

# PREA Facility Audit Report: Final

**Name of Facility:** Longmont Community Treatment Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 05/24/2024

**Date Final Report Submitted:** 11/13/2024

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"/>
<b>Auditor Full Name as Signed:</b> Kendra Prisk	<b>Date of Signature:</b> 11/13/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	04/23/2024
<b>End Date of On-Site Audit:</b>	04/24/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Longmont Community Treatment Center
<b>Facility physical address:</b>	236 Main Street, Longmont, Colorado - 80501
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Amanda Najera
<b>Email Address:</b>	amanda.najera@corecivic.com
<b>Telephone Number:</b>	7206025094

<b>Facility Director</b>	
<b>Name:</b>	Amanda Najera
<b>Email Address:</b>	amanda.najera@corecivic.com
<b>Telephone Number:</b>	7206025094

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Amanda Najera
<b>Email Address:</b>	Amanda.Najera@corecivic.com
<b>Telephone Number:</b>	702-385-5847

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	69
<b>Current population of facility:</b>	59
<b>Average daily population for the past 12 months:</b>	60
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both womens/girls and mens/boys
<b>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"</b>	

and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a> )	
<b>Age range of population:</b>	18-70
<b>Facility security levels/resident custody levels:</b>	Minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	10
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

### AGENCY INFORMATION

<b>Name of agency:</b>	CoreCivic, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
<b>Mailing Address:</b>	
<b>Telephone number:</b>	615-263-3000

### Agency Chief Executive Officer Information:

<b>Name:</b>	Damon T. Hininger
<b>Email Address:</b>	
<b>Telephone Number:</b>	615-263-3000

### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Heather Baltz	<b>Email Address:</b>	heather.baltz@corecivic.com
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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.

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.

#### Number of standards exceeded:

1	<ul style="list-style-type: none"> <li>115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> </ul>
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#### Number of standards met:

40
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#### Number of standards not met:

0
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-23
2. End date of the onsite portion of the audit:	2024-04-24

#### 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 Safehouse

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	69
15. Average daily population for the past 12 months:	60
16. Number of inmate/resident/detainee housing units:	1
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**

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	63
<b>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:</b>	1
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	7
<b>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:</b>	4

<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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):</b></p>	<p>Standard 115.281 does not exist for community confinement but there were two residents who disclosed during the risk screening.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>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:</b></p>	<p>10</p>
<p><b>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:</b></p>	<p>7</p>

<b>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:</b>	0
<b>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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	8
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input 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
<b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The auditor ensured a geographically diverse sample among interviewees by selecting residents across different rooms.
<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No



<p><b>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):</b></p>	<p>Thirteen of the residents interviewed were male and three were female (only three at facility during on-site portion of the audit). Seven residents were white, seven were Hispanic and two were another race. With regard to age, one was between eighteen and 25; five were 26-35; six were 36-45; two were 46-55 and two were 56 or older. Due to the program type, all residents were at the facility a year or less.</p>
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**Targeted Inmate/Resident/Detainee Interviews**

<p><b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>8</p>
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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><b>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:</b></p>	<p>1</p>
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<p><b>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:</b></p>	<p>0</p>
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<p><b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>41. 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).</b></p>	<p>The auditor reviewed classification documents and spoke to staff and residents.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>42. 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).</b></p>	<p>The auditor reviewed classification documents and spoke to staff and residents.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>43. 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).</b></p>	<p>The auditor reviewed classification documents and spoke to staff and residents.</p>
<p><b>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:</b></p>	<p>4</p>
<p><b>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:</b></p>	<p>3</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>46. 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).</b></p>	<p>The auditor reviewed classification documents and spoke to staff and residents.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>47. 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).</b></p>	<p>The auditor reviewed documentation for allegations of sexual abuse and sexual harassment.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>48. 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).</b></p>	<p>Standard 115.281 does not exist for community confinement.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>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).</b></p>	<p>Standards 115.243 and 115.268 do not exist for community confinement.</p>
<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>6</p>

<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Race, Gender and Ethnicity</p>
<p><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>

<p><b>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):</b></p>	<p>Due to the low number of total staff (ten), the auditor was only able to interview six staff. These were all the staff working during the two days of the on-site portion of the audit. Three staff interviewed were Monitors and three were Case Managers. Two staff were interviewed from each shifts (first, second and third). Five of the staff interviewed were white and one was Hispanic. Two were male staff and four were female staff.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>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.</p>	
<p><b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>13</p>
<p><b>56. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>58. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>59. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" 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)</p>

