuals at high risk for sexual victimization in involuntary segregation 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. 100-40, page 24 states offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault will not be placed in involuntary restrictive 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. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary restrictive housing for less than 24 hours while completing the assessment. 14-2 Sexual Abuse Prevention and Response, page 14 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that incarcerated individual/detainees at high risk for sexual victimization shall not be placed in involuntary restricted 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. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated individual/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each incarcerated individual/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals at high risk of 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. A review of housing assignments for incarcerated individuals at high risk of victimization indicated that none were placed in segregation due to their risk of victimization.

115.43 (b): 100-40 page 24 states the facility will document the basis for this housing determination and the reason why no alternative can be arranged. Offenders placed in restrictive housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts

access to programs, privileges, education, or work opportunities, the facility will document the opportunities limited, the reason for such limitations, and the duration of the limitation. 14-2 Sexual Abuse Prevention and Response, page 14 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that incarcerated individuals/detainees placed in restrictive housing pursuant to section 1.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. The segregated housing unit was a two tiered unit that included double bunked cells. Showers were outside of the cell and were single person with metal doors and additional privacy curtain. The housing unit had a separate outdoor recreation area. Incarcerated individuals have out of cell time daily for recreation, three times a week for showers and once a week for the telephone. Grievances and mail are provided to any staff member. PREA reporting information and rape crisis information was observed in the housing unit in both English and Spanish near the showers, recreation door and front door. The interviews with the staff who supervise incarcerated individuals in segregated housing indicated that incarcerated individuals at high risk of victimization who are involuntarily segregated would have access to programs, privileges, education and work opportunities to the extent possible. The staff stated there is a process for it but that the incarcerated individual would have to request these things in writing on a kite. The staff confirmed that any restrictions would be documented. There were no incarcerated individuals in segregated housing for their risk of victimization and as such no interviews were completed. During the interim report period the PREA staff conducted training with the staff who supervise incarcerated individuals in segregated housing. The PREA staff went over policy and procedure with the segregated housing staff and confirmed understanding of policy and procedure under this standard.

115.43 (c): 100-40 page 24 states the facility will assign such offenders to involuntary removal from population(RFP) housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of 30 days. 14-2 Sexual Abuse Prevention and Response, page 14 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The PAQ indicated there have been zero instances where incarcerated individuals have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that incarcerated individuals would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated they would not place the individual in segregated housing but rather place them in medical. The Warden advised the CDOC does not allow for an incarcerated individual to be housed in segregated housing over fourteen days and as such they would coordinate a transfer. He reiterated that they very rarely use segregated housing in these circumstances.

The interview with the staff who supervise incarcerated individuals in segregated housing indicated that an incarcerated individual would only be involuntarily segregated until they could find alternative housing. The staff stated the length of time in involuntary segregated housing would depend and that it could take fifteen to 20 days if they are waiting for a transfer. There were no incarcerated individuals in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): 100-40 page 24 states if an involuntary restrictive housing assignment is made for this purpose the facility will clearly document, utilizing the PREA RFP Offender Housing Review form 100-40F, the basis for the facility's concern for the offender's safety; and the reason why no alternative means of separation can be arranged. 14-2 Sexual Abuse Prevention and Response, page 14 states if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the incarcerated individual/detainee's safety and the reason(s) why no alternative means of separation can be arranged. There were no incarcerated individuals at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such incarcerated individual a review every 30 days to determine whether there is a continuing need for separation from the general population. 100-40 page 25 states offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault requiring RFP housing beyond 30 days will be held and reviewed in accordance with AR 650-02, Protective Custody. 14-2 Sexual Abuse Prevention and Response, page 14 and 10-1 Special Management/ Restrictive Housing Unit Management, page 18, state that every 30 days a review of each incarcerated individual/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The interview with the staff who supervise incarcerated individuals in segregated housing confirmed that incarcerated individuals in segregated housing would be reviewed at least every 30 days. The staff stated CDOC has a maximum segregation time of fifteen days for incarcerated individuals and they review individuals every seven days.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, 10-1 Special Management/Restrictive Housing Unit Management, housing assignments for incarcerated individuals at high risk of victimization, training with segregated housing staff, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise incarcerated individuals in segregated housing, this standard appears to be compliant.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. AR Form 100-40G - Outside Agency Reporting Form
5. Facts You Should Know (AR Form 100-40A)
6. Offender Handbook
7. PREA Posters
8. PREA Resource Guide
9. The Ethics Line Poster
10. 14-2AA PREA Pamphlet
11. Photos of AR Form 100-40G
12. Email Related to AR Form 100-40G

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with Random Staff
3. Interviews with Random Incarcerated Individuals

Site Review Observations:

1. Observation of PREA Reporting Information

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for incarcerated individuals to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other incarcerated individuals or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 100-40 page 18 states offenders incarcerated in a DOC facility or contract private prison may report any act of sexual assault/rape, sexual abuse, sexual misconduct or sexual harassment or retaliation for reporting such behavior by the following means: tell a CDOC employee, contract worker or volunteer; call the CIPS pre-programmed number; mail a letter to the PREA Administrator; send a Request for Interview (kite) or give a note directly to any CDOC employee, contract worker, or volunteer; request to talk to mental health or medical; send a note or letter in a sealed envelope to the facility investigator, intelligence officer, or administrative head; call the PREA reporting line at CIPS 06; and through using AR Form 100-40G, Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency. 14-2 Sexual Abuse Prevention and Response, page 17 states that incarcerated individuals/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other incarcerated individuals/detainees or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy further states that incarcerated individuals/detainees who are victims of sexual abuse 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: verbally to any employee, including the facility Chaplain; submitting a request to meet with medical or mental health staff and/or reporting to medical staff during sick call; calling the facility 24 hour toll free phone number; forwarding a letter, sealed and marked confidential to the Warden or any other employee; calling or writing someone outside the facility who can notify facility staff; contacting the facility PCM and electronically reporting allegations to the PREA mailbox in the CORES system (where available). A review of additional documentation to include the Offender Handbook, 14-2AA PREA Pamphlet, PREA Posters, PREA Resource Guide, Facts You Should Know and AR Forms indicate that they inform incarcerated individuals of numerous reporting mechanisms. The Offender Handbook advises offender they can report verbally to staff, by calling the CDOC tips line, by calling the PREA Reporting Line, in writing through the AR 100-40G Form, and in writing to the CoreCivic Corporate Office. The PREA Pamphlet also advises incarcerated individuals they can report to any staff, volunteer, contractor, chaplain, medical or mental health staff; by telling a family member, friend or anyone else outside the facility who can report on their behalf by calling the facility; by calling the PREA hotline number; by calling the number posted to an agency outside of the facility (you can remain anonymous upon request); and by reporting on someone's behalf or someone at the facility can report on their behalf. A review of the Facts You Should Know confirms it includes reporting mechanism including verbally, through the CDOC tips line, through the CIPS line, in writing to the PREA Administrator, in writing via a kite, in writing to any other staff and through the outside reporting entity via the AR form (100-40G). The document stated that the tips line is checked daily for messages and that the CIPS number is an outside agency that will report the information to the OIG. It further states the PREA

reporting line (CIPS) is free to call and not monitored or recorded. The PREA posted/painted information confirmed that it advises incarcerated individuals of the multiple reporting mechanism including: verbally to staff, through the CDOC tips line, via the CIPS PREA Reporting Line and in writing to the external PREA Reporting via the AR Form 100-40G. The auditor observed PREA information painted in housing units and in a few common areas. The painted information was observed in English and Spanish and was adequate size font. The painted information included: the zero tolerance policy, internal reporting mechanisms (CIPS 006, DOC Tips Line, staff, etc.), the external reporting mechanism (AR100-40G form and address to mail the form), and the hotline number to the local rape crisis center (CIPS 005). The painted information noted AR100-40G is the external reporting entity and incarcerated individuals can remain anonymous when reporting. The auditor also observed PREA information, including handouts and brochures, in the library. During the tour the auditor tested the internal reporting mechanisms. The auditor had an incarcerated individual assist with calling the two hotline numbers provided (CIPS 006 and CDOC Tips Line). The CDOC TIPS line required pressing one for English or two for Spanish. Incarcerated individuals then press one for a collect call and then enter their ID number and pin. The CDOC TIPS line requires incarcerated individuals to leave a message. The auditor left a message on October 8, 2024. Confirmation was provided on October 9, 2024 that the CDOC received the information and forwarded it to the facility. The auditor also called the CIPS 006 hotline. The same initial process is required (press one for English or two for Spanish then one for a collect call, etc.). The number then prompts incarcerated individuals to press one for sexual abuse or two for any other reason. The CIPS number is answered by a live person who works for an answering service. The answering service staff advised that they take the report and then forward the information to CDOC via email. The auditor listened to the hold "elevator" music for five minutes and never reached a live person. It should be noted that the facility provided an allegation that was reported via the CIPS 006 during the on-site portion of the audit. As such, the auditor confirmed this method was accessible. The auditor also tested the written reporting mechanism during the on-site portion of the audit. A kite form was obtained from staff. An incarcerated individual assisted the auditor with filling out the kite. The kite was submitted in the box outside the food service. The auditor was provided confirmation on October 9, 2024 that the kite was received and staff advised the steps they would take if it was a report of sexual abuse. It should be noted that there was initial confusion by staff when the auditor requested the kite form. Staff advised they did not have any forms and had to go print the forms from the office. Interviews with 40 incarcerated individuals indicated all 40 knew at least one method to report an allegation of sexual abuse or sexual harassment. Incarcerated individuals stated they could report through staff, via the phone numbers and through a third party. The fourteen random staff interviewed stated that incarcerated individuals can report through staff, in writing, through the Washington Department of Corrections, via the hotline numbers and anonymously. It should be noted that the CDOC recently updated their telephone system. The speed dial numbers were previously 05 and 06 but were updated with the new system to be 005 and 006. The agency was in the process of updating the distributed information to include the additional "0". The posted/painted information and the Handbook included the correct number with the extra "0".

115.51 (b): The PAQ stated that the agency provides at least one way for incarcerated individuals to report abuse or harassment to a public entity or office that is not part of the agency. 100-40 page 18 indicates offenders can report by calling the PREA reporting line at CIPS 06. These calls are at no cost to the offender and reports can be left anonymously. These calls are answered by an agency outside of CDOC who will report the information provided to the OIG. Calls are recorded by the PREA reporting line answering service. Policy further states offenders can report sexual abuse, sexual assault or sexual harassment to an agency that is not part of CDOC. To do so, offenders can report in writing using AR Form 100-40G, Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency. The outside PREA reporting agency will immediately forward written reports of sexual abuse, sexual assault or sexual harassment to the CDOC PREA administrator. Offenders can remain anonymous by not identifying themselves on the form. Correspondence addressed to this address will be treated as confidential. 14-2 Sexual Abuse Prevention and Response, page 17 states that each facility shall provide at least one way for incarcerated individuals/detainees to report abuse or harassment to a public entity or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward incarcerated individual/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the incarcerated individual/detainee to remain anonymous upon request. A review of additional documentation to include the Offender Handbook, 14-2AA PREA Pamphlet, PREA Posters, PREA Resource Guide, Facts You Should Know and AR Forms indicate that they inform incarcerated individuals of numerous reporting mechanisms, including the outside reporting entities. A review of the Offender Handbook confirmed it advises offenders they can report through the PREA reporting line (CIPS 006). Additionally, it advises offenders they can report in writing through the AR 100-40G. The PREA Resource Guide notes that incarcerated individuals can report through the PREA reporting line (006) or through the AR 100-40 form "G". A review of the Facts You Should Know confirms it includes reporting mechanism including the external reporting mechanisms. The document notes that the PREA Reporting Line (CIPS) is an outside agency that can report the information to the OIG. It states the PREA Reporting Line is free to call and is not monitored or recorded. Additionally, the document states that a second external reporting entity is available through writing to an outside agency via the AR Form (100-40G). The document states that offenders can remain anonymous by not identifying themselves on the AR form. It provides the address to send the form. AR Form 100-40G lists reporting mechanisms on one side and then provides a space to report to the outside entity. The form states that the offender can remain anonymous by not identify oneself on the outgoing envelope and that a signature is not required. The form also states offenders do not have to put any identifying information in the document. The form provides instructions and advises that once the form is submitted it would be forwarded to the DOC PREA Administrator who will refer it to the CDOC OIG for investigation. In addition, the form advises that outgoing mail addressed to the PREA Reporting Agency will not be subject to search, may be sealed prior to inspection and is not required to have a return address. The auditor observed PREA information painted in housing units and in a few common

areas. The painted information was observed in English and Spanish and was adequate size font. The painted information included: the zero tolerance policy, internal reporting mechanisms (CIPS 006, DOC Tips Line, staff, etc.), the external reporting mechanism (AR100-40G form and address to mail the form), and the hotline number to the local rape crisis center (CIPS 005). The painted information noted AR100-40G is the external reporting entity and incarcerated individuals can remain anonymous when reporting. The auditor did not observe the AR100-40G form in any of the housing units. The staff advised incarcerated individuals have to request these forms. The auditor requested a form, but staff did not have any available. During the on-site portion of the audit the facility immediately corrected the issue and placed the forms in all housing units. Photos of the forms available in the housing units were provided as confirmation. The auditor also observed PREA information, including handouts and brochures, in the library. During the tour the auditor observed that incarcerated individuals are able to place outgoing mail in the drop box outside food service. They also can provide mail to the staff. The drop box was not specific to sexual abuse or sexual harassment allegations. Incarcerated individuals have the ability to purchase writing materials through commissary and all incarcerated individuals receive financial compensation during incarceration. The external reporting entity form, AR100-40G is available in the library and can be requested through staff. The interview with the mailroom staff indicated that outgoing mail is picked up by night shift staff and brought to the mailroom. Staff sort the mail. The staff do not typically review the outgoing mail, but can per policy. Outgoing legal mail is sent through the library where staff confirm it is legal prior to being sealed and sent out. Incoming mail is picked up and brought to the facility. Mail is sorted by regular mail and legal mail. All regular mail is copied and the incarcerated individual receives the copy. Legal mail is logged into the system. The incarcerated individual is called and the mail is opened in front of the incarcerated individual. The mailroom staff advised the AR100-40G (external reporting) that is sent to the Washington State address is not opened. Staff stated they do not have to have postage or return contact information as they can remain anonymous. The auditor tested the external reporting mechanisms by completing AR100-40G, Outside Agency Reporting Form. The form was not readily accessible and staff and incarcerated individuals were not aware of how to obtain the forms. The PCM had a Unit Manager print off the form in order for the auditor to test the reporting mechanism. The auditor completed the form and mailed it on October 8, 2024 to the address painted around the facility. On October 21, 2024 the CDOC OIG provided confirmation (in writing) that they received the form from Washington State Department of Correction (WADOC) and the information would be forwarded to the facility PCM for investigation. The correspondence confirmed incarcerated individuals can remain anonymous by not putting their name and DOC number on the letter/form. During the on-site portion of the audit the facility immediately corrected the issue of the AR100-40G forms not being accessible. An email was sent out to all Unit Managers to have the forms readily available for incarcerated individuals. Photos of the forms available in the housing units were provided as confirmation. The interview with the PCM indicated incarcerated individuals can report to an outside entity by writing to the address in Washington State. She noted she has not had an allegation reported via the external entity but that she believed the external entity would forward the information to the

CDOC who would then notify the facility. Interviews with 40 incarcerated individuals indicated 25 were aware of the outside reporting mechanism and 29 knew they could report anonymously.

115.51 (c): The PAQ indicated that 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 PAQ also indicated that staff document verbal reports immediately and complete an incident statement immediately as well. 100-40 page 19 states CDOC employees, contract workers and volunteers will accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports and will immediately and confidentially report to their supervisor or the shift commander. 14-2 Sexual Abuse Prevention and Response, page 17 states that incarcerated individuals/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other incarcerated individuals/detainees or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy further states that incarcerated individuals/detainees who are victims of sexual abuse 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: verbally to any employee, including the facility Chaplain; submitting a request to meet with medical or mental health staff and/or reporting to medical staff during sick call; calling the facility 24 hour toll free phone number; forwarding a letter, sealed and marked confidential to the Warden or any other employee; calling or writing someone outside the facility who can notify facility staff; contacting the facility PCM and electronically reporting allegations to the PREA mailbox in the CORES system (where available). During the tour, the auditor had staff demonstrate how they document verbal reports. Staff illustrated that they document verbal reports via an incident report (5-1C Form). Staff indicated they fill out the necessary information on the form and they print and sign the form. The form is then provided to the supervisor via chain of command. Interviews with 40 incarcerated individuals confirmed that 38 knew they could report verbally and/or in writing to staff and 32 knew they could report through a third party. Interviews with fourteen staff indicated incarcerated individuals can report verbally, in writing, anonymously and through a third party. Staff stated any verbal reports would be documented immediately. A review of ten investigative reports indicated seven were verbally reported to staff. All seven were documented via an incident report.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of incarcerated individuals. The PAQ stated that staff can report through the CoreCivic Ethics Hotline and through the CDOC hotline. 100-40 page 20 states if a CDOC employee, contract worker or volunteer believes they cannot go through their normal facility protocol to make a report, CDOC provides a private phone message reporting line. 14-2 Sexual Abuse

Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment to the CoreCivic 24-hour Ethics line. Interviews with fourteen staff indicate all fourteen were aware that they can privately report sexual abuse and sexual harassment of incarcerated individuals.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, AR Form 100-40G – Outside Agency Reporting Form, Facts You Should Know (AR Form 100-40A), Offender Handbook, PREA Posters, the Ethics Line Poster, 14-2AA PREA Pamphlet, Photos and Email Related to the 100-40G form, observations from the facility tour and interviews with the PCM, random incarcerated individuals and random staff, this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility have kite forms and AR100-40G forms accessible in each housing unit (i.e. in boxes in the housing unit) or provided at least one of each form to incarcerated individuals upon arrival. The auditor highly recommended that a grievance/mail box be installed in the segregated housing unit and/or a mobile grievance/mail box be taken around the housing unit to allow incarcerated individuals to not have to submit written reports of sexual abuse directly to staff.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 850-04 – Grievance Procedure 3. Offender Handbook 4. Grievance Log 5. Sexual Abuse Grievance 6. AR Form 850-07A – Offender Orientation Verification Form

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency has an administrative procedure for dealing with incarcerated individual grievances regarding sexual abuse. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address incarcerated individual/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility incarcerated individual/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an incarcerated individual/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy. While CoreCivic does not have a grievance procedure for dealing with sexual abuse and sexual harassment, the CDOC does. 850-04 is the Administration Regulation that outlines the grievance process for CDOC and since the facility follows CDOC policies and procedure per their contract, this policy is utilized for sexual abuse grievances.

115.52 (b): The PAQ indicated that agency policy or procedure allows an incarcerated individual to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. It further stated that agency policy does not require an incarcerated individual to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 850-04 page 2 states offenders alleging sexual abuse are not required to use the informal resolution process prior to receiving a grievance. Page 8 further states that there is no time limit on when an offender can file a grievance regarding the allegation of sexual abuse. A review of the AR Form 850-07A confirmed that incarcerated individuals are provided education on the grievance process.

115.52 (c): The PAQ indicated the agency's policy and procedure allows an incarcerated individual to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated the agency's policy and procedure requires that an incarcerated individual grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 850-04 page 3 states if an offender alleges sexual abuse they may submit a grievance without submitting it to an employee who is the subject of the complaint, and such grievance is not referred to an employee who is the subject of the complaint. A review of the AR Form 850-07A confirmed that incarcerated individuals are provided education on the grievance process.

115.52 (d): The PAQ indicated the agency's 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. It further stated in the past twelve months there was one allegation of sexual abuse and the grievance reached a final decision within 90 days after being filed. The PAQ stated the agency always notifies an incarcerated individual in writing when the agency files for an extension, including notice of the date by which a decision will be made. The PAQ noted there were two sexual abuse grievances filed in the previous twelve months. 850-04 page 8 states the Step 1 grievance response to 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 a 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 state time frames, the grievance will be deemed denied at that level. Policy further states 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 allegation necessitates an extension. The offender will be notified in writing of any extension. Interviews with the incarcerated individuals who reported sexual abuse indicated all three were aware they were to be informed of the outcome of the investigation. None advised they filed an allegation via grievance. A review of the sexual abuse grievances indicated one was sexual abuse and was referred for investigation. A response was provided to the incarcerated individual within 90 days. Additionally, the second grievance was not sexual abuse but did have a response to the incarcerated individual within 90 days. An additional review of the grievance log confirmed there were no other sexual abuse allegations filed via a grievance.

115.52 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, to assist incarcerated individuals in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of incarcerated individuals. Agency policy and procedure requires that if an incarcerated individual declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the incarcerated individual's decision to decline. The PAQ noted there were zero grievances alleging sexual abuse in which the incarcerated individual declined third party assistance. 850-04 page 2 states third parties, to include other offenders, employees, family members, attorneys and other outside advocates may assist offender in requesting grievance forms for allegation of sexual abuse and will also be permitted to file such requests on behalf of the offenders. A review of the sexual abuse grievances (one was not sexual abuse after review) indicated neither were reported by a third party. An additional review of the grievance log confirmed there were no other sexual abuse allegations filed via a grievance.

115.52 (f): The PAQ indicated the agency has a policy and established procedures for filing an emergency grievance alleging that an incarcerated individual is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Additionally, the PAQ stated there were zero emergency grievances alleging substantial risk of imminent sexual abuse. 850-04 page 8 states the case manager or CPO after receiving an emergency grievance alleging that an offender is subject to risk of imminent sexual abuse will immediately forward the grievance to the administrative head or designee, for review. The initial response to such an emergency grievance must be made within 48 hours. The Step 3 grievance officer will issue a final agency decision regarding the emergency allegation of sexual abuse within five calendar days detailing whether the offender is in substantial risk of sexual abuse and the action taken in response to the emergency grievance. A review of the sexual abuse grievances (one was not sexual abuse after review) indicated they were no emergency grievances. An additional review of the grievance log confirmed there were no other sexual abuse allegations filed via a grievance.

115.52 (g): The PAQ indicated the agency has a written policy that limits its ability to discipline an incarcerated individual for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the incarcerated individual filed the grievance in bad faith. It further stated there were zero grievances alleging sexual abuse that resulted in disciplinary action. 850-04 page 8 states CDOC may discipline an offender for filing a grievance related to alleged sexual abuse or sexual assault only where CDOC demonstrates that the offender filed the grievance in bad faith.

Based on a review of the PAQ, CDOC Administrative Regulation 850-04, 14-2 Sexual Abuse Prevention and Response, Offender Handbook, sexual abuse grievance, grievance log and AR Form 850-07A - Offender Orientation Verification Form, this provision is compliant.

Recommendation

The auditor highly recommends that the facility add information related to sexual abuse grievances and the process for these grievances to the Handbook.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Memorandum of Understanding with T.E.S.S.A
5. Facts You Should Know (AR Form 100-40A)
6. 14-2AA PREA Pamphlet
7. Offender Handbook
8. PREA Resource Guide
9. PREA Posters

Interviews:

1. Interviews with Random Incarcerated Individuals
2. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse by; giving incarcerated individuals mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving incarcerated individuals mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between incarcerated individuals and these organizations in as confidential a manner as possible. 100-40, page 28 states the facility will provide offenders with access to outside victim advocates for emotional support service. The PREA Resource Guide, which contains contact information for statewide, national and local rape crisis centers, is available in the library, through the PREA Compliance Manager, or case manager. 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. Abuse of the rape crisis hotline will be reported to the OIG by the rape crisis advocate and may result in disciplinary action. Disciplinary action may include, but is not limited to, blocking of calls to the rape crisis line and/or COPD charges. 14-2 Sexual Abuse Prevention and Response, page 9 states that incarcerated individuals shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. The MOU with T.E.S.S.A states that T.E.S.S.A will make available a PREA Crisis Hotline available exclusively for offender victim in CDOC custody to call 24 hours a day seven days a week. The Offender Handbook advises offenders a victim advocate is available for PREA and can be reached by calling the Victim Advocate line (005). A review of the PREA Posters (painted information) confirmed that the information outlines that the CIPS 005 number is for the confidential rape crisis hotline and that the call is free. A review of the Facts You Should Know indicated that offenders are advised they can call the Rape Crisis Hotline (through CIPS 05) or through the toll-free number. A review of the PREA Resource Guide (available in the library) notes that pages 43-54 provide contact information for national, state and local emotional support services, including T.E.S.S.A. The document provides the phone number and mailing address and a small paragraph on the services they provide. Additionally, page 43 states "any mail sent or received from the list of resources is subject to the regulations of AR 300-38 Offender Mail". It also advises calls to the CIPS 05 hotline are free, confidential and are not recorded. The auditor observed PREA information painted in housing units and in a few common areas. The painted information was observed in English and Spanish and was adequate size font. The painted information included: the zero tolerance policy, internal reporting mechanisms (CIPS 006, DOC Tips Line, staff, etc.), the external reporting mechanism (AR100-40G form and address to mail the form), and the hotline number to the local rape crisis center (CIPS 005). The painted information also advised that calls to the rape crisis center hotline are free and confidential. The auditor also observed PREA information, including handouts and brochures, in the library. During the tour the auditor had an incarcerated individual assist with contacting the local rape crisis center via the phone number provided (CIPS 005). The incarcerated individual explained the process and advised that he was prompted to press one for English or two for Spanish and then to press one for a collect call or two for a personal call. He was then prompted to enter his ID number and his pin. The auditor attempted to contact the local rape crisis center on numerous occasions during the audit. The auditor received an automated message that advised an advocate was unable to answer and to leave a message. The auditor called the crisis line after the on-site portion of the audit from her cell phone and reached a live staff member. The staff confirmed they can provide services through the crisis line. The auditor confirmed with the facility that the number linked to the CIPS 005 number was the same number the auditor called from her cell phone. Additionally, agency PREA staff reached out to the local rape crisis center after the on-site and reached the rape crisis center. The PREA staff advised that the rape crisis center staff stated the voicemail is not typical practice and they have live staff to provide services. Interviews with 40 incarcerated individuals, including those who reported sexual

abuse, indicated seventeen were aware of outside emotional support services and 21 were provided a mailing address and telephone number to a local, state or national rape crisis center. While half advised this information was not provided, the auditor clearly viewed that this information was provided and visible. Incarcerated individuals are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. It should be noted that the CDOC recently updated their telephone system. The speed dial numbers were previously 05 and 06 but were updated with the new system to be 005 and 006. The agency was in the process of updating the distributed information to include the additional "0". The posted/painted information and the Handbook included the correct number with the extra "0".

115.53 (b): The PAQ indicated that the facility informs incarcerated individuals, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs incarcerated individuals about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 100-40, page 28 states the facility will provide offenders with access to outside victim advocates for emotional support service. The PREA Resource Guide, which contains contact information for statewide, national and local rape crisis centers, is available in the library, through the PREA Compliance Manager, or case manager. 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. Abuse of the rape crisis hotline will be reported to the OIG by the rape crisis advocate and may result in disciplinary action. Disciplinary action may include, but is not limited to, blocking of calls to the rape crisis line and/or COPD charges. 14-2 Sexual Abuse Prevention and Response, page 9 state that incarcerated individuals shall be informed, prior to giving them access, of the extent to which such communication shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. If further states that consistent with applicable laws and emotional support services provider policy, information shall be reported to the facility without the incarcerated individual's consent, in the event the incarcerated individual 1) threatens suicide or to commit other harm to self; 2) threatens to harm another person; 3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or 4) threatens the security of the facility or to escape. The MOU with T.E.S.S.A states that T.E.S.S.A will make available a PREA Crisis Hotline available exclusively for offender victim in CDOC custody to call 24 hours a day seven days a week. A review of the PREA Posters (painted information) confirmed that the information outlines that the CIPS 005 number is for the confidential rape crisis hotline and that the call is free. The Offender Handbook advises offenders a victim advocate is available for PREA and can be reached by calling the Victim Advocate line (005). The 14-2AA PREA Pamphlet states "calls made to community agency/rape

crisis center PREA Hotline numbers are not monitored or recorded. Information that you provide to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. There are, however, certain situations and conditions under which staff from those agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. If confidential information must be disclosed, information will not be shared beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law. If you are concerned about the extent to which community agencies forward reports of sexual abuse to law enforcement or the facility, you should discuss this with that agency when you place the call.” A review of the Facts You Should Know indicated that offenders are advised they can call the Rape Crisis Hotline (through CIPS 05) or through the toll-free number. The document states that the hotline is free to call and not monitored or recorded. A review of the PREA Resource Guide (available in the library) notes that pages 43-54 provide contact information for national, state and local emotional support services, including T.E.S.S.A. The document provides the phone number and mailing address and a small paragraph on the services they provide. Additionally, page 43 states “any mail sent or received from the list of resources is subject to the regulations of AR 300-38 Offender Mail”. It also advises calls to the CIPS 05 hotline are free, confidential and are not recorded. The auditor observed PREA information painted in housing units and in a few common areas. The painted information was observed in English and Spanish and was adequate size font. The painted information included: the zero tolerance policy, internal reporting mechanisms (CIPS 006, DOC Tips Line, staff, etc.), the external reporting mechanism (AR100-40G form and address to mail the form), and the hotline number to the local rape crisis center (CIPS 005). The painted information also advised that calls to the rape crisis center hotline are free and confidential. The auditor also observed PREA information, including handouts and brochures, in the library. During the tour the auditor observed that incarcerated individuals are able to place outgoing mail in the drop box outside food service. They also can provide mail to the staff. The drop box was not specific to sexual abuse or sexual harassment allegations. Incarcerated individuals have the ability to purchase writing materials through commissary and all incarcerated individuals receive financial compensation during incarceration. The interview with the mailroom staff indicated that outgoing mail is picked up by night shift staff and brought to the mailroom. Staff sort the mail. The staff do not typically review the outgoing mail, but can per policy. Outgoing legal mail is sent through the library where staff confirm it is legal prior to being sealed and sent out. Incoming mail is picked up and brought to the facility. Mail is sorted by regular mail and legal mail. All regular mail is copied and the incarcerated individual receives the copy. Legal mail is logged into the system. The incarcerated individual is called and the mail is opened in front of the incarcerated individual. The mailroom staff advised mail to the local rape crisis center is treated like legal/privileged mail and would be opened in front of the incarcerated individual. Interviews with 40 incarcerated individuals, including those who reported sexual abuse, indicated seventeen were aware of outside emotional support services and 21 were provided a mailing address and telephone number to a local, state or national rape crisis center.