**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
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Staff who handle mail.
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	The auditor attempted to contact a volunteer via phone but was unable to connect with the volunteer.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>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.</p>	
<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Was the site review an active, inquiring process that included the following:**

<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>68. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

**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 April 23-24, 2024. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on April 23, 2024. The tour included all areas associated with the facility including; living areas (rooms), laundry, intake, food service, recreation, and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. Reporting information was observed via the PREA Brochure, Break the Silence Poster and the I Have a Right Poster. The PREA Brochure was observed in English and Spanish on letter size paper. The I Have a Right Poster was observed in English and Spanish on poster size paper. The Break the Silence Poster was in English on letter size paper. These postings were observed in the dayroom, on the living area bulletin board and on walls in the hallways. In addition to the reporting information, the auditor observed victim advocacy information posted via the Blue Bench Poster and the Mesa Mental Health Poster. Both were in English only on letter size paper. The victim advocacy information was posted in the dayroom and on the bulletin board of the living area.

The auditor did not observe third party reporting information via the Ethics Line Poster. The facility does not have a visitation area. The front entrance is near the living unit bulletin board and as such reporting information for residents, which includes phone numbers, is visible to visitors.

During the tour the auditor confirmed the facility follows a staffing plan. At least two staff are assigned to the building on each shift. When fully staff, additional administrative and case management staff are also on-site during administrative hours. The auditor observed that staff had adequate lines of sight when walking the hallways and making rounds. The auditor did not observe any overcrowding and all resident rooms provided adequate space and privacy. Most residents are off-site at work during the day and as such the resident to staff ratio is adequate. The auditor did observe one blind spot in the kitchen that required modifications.

A review of video monitoring technology confirmed that cameras are utilized to supplement supervision and monitoring. Cameras were observed in common areas, hallways and outside the building. Cameras are monitored at the front reception area as well as remotely by administrative staff.

With regard to cross gender viewing, the auditor confirmed that residents have adequate privacy when showering, using the restroom and changing their clothes. All showers are single person and are equipped with curtains. Toilets were public style and were fully enclosed with a door. Additionally, each restroom has a solid entrance door. The facility does not ordinarily conduct strip searches. If there was an exigent circumstance where a strip search was required it would be conducted in the Director's office. With regard to the opposite gender announcement, the auditor observed that staff knocked on each living room door and announced prior to entry. Additionally, prior to entry into the bathroom, the staff knocked and made an announcement.

The facility does not maintain medical or mental health records and as such there were

no issues with storage. Sexual abuse and sexual harassment investigative files are maintained electronically. Access is only available for administrative staff and the individual conducting the investigation. Resident risk assessments are completed on paper and then scanned electronically into the system. The paper forms are shredded. All staff have access to the resident's risk assessment information. The facility indicated this was due to the size of the facility, the limited number of staff and the many duties (including risk assessments) that all staff perform.

During the tour the auditor observed the resident mail process. All outgoing mail is sealed and taken up to the front for staff to mail out via US mail. Outgoing mail is not opened, scanned or monitored. Incoming mail is received by the resident and is opened in front of a staff member. Staff view that there is not any contraband. Staff do not read or monitor the mail. Residents can also send mail out via any U.S. post office box outside the facility.

The auditor observed the intake process through a demonstration. Intake is completed in a private office setting. All residents are provided the PREA Brochure and the Handbook (English only). Residents are required to read and sign the PREA Advisement in the computer. The staff ask the resident if they know what PREA is. If the resident says yes they just over the PREA Advisement with them. If they say no, staff will verbally tell them what PREA is, where it came from, how they can report, etc. Staff will then show the PREA video. Staff may wait to show the video if numerous residents need to watch the video. The video is played on a computer screen or a 42-46 inch television screen.

The auditor was provided a demonstration of the initial risk assessment. The risk screening

is completed in a private office setting. The staff have a form they utilize. They ask questions, observe the resident and review the residents file/history. Staff ask the resident if they have ever been a victim of sexual abuse, if they have ever been convicted of a sex offense, if they feel vulnerable, if they have a disability, their gender identity and their sexual preference. Staff review the resident file, including criminal history prior to the residents arrival. The reassessment is done in a private office setting within 30 days. Staff review the prior risk assessment and ask the questions on the form under the section that requires a resident response. This includes the questions asked during the initial risk assessment. The staff review the initial responses with the reassessment responses to see if anything changed. Staff advised there is a section at the bottom of the form to notate any discrepancies.