115.53 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide incarcerated individuals with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. 14-2 Sexual Abuse Prevention and Response, page 8 states that CoreCivic shall maintain, or attempt to enter into, Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide incarcerated individuals with confidential emotional support services. Additionally, it states that all MOUs must be reviewed and approved by the CoreCivic Legal Department prior to signature. The facility and Legal shall maintain copies of the MOUs. A review of documentation confirmed the facility has an MOU with T.E.S.S.A that was executed July 12, 2023.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the MOU with T.E.S.S.A, Facts You Should Know (AR Form 100-40A), 14-2AA PREA Pamphlet, Offender Handbook, the PREA Resource Guide, PREA Posters, observations from the facility tour and information from interviews with random incarcerated individuals and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.

Recommendation

While the information under this standard is provided among four separate documents (including one that is only available in the library), the auditor highly recommends that the facility update at least one document to include all available information in one place (i.e. update Handbook to include mailing address, how mail is treated, level of confidentiality of calls and any mandatory reporting laws related to victim advocates.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

3. Resident Concerns Poster

4. Agency Website

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an incarcerated individual. The PAQ indicated the method is through the CoreCivic website or the CDOC website. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteer, and interested parties may report allegation of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics Line at 1-800-461-9330 or through www.corecivic.com/ethicsline. A review of the agency's website confirms that third parties can report via the phone number or the weblink above. The agency website and third party reporting information and direction is found at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. The Resident Concerns Poster directs third parties to contact the Chief of Unit Management (PCM), call the resident concerns line (877-834-1550) or visit www.Corecivic.com/ResidentConcernLine. During the tour the auditor viewed painted PREA information in visitation, however it was the same painted information as in the incarcerated individual housing units. The auditor did not observe the Ethics Line Poster or the Resident Concerns Poster in visitation or the front entrance. During the on-site portion of the audit, the facility posted the Resident Concerns Poster in visitation and the front entrance. Photos were provided as confirmation. The auditor testing the third party reporting mechanism by completing a report through the ethics line website. The auditor immediately received an email from the Director of Ethics and Compliance indicating that the report was received. The auditor was copied on an email to the facility leadership related to the test. The facility leadership responded indicating they received the test report. The Director of PREA Compliance and Investigations also responded and indicated that she would track the case and schedule a call to discuss the investigation.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Resident Concerns Poster and the agency's website this standard appears to be compliant.

115.61	Staff and agency reporting duties
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Investigative Reports

Interviews:

1. Interviews with Random Staff
2. Interviews with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required 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 incarcerated individuals or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 100-40 pages 19-20 indicate staff, contractors and volunteers report: any knowledge, suspicion, or information (including third party and anonymous kites, letters, and reports), regarding incidents of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment in a correctional setting, (including CDOC prisons, private prisons and community confinement facilities); any incidents of retaliation against offenders or CDOC employees, contract workers or volunteers who reported such incidents; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 14-2 Sexual Abuse Prevention and Response, page 18 states in accordance with this policy, all staff, including employees, contractors and volunteers are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation by other incarcerated individuals or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are to report all such incidents whether or not

they occurred in a facility that is part of CoreCivic. Interviews with fourteen staff confirmed that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 100-40 page 20 states CDOD employees, contract workers and volunteers will not reveal any information related to a sexual assault/rape, sexual abuse, sexual misconduct or sexual harassment report to anyone other than to supervisors, investigators and designated officials. Such information will be limited to information necessary to make treatment, investigation, and other security and management decisions. 14-2 Sexual Abuse Prevention and Response, page 18 states that apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse reported to anyone other than to the extent necessary and as specified in policy, to make treatment, investigation and other security and management decision. Interviews with fourteen staff confirmed that they would immediately report the information to their supervisor and CDOD staff.

115.61 (c): 100-40 page 21 states medical practitioners and mental health practitioners will be required to report sexual abuse and sexual assault and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. 14-2 Sexual Abuse Prevention and Response, page 18 states that unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outline in policy. At the initiation of providing medical care, both medical and mental health professionals will inform incarcerated individuals/detainees of their professional duty to report and the limitations of confidentiality. Interviews with medical and mental health care staff confirmed that at the initiation of services they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion and information related to sexual abuse and sexual harassment that occurred in an institutional setting. Additionally, one of the two staff indicated they had previously become aware of such incidents and immediately reported the information to security. A review of investigative reports indicated none were reported to medical or mental health care staff.

115.61 (d): 100-40 page 21 states if the alleged victim is under the age of 18 or considered a vulnerable adult in accordance with C.R.S. 18-6.5-103 Crimes Against At-Risk Adults and At-Risk Juveniles - Classification, CDOD will report the allegation to

the designated state or local services agency under applicable mandatory reporting laws. 14-2 Sexual Abuse Prevention and Response, page 21 states that If an alleged victim is under the age of eighteen or is considered a vulnerable adult under a state or local vulnerable person’s statute, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency or applicable contracting governmental agency. The interview with the PC indicated that each state has its own laws and reporting requirements. She stated in most of the facilities a notification to law enforcement and a partner agency triggers the notification to any other agency as required. The interview with the Warden indicated if an allegation of sexual abuse was reported by a vulnerable adult they would ensure it was thoroughly investigated and they would report the information to CDOC OIG.

115.61 (e): 100-40 page 20 states the shift commander will notify the appointing authority or designee, the PREA Compliance Manager and the facility OIG investigator. 14-2 Sexual Abuse Prevention and Response, page 18 states that in accordance with policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility. Additionally, policy states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports and treat them as if the allegation is credible. The interview with the Warden confirmed that all allegations of sexual abuse or sexual harassment would be reported to the facility investigator and to CDOC’s Office of the Inspector General. A review of ten investigations indicated seven were reported verbally to staff and three were reported via Warden to Warden notification. All allegations were reported to the facility investigator and CDOC OIG.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, investigative report and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden, this standard appears to be compliant.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure

3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. First Responder Card
5. PREA: Overview Facilitator Guide
6. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interviews with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an incarcerated individual is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the incarcerated individual. 100-40 page 6 states if any employee, contract worker or volunteer learns that an offender is subject to a substantial risk of imminent sexual abuse or sexual assault/rape, that person will take immediate action to protect the offender. 14-2 Sexual Abuse Prevention and Response, pages 19 and 21 state that when it is learned that an incarcerated individual/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the incarcerated individual/detainee. The PAQ noted that there have been zero incarcerated individuals were subject to substantial risk of imminent sexual abuse within the previous twelve months. A review of the First Responder Card and PREA: Overview Facilitator Guide training indicates that staff are provided information on responding to sexual abuse and sexual harassment, including what protective actions to take (i.e. separating the individuals). The interview with the Agency Head Designee indicated that staff take immediate action when they learn that an incarcerated individual is subject to substantial risk of imminent sexual abuse. He stated staff would protect incarcerated individuals by removing the incarcerated individual from the area and/or individuals where risk may be stemming from and an investigation would be immediately initiated. The interview with the Warden indicated that if an incarcerated individual is at imminent risk of sexual abuse they would talk to the incarcerated individual to determine what is going on and then look at placement based on that concern and move the individual to appropriate housing. Interviews with fourteen staff confirmed that if an incarcerated individual was at imminent risk of sexual abuse they would take action including: reporting to the supervisor and/or investigator, removing the incarcerated individual from the area and/or moving the incarcerated individuals

	<p>housing unit and/or contacting mental health for services. A review of documentation indicated there were zero incarcerated individuals deemed at imminent risk of sexual abuse.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, First Responder Card, PREA: Overview Facilitator Guide, investigative reports and interviews with the Agency Head Designee, Warden and random staff, this standard appears to be compliant.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Investigative Reports 5. Warden to Warden Notifications <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an incarcerated individual 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. 100-40 page 21 states upon receiving an allegation that an offender was sexually assaulted or sexually abused while confined at another facility, the</p>

administrative head will notify the administrative head of the facility or appropriate office where the alleged sexual assault or sexual abuse occurred. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Compliance Manager, OIG investigator, and mental health staff at the facility where the incident was reported will also be notified. The administrative head that receives any such notification will ensure that the allegation is investigated. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. The PAQ noted there were two allegations received that an incarcerated individual was abused while confined at another facility. A review of documentation indicated there was one allegation reported at the facility that occurred at another facility. The documentation indicated the allegation was reported on July 22, 2024 and a notification was provided to the facility where the incident occurred (in writing) on July 25, 2024. The second allegation noted on the PAQ was a Warden to Warden notification received by the facility and was misinterpreted.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 hours after receiving the allegation. 100-40 page 21 states upon receiving an allegation that an offender was sexually assaulted or sexually abused while confined at another facility, the administrative head will notify the administrative head of the facility or appropriate office where the alleged sexual assault or sexual abuse occurred. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Compliance Manager, OIG investigator, and mental health staff at the facility where the incident was reported will also be notified. The administrative head that receives any such notification will ensure that the allegation is investigated. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. A review of documentation indicated there was one allegation reported at the facility that occurred at another facility. The documentation indicated the allegation was reported on July 22, 2024 and a notification was provided to the facility where the incident occurred (in writing) on July 25, 2024.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 100-40 page 21 states upon receiving an allegation that an offender was sexually assaulted or sexually abused while confined at another facility, the administrative head will notify the administrative head of the facility or appropriate office where the alleged sexual assault or sexual abuse occurred. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Compliance Manager, OIG investigator, and mental health staff at the facility where the incident was reported will also be notified. The administrative head that receives any such notification will ensure that the allegation is investigated. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. A review of documentation indicated there was one allegation reported at the facility that occurred at another facility. The documentation indicated the allegation was reported on July 22, 2024 and a notification was provided to the facility where the incident occurred (in writing) on July 25, 2024.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 100-40 page 21 states upon receiving an allegation that an offender was sexually assaulted or sexually abused while confined at another facility, the administrative head will notify the administrative head of the facility or appropriate office where the alleged sexual assault or sexual abuse occurred. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Compliance Manager, OIG investigator, and mental health staff at the facility where the incident was reported will also be notified. The administrative head that receives any such notification will ensure that the allegation is investigated. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the incarcerated individual/detainee was previously confined at the facility, the facility shall record the name of the agency making the notification and any information that may assist in determining whether an investigation was conducted. If the allegation was not reported and/or not investigated facility staff shall initiate reporting and investigations procedures in accordance with policy. The incident shall be reported through the 5-1 incident report. The PAQ noted there were seven allegations of sexual abuse received from other facilities. The interview with the Agency Head Designee indicated this occurs often at the facility level rather than at the corporate office level. The information is received by the Warden at the facility, however, any staff who receives the information know to report it to the Warden for appropriate action. It then gets added into the incident system and the PREA protocols are initiated. The Agency Head Designee further

stated that if an allegation was alleged to have occurred at another facility, the Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was an incident of sexual abuse allegedly occurring within a CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified. He confirmed there are examples of such allegations and that the most common examples are allegations incarcerated individuals make during their intake process. He stated that the CoreCivic staff obtain as much information as possible from the incarcerated individual and provide this to the Warden at the other facility as part of the notification. The interview with the Warden indicated that if they receive an allegation via a Warden to Warden notification, the information is reported to the PCM and an investigation is initiated. He stated they also notify CDOC and follow protocol. He advised they have received allegations via Warden to Warden notification and the allegations were investigated. A review of investigative reports and the investigative log indicated six were reported via Warden to Warden notification. Three had an investigation initiated and three were previously investigated.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, Warden to Warden notifications, a review of investigations, and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. PREA Response Plan Checklist for Sexual Assault or Sexual Abuse Incidents 5. 14-2C Sexual Abuse Incident Checklist 6. PREA Overview Facilitators Guide 7. First Responder Card 8. Investigative Reports

Interviews:

1. Interviews with First Responders
2. Interviews with Random Staff
3. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an incarcerated individual was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 100-40, page 22 states appropriate security procedures will include, at a minimum: separate the perpetrator and victim; secure the crime scene, isolate and cordon off the crime scene until further direction from the OIG investigator; instruct the suspect and request the victim not to shower, wash, brush their teeth, urinate, defecate, eat, drink, and change clothing or anything else that might destroy evidence and notify the shift commander who will follow their facility PREA response plan for an incident of sexual assault or sexual activity. 14-2 Sexual Abuse Prevention and Response, page 21 states that upon learning of sexual abuse, the first security responder is required to complete the following; separate the alleged victim from the alleged abuser and when the alleged abuser is an incarcerated individual/detainee, he/she shall be secured in a single cell to facilitate the collection of evidence; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; ensure that the alleged victim is taken to the facility Health Services Department; and notify the highest supervisory authority on-site. Policy also states that while in the Health Services Department, and if the abuse occurred within a time period that allows for the collection of physical evidence, responding staff shall, to the best of their ability, request that the victim not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. Additionally, policy states that if the abuse occurred within a time period that allows for the collection of physical evidence and when the alleged abuser is an incarcerated individual/detainee, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. A review of

the PREA Response Plan Checklist for Sexual Assault or Sexual Abuse Incidents confirmed that it outlines first responder duties as required under this provision. The PREA Overview Facilitators Guide confirmed that all staff are trained on first responder duties, including ensuring the victim does not shower, change clothes, use the restroom or consume fluids; notifying the highest ranking supervisor on site; securing the alleged perpetrator in a cell, file an incident report form, keep the information confidential, and secure the crime scene. An additional review of the Sexual Abuse Incident Check Sheet confirmed that first responder duties are listed on the checklist for staff to ensure they complete, if appropriate. The PAQ indicated there were eight sexual abuse allegations and in six instance the victim and alleged perpetrator were separated. The PAQ stated one allegation was reported within a timeframe that still allowed for evidence collection and involved securing a crime scene and requesting/instructing the victim/perpetrator to not take any action to destroy physical evidence. The security first responder stated that first responder duties include: notifying the Shift Commander, separating the individuals, securing the cell, telling them not to wash or do anything and getting the victim to medical. The non-security staff first responder stated that first responder duties include: immediately contacting security for assistance, separating the individuals, clearing out the area and getting the victim to medical. Interviews with incarcerated individual who reported sexual abuse indicated two were reported verbally. One advised he was separated from the other incarcerated individual. The other two incarcerated individuals advised no first responder duties were necessary. A review of ten allegations indicated one involved immediate first responder duties.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 100-40, page 22 states appropriate security procedures will include, at a minimum: separate the perpetrator and victim; secure the crime scene, isolate and cordon off the crime scene until further direction from the OIG investigator; instruct the suspect and request the victim not to shower, wash, brush their teeth, urinate, defecate, eat, drink, and change clothing or anything else that might destroy evidence and notify the shift commander who will follow their facility PREA response plan for an incident of sexual assault or sexual activity. 14-2 Sexual Abuse Prevention and Response, page 21 states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not taken any action that could destroy physical evidence, and then shall notify security staff. The PAQ indicated there were zero allegations that involved a non-security first responder. The security first responder stated that first responder duties include: notifying the Shift Commander, separating the individuals, securing the cell, telling them not to wash or do anything and getting the victim to medical. The non-security staff first responder stated that first responder duties include: immediately contacting security for assistance, separating the individuals, clearing out the area and getting the victim to medical. Interviews with fourteen random staff indicated they were knowledgeable of first responder duties. The auditor reviewed ten investigations and confirmed none

	<p>involved a non-security first responder.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the 14-2C Sexual Abuse Incident Checklist, PREA Overview Facilitators Guide, First Responder Card, a review of investigative reports and interviews with random staff, staff first responders and incarcerated individual who reported sexual abuse, this standard appears to be compliant.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Crowley County Correctional Facility Coordinated Response Plan 3. 14-2C Sexual Abuse Incident Check Sheet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The Crowley County Correctional Facility Coordinated Response Plan outlines duties for first responders, supervisor, CDOC OIG and medical and mental health care staff. Staff review the plan and notate the time and who completed the action on the form. Additionally, 13-79A Sexual Assault Response Protocol and 14-2C Sexual Abuse Incident Check Sheet contain the requirements for an allegation of sexual abuse as it relates to first responders, Health Services, Shift Supervisors, victim advocates, SANE/SAFE, investigators and the PCM. The Warden confirmed that the facility has a coordinated response plan and that it includes all the required components.</p>

	<p>Based on a review of the PAQ, Crowley County Correctional Facility Coordinated Response Plan, 14-2C and the interview with the Warden, this standard appears to be compliant.</p>
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<p>115.66</p>	<p>Preservation of ability to protect inmates from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Collective Bargaining Agreement with the International Union Security, Police, Fire Professionals of American and it's Amalgamated Local 60 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. Documentation indicated that Crowley County Correctional Facility is not subject to collective bargaining. 14-2 Sexual Abuse Prevention and Response, pages 31-32 state that neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreements or other agreements that limits the company's ability to remove alleged employee sexual abusers from contact with any incarcerated individual/detainee pending the outcome of an investigation or of a determination of whether to what extent discipline is warranted. The interview with the Agency Head Designee confirmed that CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 20, 2012. He stated that the agreements permit CoreCivic to remove alleged staff sexual abusers from contact</p>

	<p>with an incarcerated individual pending an investigation or disciplinary action. The facility does not have a collective bargaining agreement, however a review of another agency facility agreement confirmed that page 9 states that the rights reserved to and retained by the Company (CoreCivic) under this Agreement include, but are not limited to: the right to maintain order and efficiency, to discipline, suspend, or discharge for just cause; to relieve employees of duties.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Collective Bargaining Agreement and the interview with the Agency Head Designee, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Investigative Reports 5. 14-2C Sexual Abuse Incident Check Sheet 6. 14-2D PREA Retaliation Monitoring Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Designated Staff Member Charged with Monitoring Retaliation 4. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all incarcerated individuals and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other incarcerated individuals or staff. 100-40 page 6 states the CDOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers and volunteers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the Office of the Inspector General (OIG) and a copy sent to the Prison Rape Elimination Act (PREA) administrator. The OIG offender victim's rights coordinator will initiate retaliation monitoring on offenders who report sexual assault or sexual abuse or cooperate with an investigation of sexual assault or sexual abuse and will notify the PREA Compliance Manager. The OIG offender victim's rights coordinator will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes and negative chronological entries. Periodic in person status checks for offenders will be completed by the PREA Compliance Manager. For employees, contractors, and volunteers who report sexual assault or sexual abuse retaliation monitoring will be done by the PREA Compliance Manager and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least 90 days but may continue past 90 days if the initial monitoring indicates a continuing need. If a case is determined to be unfounded the retaliation monitoring will be stopped. 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that incarcerated individuals/detainees and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other incarcerated individuals/detainees or staff. The PAQ noted that the facility has designated staff responsible for monitoring for retaliation.

115.67 (b): 100-40 page 6 states the CDOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers and volunteers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the Office of the Inspector General (OIG) and a copy sent to the Prison Rape Elimination Act (PREA) administrator. The OIG offender victim's rights coordinator will initiate retaliation monitoring on offenders who report sexual assault or sexual abuse or cooperate with an investigation of sexual assault or sexual abuse and will notify the PREA Compliance Manager. The OIG offender victim's rights coordinator will monitor for any disciplinary reports, housing changes, program

changes, grievances filed, classification changes and negative chronological entries. Periodic in person status checks for offenders will be completed by the PREA Compliance Manager. For employees, contractors, and volunteers who report sexual assault or sexual abuse retaliation monitoring will be done by the PREA Compliance Manager and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least 90 days but may continue past 90 days if the initial monitoring indicates a continuing need. If a case is determined to be unfounded the retaliation monitoring will be stopped. 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that the facility shall employ multiple protective measures to monitor retaliation against incarcerated individuals/detainees including but not limited to; housing changes or transfers for incarcerated individuals/detainee victims or abusers; removal of alleged staff or incarcerated individual/detainee abuser from contact with victims; emotional support services for incarcerated individuals/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, it states that ADO staff, or the Warden/Facility Administrator will determine, on a case by case basis, whether or not placement of a staff member in a non-contact role with the victim and/or other incarcerated individuals/detainees is warranted. This determination will take into account the gravity and credibility of the allegation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an incarcerated individual or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated for both incarcerated individuals and staff who have reported allegations of sexual abuse, the agency provides monitoring on a 30/60/90 day period (longer if needed) to ensure no retaliation has occurred. He stated the reviews are documented on an attachment to the 14-2 policy. He stated the reviews take into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with incarcerated individuals and shift changes, evaluations, etc. for staff. He indicated that these reviews also occur for victims of sexual harassment/sexual abuse. Policies and practice prohibit retaliation for any reason and that they include this expectation in training with staff. He stated any violation would be acted upon accordingly. The interview with the Warden indicated the facility takes protective measures to prevent retaliation through moving the individual through a housing change or facility transfer, changing job assignments and having staff keep an extra eye on the individual. The Warden confirmed that the facility can take protective measures to including removal of staff abusers and emotional support services. The interview with the staff responsible for monitoring indicated her role is to ask the incarcerated individual about any concerns related to retaliation and advising them she is available for them to contact if they do have any concerns. She advised they can take protective measures to prevent retaliation through keeping the individuals away from one another. This can be done through housing changes and moving staff to another side of the facility. She confirmed they can move housing, transfer facilities, remove staff from contact and provide emotional support services. Interviews with the incarcerated individuals who reported sexual abuse indicated all three felt safe at the facility and felt protected against retaliation. A review of

investigative reports and monitoring documents indicated there was one report of retaliation reported. The facility conducted an investigation into the retaliation via camera review and interviews and determined the retaliation did not occur.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of incarcerated individuals or staff who reported sexual abuse and of incarcerated individuals who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by incarcerated individuals or staff. The PAQ indicated that monitoring is conducted for 90 days or longer, if needed, and that the agency/facility acts promptly to remedy any such retaliation. The PAQ further stated that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 100-40 page 6 states the CDOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers and volunteers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the Office of the Inspector General (OIG) and a copy sent to the Prison Rape Elimination Act (PREA) administrator. The OIG offender victim's rights coordinator will initiate retaliation monitoring on offenders who report sexual assault or sexual abuse or cooperate with an investigation of sexual assault or sexual abuse and will notify the PREA Compliance Manager. The OIG offender victim's rights coordinator will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes and negative chronological entries. Periodic in person status checks for offenders will be completed by the PREA Compliance Manager. For employees, contractors, and volunteers who report sexual assault or sexual abuse retaliation monitoring will be done by the PREA Compliance Manager and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least 90 days but may continue past 90 days if the initial monitoring indicates a continuing need. If a case is determined to be unfounded the retaliation monitoring will be stopped. 14-2 Sexual Abuse Prevention and Response, pages 24-25 indicate that for at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of incarcerated individuals/detainees who reported sexual abuse and incarcerated individual/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by incarcerated individuals/detainees or staff. Policy states that the facility shall employ multiple protective measures to monitor retaliation against incarcerated individuals/detainees including but not limited to; housing changes or transfers for incarcerated individuals/detainee victims or abusers; removal of alleged staff or incarcerated individual/detainee abuser from contact with victims; emotional support services for incarcerated individuals/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, policy states that for at least 90 days (30/60/90) following a report of

sexual abuse the agency shall monitor the conduct and treatment of staff who reported sexual abuse to see if there are any changes that may suggest possible retaliation by incarcerated individuals/detainees or other staff. All monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60-90) or contracting agency equivalent form. Retaliation monitoring for staff shall include, but is not limited to, monitoring negative performance reviews, disciplinary reports and reassignments. Additionally, emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The PAQ stated there were zero incidents of retaliation that occurred in the past twelve months. 14-2 Sexual Abuse Prevention and Response also states that the facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need and that the obligation to monitor shall terminate if the facility determines that the allegation is unfounded. The Warden stated if they suspect retaliation they conduct an investigation. The interview with the staff member responsible for retaliation indicated monitoring is conducted for 90 days and can be extended another 90 days if needed. The staff stated she would review housing changes, discipline, whether the incarcerated individuals cell is being shaken down more, and other things like that. A review of eight sexual abuse investigations indicated three had monitoring for retaliation completed. Two were unfounded and did not require monitoring, one was reported via a Warden to Warden notification and as such the incarcerated individual was not at the facility, and two were reported by incarcerated individuals who left the facility immediately following the reported allegation. Of the remaining, one had the full 90 days of monitoring, one had 60 days of monitoring (still active) and one had 30 days of monitoring. All included a review of elements under this provision and periodic in-person status checks.

115.67 (d): 100-40 page 6 states the CDOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers and volunteers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the Office of the Inspector General (OIG) and a copy sent to the Prison Rape Elimination Act (PREA) administrator. The OIG offender victim's rights coordinator will initiate retaliation monitoring on offenders who report sexual assault or sexual abuse or cooperate with an investigation of sexual assault or sexual abuse and will notify the PREA Compliance Manager. The OIG offender victim's rights coordinator will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes and negative chronological entries. Periodic in person status checks for offenders will be completed by the PREA Compliance Manager. For employees, contractors, and volunteers who report sexual assault or sexual abuse retaliation monitoring will be done by the PREA Compliance Manager and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least 90 days but may continue past 90 days if the initial monitoring indicates a continuing need. If a case is

determined to be unfounded the retaliation monitoring will be stopped. 14-2 Sexual Abuse Prevention and Response, page 24 states that the facility shall employ multiple protective measures to monitor retaliation against incarcerated individuals/detainees including but not limited to; housing changes or transfers for incarcerated individuals/detainee victims or abusers; removal of alleged staff or incarcerated individual/detainee abuser from contact with victims; emotional support services for incarcerated individuals/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; periodic status checks; and monitoring disciplinary reports, housing and housing or program changes. The interview with staff who monitoring for retaliation confirmed she conducts at least three in person status checks during the 90 days. A review of eight sexual abuse allegations indicated three had monitoring for retaliation completed.. One had the full 90 days of monitoring, one had 60 days of monitoring and one had 30 days of monitoring. All included periodic in-person status checks.