The auditor tested the internal reporting mechanisms during the on-site portion of the audit. The auditor filled out a resident grievance and placed it in the grievance box on April 23, 2024. At the issuance of the interim report the auditor had not yet received confirmation that the written request was received.

The auditor also tested two outside reporting mechanisms. The auditor called the PREA Hotline from a cell phone and reached a live person who stated that the line was a PREA reporting line and that the organization was an Executive Answering Service for the Colorado Department of Corrections (CDOC). The staff walked through the process and asked the questions they would ask the resident when reporting. A sample incident was completed to test the process for reporting. At the issuance of the interim report, the auditor was not yet provided confirmation that the information was received by CDOC and forwarded to

CoreCivic. Additionally, the auditor called the Colorado Department of Corrections TIPS Line. The line had both English and Spanish options. The auditor left a message on the hotline on April 23, 2024. At the issuance of the interim report, the auditor was not yet provided confirmation that the information was received by CDOC and forwarded to CoreCivic.

Additionally during the tour, the auditor asked staff to advise how they submit a written report. Staff provided a demonstration of how to submit an incident report. The staff have a binder with the appropriate form and if it is not in the binder they can obtain it via the agency website. Staff complete the form either paper or electronic. The form is signed and scanned to the Director.

The auditor tested the victim advocacy hotline during the tour. The auditor utilized a cell phone and called the 888 number for the administrative line and reached a recording that discussed Medicare. The auditor confirmed that this number did not go to the Blue Bench. The auditor then called the local 303 number for the hotline and reached a live person. The staff confirmed that a resident could receive emotional support services over the phone 24 hours a day. The staff confirmed they can provide accommodations for LEP and disabled residents.

The auditor completed 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.

During the LEP resident interviews the auditor utilized a bilingual staff member to translate. Additionally, during prior CoreCivic audits the auditor tested the functionality of the language translation service and LanguageLine Insite Video Interpreting. The auditor also called the language translation service number to confirm services were still accessible. The auditor was provided the number and pin and confirmed the services were still available to staff.

### **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, resident files, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The auditor reviewed fifteen personnel and/or training files that included three individuals hired within the past twelve months, two staff that were promoted and two staff that were employed over five years. The files also included two volunteers.

**Resident Files.** A total of seventeen resident files were reviewed. All seventeen files were of those that arrived within the previous twelve months, four were LEP residents and one was a disabled resident.

**Medical and Mental Health Records.** The facility does not provide medical and mental health services on-site. The auditor reviewed secondary medical and mental health documentation for the investigations that were reviewed.

**Grievances.** There were zero sexual abuse grievances. The auditor reviewed the grievance log and all grievances in the previous twelve months.

**Incident Reports.** The auditor reviewed the incident reports for the two investigations from 2023 and two investigations from 2021.

**Investigation Files.** There were two allegations reported at the facility during the previous twelve months. Both had an administrative investigation completed and one had a criminal investigation completed. The auditor reviewed both administrative investigations. The criminal investigations was unavailable for review however documentation noted the allegation was forwarded for prosecution but the District Attorney declined to prosecute.

The auditor also reviewed the two substantiated investigations from 2021.

## **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:**

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	2	1	2	1
<b>Total</b>	2	1	2	1

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0	0
<b>Total</b>	0	1	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	2
<b>Total</b>	0	0	0	2

**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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	3
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<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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 abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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 abuse investigation files)</p>
<p><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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 staff-on-inmate sexual abuse investigation files)</p>

<p><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>86. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were zero sexual harassment allegations reported.</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>Two investigations reviewed were from 2021.</p>



## 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.

- Yes  
 No

### 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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <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>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. PREA Zero Tolerance Policy Acknowledgment (14-2J-CC)</li> <li>4. PREA Coordinator Position Description</li> <li>5. Agency Organizational Chart</li> <li>6. November PREA Month Documents</li> </ol> <p>Interviews:</p>

1. Interview with the PREA Coordinator

Findings (By Provision):