115.67 (e): 100-40 page 6 states the CDOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers and volunteers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the Office of the Inspector General (OIG) and a copy sent to the Prison Rape Elimination Act (PREA) administrator. The OIG offender victim's rights coordinator will initiate retaliation monitoring on offenders who report sexual assault or sexual abuse or cooperate with an investigation of sexual assault or sexual abuse and will notify the PREA Compliance Manager. The OIG offender victim's rights coordinator will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes and negative chronological entries. Periodic in person status checks for offenders will be completed by the PREA Compliance Manager. For employees, contractors, and volunteers who report sexual assault or sexual abuse retaliation monitoring will be done by the PREA Compliance Manager and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least 90 days but may continue past 90 days if the initial monitoring indicates a continuing need. If a case is determined to be unfounded the retaliation monitoring will be stopped. 14-2 Sexual Abuse Prevention and Response, page 25 states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head Designee indicated that this is handled as described in provision (b). He stated agency policies and practices prohibit retaliation for any reason and they include this expectation in training with staff. He stated any violations would be acted upon accordingly. The interview with the Warden indicated the facility takes protective measures to prevent retaliation through moving the individual through a housing change or facility transfer, changing job assignments and having staff keep an extra eye on the individual. The Warden confirmed that the facility can take protective measures to including removal of staff abusers and emotional support

	<p>services. The Warden stated if they suspect retaliation they conduct an investigation.</p> <p>115.67 (f): Auditor not required to audit this provision.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, investigative reports, 14-2Cs, 14-2Ds and interviews with the Agency Head Designee, Warden, staff charged with monitoring for retaliation and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Incarcerated Individual Victim Housing Documents 5. Staff Training <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff Who Supervise Incarcerated Individuals in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of the Segregated Housing Unit <p>Findings (By Provision):</p>

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of incarcerated individuals 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 alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such incarcerated individual a review every 30 days to determine whether there is a continuing need for separation from the general population. 100-40 pages 24-25 indicate offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault will not be placed in involuntary restrictive 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. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary restrictive housing for less than 24 hours while completing the assessment. The facility will document the basis for this housing determination and the reason why no alternative can be arranged. Offenders placed in restrictive housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document the opportunities limited, the reason for such limitations, and the duration of the limitation. The facility will assign such offenders to involuntary removal from population(RFP) housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of 30 days. If an involuntary restrictive housing assignment is made for this purpose the facility will clearly document, utilizing the PREA RFP Offender Housing Review form 100-40F, the basis for the facility's concern for the offender's safety; and the reason why no alternative means of separation can be arranged. Offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault requiring RFP housing beyond 30 days will be held and reviewed in accordance with AR 650-02, Protective Custody. 14-2 Sexual Abuse Prevention and Response, page 15 states that incarcerated individual/detainees at high risk for sexual victimization shall not be placed in involuntary restricted 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. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated individual/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each incarcerated individual/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. It also states incarcerated individuals/detainees placed in restrictive housing pursuant to section 1.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. Additionally, it indicates that restrictive housing shall be used only until an alternative

means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days and if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the incarcerated individual/detainee's safety and the reason(s) why no alternative means of separation can be arranged. The PAQ and the memo indicated that zero incarcerated individuals who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. The segregated housing unit was a two tiered unit that included double bunked cells. Showers were outside of the cell and were single person with metal doors and additional privacy curtain. The housing unit had a separate outdoor recreation area. Incarcerated individuals have out of cell time daily for recreation, three times a week for showers and once a week for the telephone. Grievances and mail are provided to any staff member. PREA reporting information and rape crisis information was observed in the housing unit in both English and Spanish near the showers, recreation door and front door. The Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals who report 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. He indicated that incarcerated individuals would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated they would not place the individual in segregated housing but rather place them in medical. The Warden advised the CDOC does not allow for an incarcerated individual to be housed in segregated housing over fourteen days and as such they would coordinate a transfer. He reiterated that they very rarely use segregated housing in these circumstances. He advised they have not placed an incarcerated individual victim in involuntary segregated housing after a report of sexual abuse solely based on the allegation. He noted if the individual was placed in segregated housing it was due to another reason. The interviews with the staff who supervise incarcerated individuals in segregated housing indicated incarcerated individual who report sexual abuse who are involuntarily segregated would have access to programs, privileges, education and work opportunities to the extent possible. The staff stated there is a process for it but that the incarcerated individual would have to request these things in writing on a kite. The staff confirmed that any restrictions would be documented. The staff who supervise incarcerated individuals in segregated housing indicated that an incarcerated individual would only be involuntarily segregated until they could find alternative housing. The staff stated the timeframe would depend, but in his experience it was fifteen to 20 days, as they were waiting on a bed at another facility. Further the staff who supervise incarcerated individuals in segregated housing confirmed that incarcerated individuals in segregated housing would be reviewed at least every 30 days. The staff stated CDOC has a maximum segregation time of fifteen days for incarcerated individuals and they review every seven days. It should be noted that staff stated they have involuntarily segregated those who report sexual abuse. A review of housing documentation for eight victims of sexual abuse indicated five remained in the same housing status, two were not at the facility at the time of the report and one was placed in segregated housing, however it was voluntary (incarcerated individual requested to be placed there). During the interim report period the PREA staff conducted training with the

	<p>staff who supervise incarcerated individuals in segregated housing. The PREA staff went over policy and procedure with the segregated housing staff and confirmed understanding of policy and procedure under this standard.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, housing assignments for incarcerated individual victims of sexual abuse, training with segregated housing staff and the interviews with the Warden and staff who supervise incarcerated individuals in segregated housing, this standard appears to be compliant.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 1150-07 - Crime Scene Management and Criminal Evidence Handling 4. Colorado Department of Corrections Administrative Regulation 1150-14 - Responsibility and Authority of the Office of the Inspector General 5. Colorado Department of Corrections Administrative Regulation 1150-18 - Offender Crime Victim Rights 6. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 7. CoreCivic Policy 5-1 Incident Reporting 8. CoreCivic Records Retention Schedule 9. Investigator Training Records 10. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff

2. Interviews with Incarcerated Individuals who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 100-40 page 26 states investigation into allegations, including third-party and anonymous reports, will be conducted promptly, thoroughly, and objectively. Investigations will be completed in accordance with AR 1150-07, Crime Scene Management and Criminal Evidence Handling, AR 1150-15 Responsibility and Authority of the Office of the Inspector General, AR 1150-04 Professional Standards Investigation and C.R.S. 18-3-401 thru 18-3-415.5. 14-2 Sexual Abuse Prevention and Response, page 27 states that facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. The interview with the facility investigator indicated that an investigation is initiated as soon as possible. He stated the information is reported to the CDOC OIG and if they determine they are not going to investigate, he would start his administrative investigation. The interview with the CDOC OIG investigator indicated investigations are initiated right away. Both investigators stated that third party and anonymous reports are investigated through the same process as an allegation reported through any other means. A review of ten investigations indicated all ten had an administrative investigation completed. All were initially referred to CDOC for investigation. CDOC then determined if they would conduct an investigation. Four of the allegations reported were investigated by the CDOC investigator and six were investigated by the facility investigator. All ten investigations were prompt. Four of the ten investigations were thorough and eight of the ten were objective. Those that were not thorough had many details/elements missing from the report, including interviews, evidence, etc. The auditor was unable to determine what was or was not done during the investigation.

115.71 (b): 100-40 page 10 states investigators will be trained in: conducting investigations of sexual assault/rape, sexual abuse and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or

prosecution referral; and proper use of Miranda and Garrity advisements. 14-2 Sexual Abuse Prevention and Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of ten investigations indicated they were completed by two facility investigators and the CDOC OIG. Both facility investigators were documented with specialized training.

115.71 (c): 100-40 page 26 states investigations will be completed in accordance with AR 1150-07, Crime Scene Management and Criminal Evidence Handling, AR 1150-15 Responsibility and Authority of the Office of the Inspector General, AR 1150-04 Professional Standards Investigation and C.R.S. 18-3-401 thru 18-3-415.5. 14-2 Sexual Abuse Prevention and Detection, page 27 states investigators shall gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data. Investigators shall interview alleged victims, suspected perpetrators and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The interview with the facility investigator indicated his first steps include ensuring all first responder duties were taken and threshold questioning was completed. He stated he would then interview the victim. The facility investigator noted that after the victim interview he would look for any evidence, interview any witnesses, re-interview the victim (if needed), and interview the suspect last. The facility investigator stated he would be responsible for collecting evidence including: physical, DNA, video, interviews, statements and history of the victim and abuser. The interview with the CDOC OIG investigator indicated her first steps include the interview with the victim, the witnesses and the suspect. She stated she would ensure medical services are provided and that evidence is collected. She noted she would be responsible for collecting evidence including: video, audio, DNA, phone calls, emails, physical and review of prior complaints. A review of ten investigative reports indicated nine involved interviews, three had evidence collected and three reviewed prior complaints of the alleged perpetrator. Investigations were lacking details/elements, including interviews, evidence, etc. The auditor was unable to determine what was or was not done during the investigation.

115.71 (d): 14-2 Sexual Abuse Prevention and Detection, page 28 states that when the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to

whether compelled interviews may be an obstacle for subsequent criminal prosecution. The interview with the facility investigator indicated the CDOC OIG conducts compelled interviews. The CDOC OIG investigator stated she would consult with prosecutors before conducting compelled interviews. A review of ten investigations indicated none involved any compelled interviews.

115.71 (e): 100-40 page 26 states the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as offender or staff. CDOC will not require an offender who alleges an act of sexual assault/rape, sexual abuse, or sexual harassment to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. 14-2 Sexual Abuse Prevention and Detection, page 28 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an incarcerated individual/detainee or staff. Additionally, it indicates that no agency shall require an incarcerated individual/detainee to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation. The facility investigator stated that credibility is based on an individual basis and circumstances. The CDOC OIG investigator indicated credibility is based on what can be corroborated. Both investigators advised they would never require the victim to take a polygraph or truth telling device test. Interviews with incarcerated individuals who reported sexual abuse confirmed that they were not required to take a polygraph or truth telling device test.

115.71 (f): 14-2 Sexual Abuse Prevention and Detection, page 27 states that administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report and shall detail the following components: investigative facts, physical evidence, testimonial evidence, reasoning behind credibility assessments, investigative findings and an explanation as to how the conclusion of the investigations was reached. The facility investigator stated that all administrative investigations are documented in a written report. He stated the report includes: a description of physical and testimonial evidence, everything that was reviewed, and everything that was documented and done during the investigation. He noted that the reports include description of evidence that would identify is staff actions or failure to act contributed to the incident. A review of ten allegations confirmed all ten were documented in a written report. Most reports were lacking details/elements, including interviews, evidence, etc. The auditor was unable to determine what was or was not done during the investigation.

115.71 (g): 100-40 page 26 states criminal investigations will be documented in a written report containing a thorough description of physical, testimonial and documentary evidence with copies of all documentary evidence attached where

feasible. 14-2 Sexual Abuse Prevention and Detection, page 29 states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. The interview with the CDOC investigator indicated that criminal investigations are documented in a written report that includes interviews and everything that was done during the investigation (evidence collected and what was done). A review of ten investigations indicated four were investigated by CDOC and one was a criminal investigation. The criminal investigation was thorough and included information on the allegation, interviews, evidence, findings and outcome. It also included that the investigation was referred for prosecution.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 100-40 page 27 states after completing an investigation of sexual abuse, sexual assault, sexual harassment or retaliation for reporting such behavior in a correctional setting that was substantiated, the OIG investigator will submit the findings to the district attorney with jurisdiction over the facility in which the alleged behavior or retaliation for reporting such behavior occurred for prosecution, per established district attorney guidelines. 14-2 Sexual Abuse Prevention and Detection, page 29 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ noted there were four cases referred for prosecution. The interview with the facility investigator indicated the CDOC OIG refers investigations for prosecution when they meet the preponderance of the evidence. The CDOC OIG investigator stated they refer cases for prosecution when there is probable cause that establishes a crime has been committed. A review of ten investigations indicated three were substantiated and two were referred for prosecution. One investigation lacked detail, therefore it may have been referred for prosecution but the auditor was unable to determine based on the investigative report.

115.71 (i): The PAQ stated that 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. 14-2 Sexual Abuse Prevention and Detection, page 29 states that the agency shall retain all investigative reports into allegations of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The CoreCivic Record Retention Schedule confirmed that PREA investigative files are retained for five years after incarcerated individual release or post-employment of alleged abuser. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): 100-40 page 27 states the departure of the suspect or victim from the employment or control of the facility or agency will not provide a basis for terminating

an investigation. 14-2 Sexual Abuse Prevention and Detection, page 27 states that the departure of the alleged abuser or victim from employment control of the facility or agency shall not provide a basis for terminating an investigation. The facility investigator and CDOC OIG investigator stated departure would not impede the investigation. The facility investigator advised it may make it more difficult to get in touch with people. The CDOC investigator advised she would find out where they are in the community and go from there.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): 100-40 page 26 states OIG investigators will document all such referrals in the Inspector General Offense Reporting system. When outside agencies conduct investigations, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation. 14-2 Sexual Abuse Prevention and Detection, page 29 states that the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PC stated that each facility develops its own relationship with local law enforcement and must follow-up on cases. She indicated that where CoreCivic has more than one facility, the partner agency OIG is often consulted about the status of investigations. The interview with the Warden indicated they have a good partnership with CDOC and so the facility investigators works with the OIGs office related to investigations. The PCM stated that when an outside agency (OIG) conducts an investigation the OIG will notify the facility investigator that they are conducting the investigation. She advised once the OIG investigates they typically do not provide additional information on the investigation. The facility investigator stated that if an outside agency conducts an investigation he assists them with the investigation.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, CDOC Administrative Regulation 1150-07, CDOC Administrative Regulation 1150-14, CDOC Administrative Regulation 1150-18, 14-2 Sexual Abuse Prevention and Response, 5-1 Incident Reporting, CoreCivic Records Retention Schedule, Investigator Training Records, Investigative Reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager, the facility investigator and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. A review of ten investigations indicated all ten had an administrative investigation completed. Four of the ten investigations were thorough and eight of the ten were objective. Those that were not thorough had many details/elements missing from the report, including interviews, evidence, etc. The auditor was unable to determine what was or was not done during the investigation.

Corrective Action

The facility will need to conduct training with facility investigators on thorough and objective investigations and documentation of such in a written report. A copy of the training will need to be provided. A list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigations will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
3. Investigative Reports

The facility provided training that was completed with investigators related to the investigative process. Investigators were trained on what is required during an investigation, what is required to be included in the narrative of an investigation, and what constitutes thorough and objective. Staff signatures were provided confirming receipt of the training.

A list of sexual abuse and sexual harassment allegations reported during the corrective action period and associated investigations were provided. All five investigations were thorough and objective. Each investigation included a description of interviews/statements, a description of evidence, a review of prior complaints of the alleged perpetrator and appeared to include investigative steps necessary related to the allegation. It should be noted the facility also updated three investigations reviewed during the on-site. The investigator updated the investigation to include more detail and a review of the prior complaints of the alleged perpetrator.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 432 374">Documents:</p> <ol data-bbox="256 412 1442 815" style="list-style-type: none"> <li data-bbox="256 412 667 445">1. Pre-Audit Questionnaire <li data-bbox="256 483 1442 562">2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure <li data-bbox="256 600 1190 633">3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response <li data-bbox="256 669 1305 748">4. National Institute of Correction (NIC): Investigating Sexual Abuse in a Confinement Setting <li data-bbox="256 784 632 817">5. Investigative Reports <p data-bbox="256 927 416 960">Interviews:</p> <ol data-bbox="256 999 812 1032" style="list-style-type: none"> <li data-bbox="256 999 812 1032">1. Interviews with Investigative Staff <p data-bbox="256 1142 587 1176">Findings (By Provision):</p> <p data-bbox="256 1285 1477 2069">115.72 (a): The PAQ indicated that 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. 100-40 page 27 states CDOC will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual assault, sexual abuse or sexual harassment are substantiated. 14-2 Sexual Abuse Prevention and Response, page 27 states that in any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place. A review of the NIC training notes that it outlines the level of evidence utilized to substantiated an administrative investigation (preponderance of the evidence). Interviews with investigators confirmed that they utilize no higher standard than a preponderance of the evidence for administrative investigations. A review of ten investigations indicated all ten had an administrative investigation completed. All were initially referred to CDOC for investigation. CDOC then determined if they would conduct an investigation. Four of the allegations were investigated by the CDOC investigator and six were investigated by the facility investigator. Four of the ten investigations were thorough and eight of the ten were objective. Those that were not thorough had many details/elements missing from the</p>

report, including interviews, evidence, etc. The auditor was unable to determine what was or was not done during the investigation. As such, the investigative outcomes related to the information in the reports were not appropriate.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, NIC Training, investigative reports and information from the interview with the facility investigator indicated that this standard appears to require corrective action. A review of ten investigations indicated all ten had an administrative investigation completed. All were initially referred to CDOC for investigation. CDOC then determined if they would conduct an investigation. Four of the allegations were investigated by the CDOC investigator and six were investigated by the facility investigator. Four of the ten investigations were thorough and eight of the ten were objective. Those that were not thorough had many details/elements missing from the report, including interviews, evidence, etc. The auditor was unable to determine what was or was not done during the investigation. As such, the investigative outcomes related to the information in the reports were not appropriate.

Corrective Action

The facility will need to conduct training with facility investigators on thorough and objective investigations, documentation of such in a written report and appropriate investigative outcomes. A copy of the training will need to be provided. A list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigations will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period

	<p>3. Investigative Reports</p> <p>The facility provided training that was completed with investigators related to the investigative process. Investigators were trained on what is required during an investigation, standards of evidence and how to determine if standards of evidence have been met. Staff signatures were provided confirming receipt of the training.</p> <p>A list of sexual abuse and sexual harassment allegations reported during the corrective action period and associated investigations were provided. All five investigations were thorough and objective. One investigation was substantiated, three were unsubstantiated and one was unfounded. All appeared to have appropriate outcomes based on the investigative report. Additionally, the investigator appeared to utilize no more than a preponderance of the evidence. It should be noted the facility also updated three investigations reviewed during the on-site. The investigator updated the investigation to include more detail and application of use of a preponderance of the evidence.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Investigative Reports 5. 14-2E Inmate PREA Allegation Status Notifications <p>Interviews:</p>

1. Interview with the Warden
2. Interviews with Investigative Staff
3. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any incarcerated individual who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 100-40 page 28 states following an investigation into an offender's allegation that they have suffered sexual abuse (excluding sexual harassment and sexual misconduct in a CDOC or private prison or community confinement facility, the OIG offender victim rights coordinator will inform the offender in writing as to whether their allegation has been determined to be substantiated, unsubstantiated, or unfounded. 14-2 Sexual Abuse Prevention and Response, page 30 states that following an investigation into an incarcerated individual/detainee's allegation that he/she suffered sexual abuse at the facility, the incarcerated individual/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the incarcerated individual/detainee. The PAQ stated there were eight sexual abuse investigations completed and four had a victim notification. Interviews with the Warden and investigators confirmed that incarcerated individuals are informed of the outcome of the investigation into their allegation. Interviews with incarcerated individuals who reported sexual abuse indicated all three were aware they were to be told the outcome of the investigation. All three noted they were advised of the outcome in writing. A review of ten investigations confirmed nine had a victim notification provide (including those that were reported via Warden to Warden notification). The one that did not receive notification left the facility prior to the completion of the investigation. It should be noted that two of the allegations were sexual harassment, which do not require notification under this standard.

115.73 (b): The PAQ indicated that this provision is not applicable as an outside agency does not conduct investigations. Further communication indicated that CDOC conducts investigations, which is an agency other than CoreCivic and as such the facility requests the relevant information from the investigative entity in order to inform the incarcerated individual of the outcome of the investigation. 100-40 page 28 states if CDOC did not conduct the investigation, DOC will request the relevant information from the investigative agency in order to inform the offender. 14-2 Sexual

Abuse Prevention and Response, page 30 states if the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the incarcerated individual/detainee. The PAQ indicated that there were two investigations completed within the previous twelve months by an outside agency. A review of ten investigations indicated four were investigated by an outside agency (CDOC). All four included a victim notification.

115.73 (c): The PAQ indicated that following an incarcerated individual's allegation that a staff member has committed sexual abuse against the incarcerated individual, the agency/facility subsequently informs the incarcerated individual whenever: the staff member is no longer posted within the incarcerated individual'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. 14-2 Sexual Abuse Prevention and Response, page 30 states following an investigation into an incarcerated individual/detainee's allegation that an employee has committed sexual abuse against the incarcerated individual/detainee, the facility shall subsequently inform the incarcerated individual/detainee whenever: the staff member is no longer posted within the incarcerated individual'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 PAQ stated there were substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an incarcerated individual in the previous twelve months. It further stated that the incarcerated individual was informed whenever: the staff member was no longer posted within the incarcerated individual's unit; the staff member was no longer employed at the facility; the agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility. Interviews with the incarcerated individuals who reported sexual abuse indicated one was against a staff member and a notification was not provided under this provision. A review of ten investigations indicated three involved a staff member. One included a notification that the staff was no longer working at the facility.

115.73 (d): The PAQ indicates that following an incarcerated individual's allegation that he or she has been sexually abused by another incarcerated individual, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 30 states following an incarcerated individual/detainee's allegation that he/she has been sexually abused by another incarcerated individual/detainee,

the facility shall 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 or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Interviews with incarcerated individuals who reported sexual abuse indicated two allegations were against another incarcerated individual but neither were notified of anything under this provision. A review of ten investigations indicated two involved a substantiated incarcerated individual-on-incarcerated individual sexual abuse allegation. Neither were prosecuted or convicted and as such no notifications were required under this provision.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to incarcerated individuals described under this standard are documented. 100-40 page 28 states following an investigation into an offender's allegation that they have suffered sexual abuse (excluding sexual harassment and sexual misconduct in a CDOC or private prison or community confinement facility, the OIG offender victim rights coordinator will inform the offender in writing as to whether their allegation has been determined to be substantiated, unsubstantiated, or unfounded. 14-2 Sexual Abuse Prevention and Response, page 30 states all incarcerated individual/detainee notifications or attempted notification shall be documented on the 14-2E Incarcerated individual/Detainee Allegation Status Notification. The incarcerated individual/detainee shall sign the 14-2E, verifying that such notification has been received. The PAQ stated there were six victim notifications made and documented. A review of ten investigations confirmed nine had a victim notification provide (including those that were reported via Warden to Warden notification). The one that did not receive notification left the facility prior to the completion of the investigation. It should be noted that two of the allegations were sexual harassment, which do not require notification under this standard. A review of ten investigations indicated three involved a staff member. One included a notification that the staff was no longer working at the facility.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, CDOC Administrative Regulation, 14-2 Sexual Abuse Prevention and Response, investigative reports, victim notifications and information from interviews with the Warden, facility investigator and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Colorado Department of Corrections Administrative Regulation 100-40 – Prison Rape Elimination Procedure
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Investigative Reports
5. Termination Documentation

Findings (By Provision):

115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 100-40 page 7 states employees, contract workers and volunteers in state owned prisons, private prisons and community confinement facilities may be criminally charged under C.R.S. 18-7-701 with Sexual Conduct in a Correctional Institution or any other statutory provision. Employees, contract workers and volunteers may be subject to corrective and/or disciplinary sanctions up to and including termination for violating department policies, post orders and clinical standards. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies.

115.76 (b): The PAQ indicated there was one staff member who violated the sexual abuse and sexual harassment policies and the staff had been terminated for violating the sexual abuse or sexual harassment policies. 100-40 page 7 states employees, contract workers and volunteers in state owned prisons, private prisons and community confinement facilities may be criminally charged under C.R.S. 18-7-701 with Sexual Conduct in a Correctional Institution or any other statutory provision. Employees, contract workers and volunteers may be subject to corrective and/or disciplinary sanctions up to and including termination for violating department policies, post orders and clinical standards. 14-2 Sexual Abuse Prevention and Response, page 31 states that termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. A review of investigations indicated there were three staff-on-incarcerated individual investigations, one which was substantiated. The staff member was placed on administrative leave and subsequently terminated. The allegation was not criminal in nature and was not referred for prosecution.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 100-40 page 8 states disciplinary sanctions for violations of department policies relating to sexual abuse, sexual assault or sexual harassment (other than actually engaging in sexual abuse/assault) will be 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. 14-2 Sexual Abuse Prevention and Response, page 31 states that disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were no staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigations indicated there were three staff-on-incarcerated individual investigations, one which was substantiated. The staff member was placed on administrative leave and subsequently terminated. The allegation was not criminal in nature and was not referred for prosecution.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 100-40 page 8 states all terminations for violations of department sexual abuse, sexual assault or sexual harassment policies or resignation by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies and to any relevant licensing bodies unless the activity was clearly not criminal. 14-2 Sexual Abuse Prevention and Response, page 31 states all employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months who were reported to law enforcement or relevant licensing bodies. A review of investigations indicated there were three staff-on-incarcerated individual investigations, one which was substantiated. The staff member was placed on administrative leave and subsequently terminated. The allegation was not criminal in nature and was not referred for prosecution.

	Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, investigative reports and termination documentation, this standard appears to be compliant.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. CoreCivic Policy 22-1 Volunteer Services and Management 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with incarcerated individuals. 100-40 page 7 states any contract worker or volunteer who engages in sexual assault/rape, sexual abuse or sexual harassment with an offender, or retaliates against an offender who reports sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment or cooperates with the investigation where such behavior rises to the level of criminal behavior, will be prohibited from contact with offenders</p>

and reported to the OIG or local law enforcement and to relevant licensing bodies. In the case of any other violation of department policies by a contract worker or volunteer, the facility will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with incarcerated individual/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with incarcerated individual/detainees and removal from the facility. 22-1 Volunteer Services and Management, page 5 also addresses this provision. It states that volunteers are expected to abide by CoreCivic and applicable government agency policy, procedures, regulations and prevailing law. Failure to do so may result in immediate termination or removal from the Volunteer Roster. The PAQ indicated that there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed that there were zero sexual abuse or sexual harassment allegations against a contractor or volunteer.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with incarcerated individuals in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 100-40 page 7 states any contract worker or volunteer who engages in sexual assault/rape, sexual abuse or sexual harassment with an offender, or retaliates against an offender who reports sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment or cooperates with the investigation where such behavior rises to the level of criminal behavior, will be prohibited from contact with offenders and reported to the OIG or local law enforcement and to relevant licensing bodies. In the case of any other violation of department policies by a contract worker or volunteer, the facility will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with incarcerated individual/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with incarcerated individual/detainees and removal from the facility. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by a contractor or volunteer would result in the individual being reported to the CDOC OIG for investigation. If the investigation is deemed substantiated, the individual would have their clearance pulled and they would no longer have access to the facility. The Warden confirmed they can prohibit access during the investigation.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual

	Abuse Prevention and Response, 22-1 Volunteer Services and Management, investigative reports and information from the interview with the Warden, this standard appears to be compliant.
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. Colorado Department of Corrections Administrative Regulation 150-01 - Code of Penal Discipline (COPD) 4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 5. Investigative Reports 6. Discipline Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interviews with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.78 (a): The PAQ indicated that incarcerated individuals are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse. 150-01 page 11 states an offender commits sexual misconduct when they have active or passive contact or fondling which is not coerced or forced between their genitals, hand(s), mouth, neck, buttocks, anus, or breast or with the use of animate or inanimate objects and the genitals, hand(s), mouth, neck, buttocks, anus, or breast of another person. Contact can be with or without clothing being worn by one or both parties. 14-2 Sexual Abuse Prevention and</p>

Response, page 30 states that incarcerated individuals/detainees shall be subject to disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that an incarcerated individual/detainee engaged in incarcerated individual/detainee on incarcerated individual/detainee sexual abuse or following a criminal finding of guilt for incarcerated individual/detainee on incarcerated individual/detainee sexual abuse. 209.01 Offender Discipline, page 25 states that if guilty of the charged offense(s), a sanction(s) shall be imposed as provided by these procedures. Record the information in the offender's institutional file may be reviewed by the Disciplinary Hearing Officer only after a finding of guilty to assist in determining an appropriate sanction(s). The PAQ indicated there were two administrative findings and zero criminal finding of guilt. A review of ten investigative reports indicated there were two substantiated incarcerated individual-on-incarcerated individual sexual abuse allegations. One incarcerated individual received administrative discipline. The second was transferred prior to the completion of the investigation. Both investigations were referred for prosecution.

115.78 (b): 150-01 page 21 states sanctions will be commensurate with the nature and circumstances of the offense committed, the offender's disciplinary history, and the sanctions imposed for the comparable offenses by other offenders with similar disciplinary histories. 14-2 Sexual Abuse Prevention and Response, page 30 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the incarcerated individual/detainee's disciplinary history and sanctions imposed for comparable offenses by incarcerated individuals/detainees with similar histories. The interview with the Warden indicated if an incarcerated individual violates the sexual abuse or sexual harassment policies they would receive discipline related to sexual abuse, sexual harassment or assault. They would be transferred if the discipline changes their classification level and they could be subject to loss of good time and segregated housing time. He confirmed that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the incarcerated individual's disciplinary history and sanctions imposed for comparable offenses by other incarcerated individuals. A review of ten investigative reports indicated there were two substantiated incarcerated individual-on-incarcerated individual sexual abuse allegations. One incarcerated individual received administrative discipline. The second was transferred prior to the completion of the investigation. Both investigations were referred for prosecution.

115.78 (c): 150-01 page 20 states the disciplinary process will consider whether an offender's mental disabilities or mental illness contributed to their behavior when determining what type of sanctions, if any, will be imposed. 14-2 Sexual Abuse Prevention and Response, page 30 states that the disciplinary process shall consider whether and incarcerated individual/detainee's mental disability or mental illness contributed to his/her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Warden confirmed that an incarcerated

individuals' mental disability or mental illness would be considered in the disciplinary process.

115.78 (d): The PAQ indicated that the facility offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and they consider whether to require the incarcerated individual perpetrator to participate in these services in order to gain access to any other benefits or services. 100-40 page 15 states SOTMP will consider whether to require the offender to participate in such treatment, while incarcerated and/or in the community. 14-2 Sexual Abuse Prevention and Response, page 30 states that if the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health care staff indicated they offer treatment and services to perpetrators and they do not require participation in services to gain access to any other benefits.