115.211 (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. The PAQ also stated that the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. Further the PAQ indicated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of residents. The agency has a comprehensive PREA policy 14-2 CC Sexual Abuse Prevention and Response. Page 1 of the policy states CoreCivic has zero tolerance toward all forms of sexual abuse and sexual harassment. Page 4 further states CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct as defined in this policy is prohibited. This includes resident-on-resident sexual abuse or sexual harassment, and employee-on-resident sexual abuse or harassment. All employees and contractors are required to sign the 14-2J-CC PREA Zero Tolerance Policy Acknowledgment form to acknowledge the CoreCivic Zero Tolerance Policy. This form shall be retained in the employee personnel file. Pages 2-3 include definitions of prohibited behaviors while pages 29-30 outline sanctions for prohibited behaviors. The agency PREA policy addresses "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, resident education and posting of signage (PREA posters, etc.). The policy addresses "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policy addresses "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and residents, incident reviews and data collection. A review of 14-2J-CC confirms staff are advised of the zero tolerance policy as well as definitions and reporting requirements and sign the form indicating they reviewed and understand the content of the policy statement. The policy and supporting documentation is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.211(b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PAQ further stated that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards and all of its community confinement facilities. The PAQ also indicated that the position of the PC in the

organizational structure is Senior Director. 14-2 CC Sexual Abuse Prevention and Response, page 4 states CoreCivic has designated a Senior Director for PREA Compliance and Programs to be the agency PREA Coordinator. This upper-level management Facility Support Center (FSC) employee is responsible for the development, implementation, and oversight of CoreCivic efforts to comply with PREA Standards and the agency Sexual Abuse Response and Prevention Program. He/she provides supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as outlined in this policy. In addition to the PC, each Community Corrections facility also has a designated PREA Compliance Manager. Page 4 of the policy states each CoreCivic Community Corrections facility has a designated PREA Compliance Manager to coordinate efforts at the facility level to comply with PREA Standards. This position is a manager appointed by the Facility Director who maintains responsibility for the facility Sexual Abuse Response and Prevention Program. 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 he has enough time to manage all of his PREA related responsibilities. He stated that at any given time there are approximately 57 PCM including those from Community Corrections and in all CoreCivic Community Corrections facilities the Facility Director selects a PREA Compliance Manager. He stated that the PREA Office at the Facility Support Center (FSC) in Nashville consists of two individuals, himself and a Director that coordinates PREA investigations. The PC indicated that they have quarterly training sessions with the PCMs via skype and that he travels to facilities for audits and training sessions. He further stated that the PREA staff are in contact with facilities daily on investigations and audit issues. He indicated that the agency has a comprehensive PREA Program that includes a PREA Policy for Community Corrections and that the policy is reviewed and revised on a regular basis to ensure that facility procedures and practice meet the PREA standards and best practices. The PC further stated that if he identifies an issue complying with a PREA standard he works closely with the auditor and assist the facility in developing corrective action plans. He stated if it is a policy issue he makes the appropriate revisions. Further he stated that they can provide technical on-site assistance for training that can correct improper practices that may have developed due to a misunderstanding of PREA Standards. Additionally, during the month of November the PC and staff conducted a webinar related to staff on inmate/resident 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 sent 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

	<p>harassment. The designation of a “PREA Month” and ongoing trainings, seminars 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. It should be noted the facility also has a staff member (Director) that serves as the PREA Compliance Manager.</p> <p>Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, PREA Zero Tolerance Policy Acknowledgment, the agency’s organization chart and information from the interview with the PC, the agency/facility appears to exceed this standard. The agency/facility has a comprehensive PREA policy that specifically details all procedures. The agency has a PC and the facility also has a PREA Compliance Manager. The PC provides refresher training and virtual training opportunities for company staff on PREA. Information is also sent to the field related to PREA topics. The PC and the agency go above the minimum requirements for the standard and attempt to implement best practices.</p>
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115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> </ol> <p>Findings (By Provision):</p> <p>115.212 (a): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s residents and does not contract with other entities for the confinement of residents in their care. The PAQ indicated responses but further communication with the PC confirmed that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.</p> <p>115.212 (b): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s residents and does not contract with other entities for the confinement of</p>

	<p>residents in their care. The PAQ indicated responses but further communication with the PC confirmed that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.</p> <p>115.212 (c): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s residents and does not contract with other entities for the confinement of residents in their care. The PAQ indicated responses but further communication with the PC confirmed that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.</p> <p>Based on the review of the PAQ this standard appears to be not applicable and as such compliant.</p>
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. The Staffing Plan</li> <li>4. Annual PREA Staffing Plan Assessment</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Director</li> <li>2. Interview with the PREA Coordinator</li> </ol> <p>Site Review Observations:</p>