115.78 (e): 100-40 page 7 states offenders may only be disciplined for engaging in sexual assault/rape, sexual abuse or sexual harassment with an employee, contract worker or volunteer upon a finding that the employee, contract worker or volunteer was forced, threatened, or did not consent to such behavior. 14-2 Sexual Abuse Prevention and Response, page 30 indicates that an incarcerated individual/detainee may be disciplined for sexual conduct within an employee only upon a finding that the employee did not consent to such conduct. The PAQ stated that the agency disciplines incarcerated individuals for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): The PAQ indicated that 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. 100-40 page 19 states reports of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. 14-2 Sexual Abuse Prevention and Response, page 30 states that incarcerated individuals/detainees who deliberately allege false claims of sexual abuse may be disciplined. For the purpose of a disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.

	<p>115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between incarcerated individuals and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 100-40 page 7 states all sexual activity including sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment between offenders is prohibited and will be referred to the OIG. If appropriate, the OIG will refer such cases to the district attorney for prosecution. Offenders may also be disciplined and/or criminally charged for such activity pursuant to AR 150-01, Code of Penal Discipline (COPD), Colorado Revised Statute (C.R.S.) 18-3-401 through 18-3-414.4 or AR 250-41, Responding to Parole Violations through the Colorado Violation Decision Making Process. 14-2 Sexual Abuse Prevention and Response, page 30 states that sexual activity between incarcerated individuals/detainees is prohibited in all CoreCivic facilities, and incarcerated individuals/detainees may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, CDOC Administrative Regulation 150-01, 14-2 Sexual Abuse Prevention and Response, investigative reports, discipline documents and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Informed Consent Form 5. Incarcerated Individual Risk Screening Documents 6. Medical/Mental Health Documents 7. Staff Training <p>Interviews:</p>

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Medical and Mental Health Staff
3. Interviews with Incarcerated Individuals who Disclosed Prior Sexual Victimization

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all incarcerated individuals at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 100-40 page 11 states if the initial SAB/SVR assessment indicates the offender has experienced prior sexual victimization or previously perpetrated sexual aggressiveness, whether in an institutional setting or in the community, the offender will be offered a follow-up meeting with a mental health or SOTMP clinician within 14 days of the initial intake assessment. Page 14 further states if the staff member conducting the assessment receives information that the offender has experienced prior sexual victimization or previously perpetrated sexual aggressiveness, whether in an institutional setting or in the community, the offender will be offered a follow-up meeting with a mental health or a SOTMP clinician to occur within 14 days. 14-2 Sexual Abuse Prevention and Response, page 11 states that incarcerated individuals/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The incarcerated individual/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ stated 12% of those who disclosed victimization were offered a follow up meeting with mental health. Further communication indicated this was an error and 100% of those incarcerated individuals who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ further indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The interview with staff responsible for the risk screening indicated that when an incarcerated individual discloses prior sexual victimization they are offered a follow-up with mental health. He stated they complete a referral in the system and send an email. The staff noted mental health has fourteen days to see the incarcerated individual. Interviews with incarcerated individuals who disclosed prior victimization during the risk screening indicated neither were offered a mental health follow-up. The auditor requested documentation for seven incarcerated

individuals who disclosed prior sexual victimization during the risk screening. At the issuance of the interim report the documentation had not yet been received. The facility utilizes the CDOC risk assessment system and facility staff did not have access to this system in order to obtain the necessary documents.

115.81 (b): The PAQ indicated all incarcerated individuals at the facility who are identified with prior sexual abusiveness during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 100-40 page 11 states if the initial SAB/SVR assessment indicates the offender has experienced prior sexual victimization or previously perpetrated sexual aggressiveness, whether in an institutional setting or in the community, the offender will be offered a follow-up meeting with a mental health or SOTMP clinician within 14 days of the initial intake assessment. Page 14 further states if the staff member conducting the assessment receives information that the offender has experienced prior sexual victimization or previously perpetrated sexual aggressiveness, whether in an institutional setting or in the community, the offender will be offered a follow-up meeting with a mental health or a SOTMP clinician to occur within 14 days. 14-2 Sexual Abuse Prevention and Response, page 11 states that incarcerated individuals/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The incarcerated individual/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ noted 12% of those identified with prior sexual abusiveness were offered a follow up with mental health. Further communication indicated this was incorrect and 100% of those incarcerated individuals who were identified with prior sexual abusiveness were seen within fourteen days by medical or mental health practitioners. The PAQ further indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The interview with staff responsible for the risk screening indicated that when an incarcerated individual is identified with prior sexual abusiveness they are offered a follow-up with mental health. He stated they complete a referral in the system and send an email. The staff noted mental health has fourteen days to see the incarcerated individual. The auditor requested documentation for five incarcerated individuals who were identified with prior sexual abusiveness during the risk screening. At the issuance of the interim report the documentation had not yet been received. The facility utilizes the CDOC risk assessment system and facility staff did not have access to this system in order to obtain the necessary documents.

115.81 (c): The facility is a prison and as such this provision is not applicable.

115.81 (d): The PAQ states that information related to sexual victimization or

abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The PAQ stated that information is only shared with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. 100-40 page 11 states any information related to sexual victimization or aggressiveness occurring in an institutional setting will be confidential and strictly limited to medical and mental health clinicians 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 law. Incarcerated individual medical and mental health records are electronic. Electronic records are accessible to medical and mental health care staff only through the CDOC system. Access to the system has to be requested through the Health Service Administrator and as such access is only those with a need to know. Paper medical records are scanned into the system and then shredded. Risk assessment information is electronic (CDOC system) but is initially collected via paper. Paper records are shredded once entered into the electronic system. The electronic records are only accessible to Case Managers, Unit Managers, administrative level staff and the PCM. Access to the risk screening must be requested and as such only those with a need to know have access. Investigative files are electronic and paper. Paper investigations are maintained in the investigators locked office. Electronic investigative records are only accessible to investigative staff via the investigative database.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the incarcerated individual is under the age of eighteen. 14-2 Sexual Abuse Prevention and Response, page 12 states that medical and mental health practitioners shall obtain informed consent from incarcerated individuals/detainees prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the incarcerated individual/detainee was under eighteen. Interviews with medical and mental health staff noted they were unaware of the informed consent process for victimization that occurred outside of a correctional setting. Both staff stated they do not house anyone under eighteen. During the interim report period, the facility sent out a training email to medical and mental health care staff related to the informed consent process.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, the informed consent form, medical and mental health documents, staff training and information from interviews with staff who perform the risk screening, medical and mental health care staff and incarcerated individuals who disclosed victimization during the risk screening, this standard appears to require corrective action. Interviews with incarcerated individuals who disclosed prior victimization during the risk screening indicated neither were offered a mental health follow-up. The auditor requested documentation for seven incarcerated

individuals who disclosed prior sexual victimization during the risk screening. At the issuance of the interim report the documentation had not yet been received. The facility utilizes the CDOC risk assessment system and facility staff did not have access to this system in order to obtain the necessary documents. The auditor requested documentation for five incarcerated individuals who were identified with prior sexual abusiveness during the risk screening. At the issuance of the interim report the documentation had not yet been received. The facility utilizes the CDOC risk assessment system and facility staff did not have access to this system in order to obtain the necessary documents.

Corrective Action

The facility will need to ensure those who disclose victimization during the risk screening and those who are identified with prior abusiveness during the risk screening are afforded a follow-up with mental health. Training with staff will need to be provided. A list of incarcerated individuals that arrived during the corrective action period, associated risk assessments for a systematic sample and appropriate mental health follow-up documents will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. Tracking Tablet Template
3. List of Incarcerated Individuals that Arrived During the Corrective Action Period
4. Incarcerated Individual Risk Screening Documents
5. Mental Health Documents

The facility provided training that was completed with staff related to the procedure for mental health follow-ups. The training included the PREA Resource Center's Standards In Focus as well as a Tracking Table Template, which was created by the

	<p>facility to assist with compliance with this standard. Staff signatures were provided confirming receipt of the training.</p> <p>The Tracking Table Template was provided, which illustrated how the facility would track those who disclosed prior sexual victimization during the risk screening or those identified with prior sexual abusiveness during the risk screening. The table included areas to document whether the incarcerated individual wanted a follow-up with mental health, when the incarcerated was referred to mental health and when the incarcerated individual was seen by mental health.</p> <p>The facility provided a list of incarcerated individuals that arrived during the corrective action period and a sample of 44 incarcerated individual risk screening documents. Of the 44, fourteen disclosed prior sexual victimization or had prior sexual abusiveness and accepted a follow-up with mental health. Two incarcerated individuals were scheduled for the follow-up within fourteen days but were a no show to the appointment, two were transferred from the facility prior to the appointment, eight were seen by mental health within fourteen days, one was seen by mental health past the fourteen days and one did not see mental health. The auditor determined that the facility appeared to have a systematic process for affording and providing the follow-up services and was providing services to those who wanted them.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 13-79 Sexual Assault Response 4. 13-79A Sexual Assault Response 5. Medical and Mental Health Documents

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with Incarcerated Individuals who Reported Sexual Abuse
3. Interviews with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that Incarcerated individual victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 100-40 page 23 states Clinical Services will conduct a cursory assessment of any victim of a sexual assault. Emergent medical care will be provided at the facility, as needed. Any non-emergent additional medical care will be provided during or after the forensic exam. Victims of sexual assault will receive timely, unimpeded access to emergency medical treatment and immediate crisis intervention services, the nature and scope of which will be determined by clinical services according to their professional judgment. 13-79 Sexual Assault Response, page 2 states that the Health Services Department shall designate medical representatives to be appointed to the facility Sexual Abuse Response Team (SART). The medical representative(s) shall assess the alleged victim's acute medical needs and explain the medical need to the victim for a forensic exam if appropriate. The victim of sexual assault has the right to decline the forensic exam. The medical representative shall ensure that the facility medical staff responded appropriately and medically stabilized the victim before assessment by a community medical provider, if medically indicated (refer to CoreCivic Policy 14-2 Sexual Abuse Prevention and Response). The health services area included a reception space, exam rooms, treatment rooms and observation rooms. The reception area was small with a restroom. Exam and treatment rooms were bays with curtains. There were also six observation rooms. Adequate privacy appeared to be provided in the health services area. Interviews with medical and mental health care staff confirmed that incarcerated individuals receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff stated services are provided immediately after a reported allegation. Both staff confirmed the

services they provide are based on their professional judgment. Interviews with incarcerated individuals who reported sexual abuse confirmed all three were provided medical and/or mental health services. A review of documentation for ten sexual abuse and sexual harassment allegations indicated all victims that were at the facility when the allegation was reported were provided medical and/or mental health services. One incarcerated individual was transported to the hospital for a forensic medical examination and was provided testing and prophylaxis.

115.82 (b): The facility has a Health Services Department that is staffed 24 hours a day, seven days a week. Incarcerated individuals are treated at the facility unless they are required to be transported to a local hospital. 100-40 page 22 states appropriate security procedures include notifying the health services administrator (HSA), who will in turn notify mental health staff. If no qualified medical professional or mental health clinician is on duty at the time a report of sexual assault is made, security staff/first responders will take preliminary steps to protect the victim and will immediately notify the appropriate HSA or designee and the on-call mental health clinician for immediate response. The security first responder stated that first responder duties include: notifying the Shift Commander, separating the individuals, securing the cell, telling them not to wash or do anything and getting the victim to medical. The non-security staff first responder stated that first responder duties include: immediately contacting security for assistance, separating the individuals, clearing out the area and getting the victim to medical.

115.82 (c): The PAQ states that incarcerated individual 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. 100-40 page 23 states victims of sexual assault while incarcerated will be offered timely information from clinical services about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. 13-79 Sexual Assault Response, pages 3 and 4 state that incarcerated individual/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Incarcerated individual/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the incarcerated individual/detainee tests positive for pregnancy, the incarcerated individual/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. Should a pregnancy occur as a result of a rape/sexual assault, the incarcerated individual/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. Interviews with incarcerated individuals who reported sexual

	<p>abuse indicated their allegations did not involve an incident that would warrant information under this provision. Interviews with medical and mental health staff indicated that incarcerated individual victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis. A review of documentation for ten sexual abuse and sexual harassment allegations indicated all victims that were at the facility when the allegation was reported were provided medical and/or mental health services. One incarcerated individual was transported to the hospital for a forensic medical examination and was provided testing and prophylaxis.</p> <p>115.82 (d): 100-40 page 24 states treatment services will 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. 13-79 Sexual Assault Response, pages 3-4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 13-79 Sexual Assault Response, 13-79A, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to be compliant.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 13-79 Sexual Assault Response 4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 5. Investigative Reports 6. Medical and Mental Health Documents

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 100-40 page 23 states the HSA or designee will ensure that offenders will be referred to mental health and/or medical for immediate crisis intervention, treatment/counseling, and long term follow-up care. 13-79 Sexual Assault Response, page 4 states that the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all incarcerated individuals/detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The health services area included a reception space, exam rooms, treatment rooms and observation rooms. The reception area was small with a restroom. Exam and treatment rooms were bays with curtains. There were also six observation rooms. Adequate privacy appeared to be provided in the health services area. Medical services are provided 24/7. Incarcerated individuals have access to routine medical services on-site and emergency services are provided at the local hospital. A review of documentation for ten sexual abuse and sexual harassment allegations indicated all victims that were at the facility when the allegation was reported were provided medical and/or mental health services. One incarcerated individual was transported to the hospital for a forensic medical examination and was provided testing and prophylaxis. The auditor requested documentation for seven incarcerated individuals who disclosed prior sexual victimization during the risk screening. At the issuance of the interim report the documentation had not yet been received. The facility utilizes the CDOC risk assessment system and facility staff did not have access to this system in order to obtain the necessary documents. The auditor did receive documentation that five had mental health contact prior to or after the risk screening (two documents were not provided). All incarcerated individuals are seen by mental health upon arrival and are asked about prior sexual victimization and abusiveness. While two documents were not provided, the auditor determined that all incarcerated individuals are afforded access to mental health upon arrival.

115.83 (b): 100-40 page 23 states the HSA or designee will ensure that offenders will be referred to mental health and/or medical for immediate crisis intervention, treatment/counseling, and long term follow-up care. 13-79 Sexual Assault Response, page 4 states the evaluation and treatment of such victims shall 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. Interviews with incarcerated individual who reported sexual abuse indicated one was offered follow-up services with medical and/or mental health. Interviews with medical and mental health care staff confirmed that incarcerated individuals would be provided follow-up services, treatment plans and community referrals. A review of documentation for ten sexual abuse and sexual harassment allegations indicated all victims that were at the facility when the allegation was reported were provided medical and/or mental health services. One incarcerated individual was transported to the hospital for a forensic medical examination and was provided testing and prophylaxis.

115.83 (c): 13-79 Sexual Assault Response, page 4 states the facility shall provide such victims with medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. Interviews with medical and mental health care staff confirmed that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated this provision does not apply as the facility houses adult male incarcerated individuals.