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

Findings (By Provision):

115.213 (a): The PAQ indicated that for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. 14-2 CC Sexual Abuse Prevention and Response, page 7 states CoreCivic shall develop an annual staffing plan for each facility that provides for adequate levels of staffing to protect residents against sexual abuse. The location of video monitoring systems shall be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be take into consideration: the physical layout of each facility; the composition of the resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The updated PAQ indicated that the current staffing plan is based on 69 residents and the average daily population is 56 residents. The facility employs ten staff. The facility provided their staffing schedule, however they did not provide the staffing plan as required under this provision. During the tour the auditor confirmed the facility follows a staffing plan. At least two staff are assigned to the building on each shift. When fully staff, additional administrative and case management staff are also on-site during administrative hours. The auditor observed that staff had adequate lines of sight when walking the hallways and making rounds. The auditor did not observe any overcrowding and all resident rooms provided adequate space and privacy. Most residents are off-site at work during the day and as such the resident to staff ratio is adequate. The auditor did observe one blind spot in the kitchen that required modification. A review of video monitoring technology confirmed that cameras are utilized to supplement supervision and monitoring. Cameras were observed in common areas, hallways and outside the building. Cameras are monitored at the front reception area as well as remotely by administrative staff. The interview with the Director confirmed that the facility has a staffing plan that provides adequate staffing levels to protect residents from sexual abuse. She stated they have enough staff on each shift to make sure they are monitoring the population and that they have an adequate staff to resident ratio. She advised the staffing plan includes video monitoring technology and is documented. The Director further confirmed that all required components under this provision are considered in the development and review of the staffing plan. She indicated they try to ensure there are not any blind spots in the facility and that they have adequate staff to monitor the population and conduct head counts. She also advised they ensure staffing is adequate for the physical plant. The Director noted that they have calls weekly about any vacancies and they check for compliance with the staffing plan daily through the schedule. The PC confirmed that the facility has a staffing plan that

considers the required components under this provision. He stated that video cameras are placed throughout all CoreCivic facilities to supplement direct supervision and eliminate identified blind spots. He also stated that often in Community Corrections, the composition of the population includes both male and female residents. Staff rounds and presence is adjusted accordingly. Each facility uses Incident Reviews to identify any contributing factors related to staffing.

115.213 (b): The PAQ indicated that this provision is not applicable as there have not been any deviations from the staffing plan. 14-2 CC Sexual Abuse Prevention and Response, page 8 states the facility shall make its best effort to comply, on a regular basis, with the approved PREA Staffing Plan and shall document and justify all deviations. The facility Operations Supervisor is responsible for reviewing the PREA Staffing Plan in conjunction with the daily shift roster. Deviations shall be reported in accordance with CoreCivic Policy 5-1 CC Incident Reporting. If a position identified on the Staffing Plan is vacated for a shift, the Operations Supervisor shall notify the facility PREA Compliance Manager of the deviation. The PREA Compliance Manager shall document and describe the deviation 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 Director confirmed that any deviations from the staffing plan would be documented however they do not deviate from the staffing plan. She stated they utilize a lot of overtime and there are always the minimum number of staff.

115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. 14-2 CC Sexual Abuse Prevention and Response, pages 7-8 states whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to the staffing plan established pursuant to section (D1). The following shall be considered as part of the assessment: prevailing staffing patterns; the facility deployment of video monitoring systems/ other monitoring technologies; and the resources the facility has available to commit to ensure adequate staffing levels. The staffing plan was most recently reviewed on October 23, 2023 by the PREA Compliance Manager, Facility Director and PC. The annual review included facility composition such as gender, age, custody level, etc. It also included information related to the staffing plan and considerations of the physical layout, resident population, substantiated and unsubstantiated incidents of sexual abuse and other relevant factors. The review also include information related to video. Monitoring and whether there have been any changes since the last PREA Staffing Assessment. The PC's review indicated that he reviewed the staffing plan for adjustment to the following: prevailing staffing patterns; deployment of video monitoring technology and other technologies and facility resources to ensure adherence to the plan. Previous reviews of the staffing plan were completed on October 17, 2022 and October 25, 2021. The PC confirmed he is consulted regarding



any assessments of, or adjustment to the staffing plan. He confirmed he is consulted annually or when there has been a significant change that would require re-evaluation of the plan.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, the staffing plan, the annual staffing plan reviews, observations made during the tour and interviews with the Director and PC, indicate that this standard appears to require corrective action. The auditor did observe one blind spot in the kitchen that required modification. The facility provided their staffing schedule, however they did not provide the staffing plan as required under this provision.