115.83 (e): The PAQ indicated this provision does not apply as the facility houses adult male incarcerated individuals

115.83 (f): The PAQ indicated that incarcerated individual victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 100-40 page 23 states acute trauma care will be provided to victims of sexual assault including but not limited to: prophylactic measures, testing for sexually transmitted diseases including Human Immunodeficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS), and treatment of injuries. When appropriate, prophylactic therapy will immediately be administered for infectious disease exposures. 13-79 Sexual Assault Response, pages 3 and 4 state that incarcerated individual/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to,

emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Incarcerated individual/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the incarcerated individual/detainee tests positive for pregnancy, the incarcerated individual/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. Should a pregnancy occur as a result of a rape/sexual assault, the incarcerated individual/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. Interview with incarcerated individuals who reported sexual abuse indicated their allegation did not involve an incident that would warrant information under this provision. A review of documentation for ten sexual abuse and sexual harassment allegations indicated all victims that were at the facility when the allegation was reported were provided medical and/or mental health services. One incarcerated individual was transported to the hospital for a forensic medical examination and was provided testing and prophylaxis.

115.83 (g): The PAQ stated that treatment services are provided to the incarcerated individual victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 100-40 page 24 states treatment services will 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. 13-79 Sexual Assault Response, page 4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. Interviews with incarcerated individuals who reported sexual abuse noted none had to pay for their medical and mental health services after a reported allegation.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known incarcerated individual-on-incarcerated individual abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 100-40 page 15 states SOTMP will initiate an evaluation of all known offender-on-offender sexual aggressors within 60 days of learning of such sexually aggressive or abusive history and offer treatment when deemed appropriate. 14-2 Sexual Abuse Prevention and Response, page 12 indicates that a mental health evaluation shall be completed of all known incarcerated individual-on-incarcerated individual abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. Interviews with the medical and mental health care staff indicated if the perpetrator asks for services they would provide them but they can't force them. A review of investigations indicated there were two substantiated incarcerated individual-on-

	<p>incarcerated individual sexual abuse investigations. Both perpetrators were transferred from the facility prior to the conclusion of the investigation and as such no mental health evaluations were conducted.</p> <p>Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, a review of medical and mental health documents, observations made during the tour and information from interviews with incarcerated individuals who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.</p>
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115.86 Sexual abuse incident reviews	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Colorado Department of Corrections Administrative Regulation 100-40 - Prison Rape Elimination Procedure 3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 4. Investigative Reports 5. 14-2F Sexual Abuse or Assault Incident Review Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p>Findings (By Provision):</p> <p>115.86 (a): The PAQ stated that 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. 100-40 page 29 states</p>

facilities will conduct a PREA Incident Review at the conclusion of every sexual assault or sexual abuse investigation (excluding sexual harassment and sexual misconduct). The PREA Incident Review will be conducted even when the allegation has not been substantiated. If an allegation has been determined to be unfounded, no PREA Incident Review needs to be completed. 14-2 Sexual Abuse Prevention and Response, page 29 states that the Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The PAQ indicated there were six sexual abuse investigations completed, excluding those that were unfounded. A review of eight sexual abuse investigations indicated six required a sexual abuse incident review. Four were documented with a sexual abuse incident review.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 100-40 page 29 states the PREA Incident Review will ordinarily occur within 30 days of the conclusion of the investigation. 14-2 Sexual Abuse Prevention and Response, page 29 states that sexual abuse incident reviews shall occur within 30 days of the conclusion of the investigation. The PAQ indicated six sexual abuse incident reviews were completed within 30 days of the conclusion of the investigation. A review of eight sexual abuse investigations indicated six required a sexual abuse incident review. Four were documented with a sexual abuse incident review, one which was completed within 30 days of the conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 100-40 page 29 states the PREA Incident Review Team will include upper-level management officials, with input from line supervisors, investigators, medical or mental health practitioners/SOTMP, case manager supervisors, and intelligence officers. 14-2 Sexual Abuse Prevention and Response, page 29 states the incident review team shall include the PREA Compliance Manager, upper-level facility management, and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The interview with the Warden confirmed that the facility has a sexual abuse incident review team that includes upper level management officials, line supervisors, investigators, medical and mental health care staff. A review of eight sexual abuse investigations indicated six required a sexual abuse incident review. Four were documented with a sexual abuse incident review and included the staff under this provision.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations

made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 100-40 pages 29-30 state the PREA Incident Review Team will meet and: consider whether the allegation or investigation indicates a need to change policy or practice; 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 was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable sexual abuse or sexual assault; 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 above, and any recommendations for improvement and submit such report to the facility administrative head, director, and deputy director of Prison Operations and PREA administrator. 14-2 Sexual Abuse Prevention and Response, page 29 states the review team shall: 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, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise cause by other group dynamics at the facility; 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; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Interviews with the Warden, PCM and sexual abuse incident review team member confirmed that these reviews are completed and they include all the required elements under this provision. The Warden stated that the information from the sexual abuse incident reviews is utilized in any way that it can be, including for housing and job assignments and how they manage incarcerated individual. The PCM confirmed that sexual abuse incident reviews are completed and she has not noticed any trends. The PCM stated after the report is submitted they use the information to remedy any areas or situations and they also use the information to determine if they can prevent things in the future. A review of eight sexual abuse investigations indicated six required a sexual abuse incident review. Four were documented with a sexual abuse incident review, however all were checklist format only and did not include any narrative related to the elements under this provision.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 100-40 page 30 states the facility will implement the recommendations for improvement, or will document its reasons for not doing so. 14-2 Sexual Abuse Prevention and Response, page 29 states all findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. The facility shall implement the recommendations for improvement or

shall document reasons for not doing so. A review of eight sexual abuse investigations indicated six required a sexual abuse incident review. Four were documented with a sexual abuse incident review, however none included any recommendations.

Based on a review of the PAQ, CDOC Administrative Regulation 100-40, 14-2 Sexual Abuse Prevention and Response, sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, it appears this standard appears to require corrective action. A review of eight sexual abuse investigations indicated six required a sexual abuse incident review. Four were documented with a sexual abuse incident review, one which was completed within 30 days of the conclusion of the investigation. Additionally, all were checklist format only and did not include any narrative.

Corrective Action

The facility will need to ensure sexual abuse incident reviews are completed as outlined under this standard. Training with applicable staff will need to be completed. Confirmation of the training will need to be provided. A list of sexual abuse allegations during the corrective action period and associated sexual abuse incident reviews will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
3. Investigative Reports

The facility provided training documentation that was completed related to sexual

abuse incident reviews. Staff were trained on the timelines and the need to provide more detailed narrative, incident specific information on the sexual abuse incident reviews. Staff signatures were provided confirming receipt of the training.

A list of sexual abuse and sexual harassment allegations reported during the corrective action period and associated sexual abuse incident reviews were provided. Three of the investigation were sexual abuse and two were sexual harassment, the facility completed sexual abuse incident reviews on all three sexual abuse allegations and one of the sexual harassment allegations. All three of the sexual abuse incident reviews were completed within 30 days (the one completed for the harassment was after the 30 days). The sexual abuse incident reviews included incident specific narrative on the 14-2F form. The auditor noted that, while more narrative was included, it was under elements of the form that were not part of provision (d) of this standard. As such the auditor highly recommends that more narrative be completed specifically under those elements outlined under provision (d) of this standard.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Annual PREA Report 4. Survey of Sexual Victimization <p>Findings (By Provision):</p> <p>115.87 (a): The PAQ indicated that 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. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent</p>

version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department. A review of CoreCivic Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

115.87 (c): The PAQ indicated that 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. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e): The PAQ indicated that the agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the

	<p>confinement of its incarcerated individuals. The agency is a private for profit agency and houses other agency's incarcerated individuals and does not contract with private facilities.</p> <p>115.87 (f): The PAQ indicated this was not applicable however further communication with the PC indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department. A review of documentation confirmed that CoreCivic completed the 2021 SSV which was submitted in 2022.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Annual PREA Reports and the Survey of Sexual Victimization, this standard appears to be compliant.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Annual PREA Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that 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. The review includes: 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. 14-2 Sexual Abuse Prevention and Detection, page 32 states that the FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training to include, identifying problems areas and taking corrective action on an ongoing basis. Additionally it states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of Annual Reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head Designee confirmed that he reviews and approves annual reports. He stated that a review of the PREA data is made on a daily, monthly and annual basis. He indicated that incident data is provided daily to select staff in a daily PREA report. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with incarcerated individual populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff, video coverage or procedures would minimize the risks of incidents in those areas. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. She stated that files and information relative to investigations of PREA allegations are retained in the Incident Report Database which is on a secured server. She stated hard copy files are secured at each facility and all records are subject to record retention schedules. She further confirmed that the agency takes corrective action on an ongoing basis and that the agency prepares a report of findings from the annual data review. The PCM stated that facility data is utilized to remedy any areas or situations and the agency utilizes the data to ensure policies are followed. She stated the agency would also use it to determine if they can prevent things.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 14-2 Sexual Abuse

Prevention and Detection, page 32 states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of Annual Reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The reports also includes corrective action. The reports compares the data from the current year with the previous years.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 14-2 Sexual Abuse Prevention and Response, page 32 states that the CoreCivic Annual report shall be approved by the company Chief Correctional Officer and made available to the public through the CoreCivic website. The interview with the Agency Head Designee confirmed that the report is completed annually and that he approves the report. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report is available to the public online.

115.88 (d): The PAQ indicated when the agency does not redact material from an annual report for publication as information in the report is not information that requires redaction. 14-2 Sexual Abuse Prevention and Response, page 32 states that specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated. A review of the Annual Report confirmed that no personal identifying information was included in the report nor any security related information. The reports did not contain any redacted information. The interview with the PC confirmed that the reports do not contain personal identifiers and/or medical information belonging to incarcerated individuals or staff.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the CoreCivic Annual PREA Report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Record Retention Schedule
4. CoreCivic Annual PREA Reports

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 14-2 Sexual Abuse Prevention and Response, page 33 states all case records associated with claims of sexual abuse, including incident reports, investigative reports, incarcerated individual/detainee information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-5 Retention of Records. The interview with the PREA Coordinator confirmed that files and information relative to investigations of PREA allegations are retained in the IRD which is on a secured server. She stated hard copy files are secured at each facility and all records are subject to record retention schedules.

115.89 (b): The PAQ states that the agency will 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 through other means. 14-2 Sexual Abuse Prevention and Response, page 33 states the CoreCivic Annual Report shall be approved by the company Chief Corrections Office and made available to the public through the CoreCivic website. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): 14-2 Sexual Abuse Prevention and Response, page 32 and the PAQ indicated that before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly

	<p>available.</p> <p>115.89 (d): 14-2 Sexual Abuse Prevention and Response, page 33 and the PAQ indicates that the agency shall maintains sexual abuse data collected pursuant to 115.87 for at least ten years after the date of initial collection unless Federal, State or local law requires otherwise. A review of historical annual reports indicated that aggregated data is available from 2013 to present.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Retention Schedule, CoreCivic annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is a private for profit company. A review of the audit schedule and audit reports indicates that the agency’s facilities are audited as required under each of their clients audit schedules and/or under the CoreCivic audit schedule each year.</p> <p>115.401 (b): The facility is a private for profit company. A review of the audit schedule and audit reports indicates that the agency’s facilities are audited as required under each of their clients audit schedules and/or under the CoreCivic audit schedule each year. The facility is being audited in the third year of the three-year cycle.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from incarcerated individuals.</p> <p>115.401 (n): The facility provided photos of the audit announcement posted around the facility six weeks prior to the on-site portion of the audit. During the tour the</p>

	<p>auditor observed the audit announcement in each housing unit sally port at adequate height. The audit announcements were printed on letter size paper and were in English and Spanish. Additionally, the auditor observed the audit announcement displayed in common areas. The audit announcement advised the incarcerated individuals that correspondence with the auditor would remain confidential unless the incarcerated individual reported information such as sexual abuse, harm to self or harm to others. The incarcerated individuals were able to send correspondence confidentially.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): A review of the agency website confirmed that the agency has uploaded final reports for audited facilities during the current audit cycle and prior audit cycles.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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?	yes

115.14 (a) Youthful inmates		
	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).)	na
115.14 (b) Youthful inmates		
	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).)	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).)	na
115.14 (c) Youthful inmates		
	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).)	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).)	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).)	na
115.15 (a) Limits to cross-gender viewing and searches		
	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
115.15 (b) Limits to cross-gender viewing and searches		
	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
	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	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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?	yes
	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?	yes
	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?	yes
	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?	yes
	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?	yes
	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.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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?	yes
	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?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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?	yes
115.17 (a)	Hiring and promotion decisions	
	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)?	yes
	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?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	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)?	yes
	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?	yes
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	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?	yes
	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?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	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?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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?	yes
	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?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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?	yes
115.32 (b)	Volunteer and contractor training	
	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)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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?	yes
	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?	yes
	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?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	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?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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?	yes
115.34 (a)	Specialized training: Investigations	
	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).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	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.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	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?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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?	yes
	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?	yes
	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?	yes
	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?	yes
	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?	yes
	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?	yes
	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)?	yes
	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?	yes
	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?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	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?	yes
	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?	yes
	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?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	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?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate’s detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	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?	yes
	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?	yes
	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?	yes
	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?	yes
	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?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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)?	yes
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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?	yes
115.42 (e)	Use of screening information	
	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?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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.)	yes
	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.)	yes
	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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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?	yes
	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?	yes
115.43 (b)	Protective Custody	
	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?	yes
	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?	yes
	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?	yes
	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?	yes
	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.)	yes
	If the facility restricts 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.)	yes
	If the facility restricts 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.)	yes
115.43 (c)	Protective Custody	

	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?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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?	yes
	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?	yes
115.43 (e) Protective Custody		
	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?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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?	yes
	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?	yes
115.51 (b) Inmate reporting		
	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?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	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.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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.	no
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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	yes

	this standard.)	
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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.)	yes
	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.)	yes
	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.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	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.)	yes
	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.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	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.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	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?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

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

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	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?	yes
115.63 (a)	Reporting to other confinement facilities	
	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?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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?	yes
	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?	yes
	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?	yes
	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?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit 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
115.67 (a)	Agency protection against retaliation	
	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?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor 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?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	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?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	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?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	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?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	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?	yes

115.73 (b)	Reporting to inmates	
	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.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	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?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	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?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	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?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	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?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	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?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	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.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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).	no
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	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?	yes
	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?	yes
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	no
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(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, there has never been a Final Audit Report issued.)	yes