#### Corrective Action

The facility will need to install a mirror in order to alleviate the blind spot. Photos of the placement will need to be provided. The facility will need to provide the staffing plan and development process as outlined under provision (a).

#### 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. Photo of Installed Mirror
2. Staffing Plan Memorandum

The facility provided a photo of the mirror that was installed in the kitchen to alleviate the identified blind spot.

The facility provided a the Annual PREA Staffing Plan Assessment that is paired with staffing plan (post/number of staff) which includes the elements under provision (a).

	<p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p> <p>Recommendation</p> <p>The auditor recommends that the facility develop a staffing narrative that outlines the considered elements under provision (a) to accompany their allotted staff.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. PREA Resource Center’s Guidance in Cross Gender and Transgender Searches Video</li> <li>4. Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Staff</li> <li>2. Interviews with Random Residents</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Privacy</li> <li>2. Observation of Cross Gender Announcement</li> </ol> <p>Findings (By Provision):</p>

115.215 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. 14-2 CC Sexual Abuse Prevention and Response, page 13 states strip searches of any resident may be conducted only if authorized by partner agency policy. Cross-gender resident strip searches (male staff on female residents or, female staff on male residents) shall not be conducted except in exigent circumstances. Page 14 further states that staff are not authorized to conduct strip searches at any time.

115.215 (b): The updated PAQ indicated that the facility does not permit cross gender pat searches of female residents, absent exigent circumstances and does not restrict female access to regularly available programming and other out-of-cell activities to comply with this provision. The updated PAQ also stated there were zero pat-down searches of female residents that were conducted by male staff. 14-2 CC Sexual Abuse Prevention and Response, page 13 states pat searches of female residents by male staff are prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order). The facility shall not restrict female resident access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Interviews with staff confirmed that female residents are not restricted from regularly available programming and out of cell activities in order to comply with this provision. All three female residents interviewed also confirmed they had never been restricted access in order to comply with this provision.

115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. The updated PAQ also confirms that all cross gender pat searches of female residents are required to be documented as well. 14-2 CC Sexual Abuse Prevention and Response, page 14 whenever a cross-gender pat search of a female resident or a cross-gender strip search of any resident does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in an incident report in accordance with CoreCivic Policy 5-1 CC Incident Reporting. Details of the exigent circumstances must be included in all log entries and incident reports. Page 14 further states that staff are not authorized to conduct strip searches at any time.

115.215 (d): The PAQ indicated that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when

entering a resident housing unit. 14-2 CC Sexual Abuse Prevention and Response, page 14 states residents may 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 living quarter checks. Staff of the opposite gender are required to announce their presence when entering a resident housing unit. Where a larger housing unit is broken into several individual smaller units such as pods, dorms, etc. the staff member must announce as he/she enters each of smaller individual units. A verbal announcement upon arrival is required only when the status quo of the gender-supervision on the housing unit changes from exclusively same gender, to mixed- or cross-gender supervision. For example, a female Security Monitor entering a male housing unit or dormitory is not required to announce if there is already a female Security Monitor in the unit or dormitory. In the event multiple opposite gender staff enter a housing unit simultaneously, only one of the opposite gender staff need make the announcement. Announcements are required for both security and non-security staff. Staff roving from one pod/dormitory to another inside of a larger unit must re-announce each time they enter. Staff are not required to make announcements when responding to temporary and unforeseen circumstances that require immediate action in order to combat a threat to safety or security (e.g. fire alarms, or contraband detection). The facility shall post notices/rules that advise residents against disrobing or being unclothed in common areas. Residents shall be advised of locations such as restrooms and/or shower areas where they may undress without being monitored by opposite gender staff. Notices shall include the advisement that male and female staff routinely work and visit resident housing areas, and that cameras focused on common areas, including dormitory sleeping units, may be monitored by staff of either gender. Cameras that capture areas in which residents are permitted to be undressed or toileting, such as showers, bathrooms, or inside cells, should only be monitored by officers or nonmedical administrators of the same gender as the residents being viewed through the camera. These areas may be digitally obscured and monitored by either gender. With regard to cross gender viewing, the auditor confirmed that residents have adequate privacy when showering, using the restroom and changing their clothes. All showers are single person and are equipped with curtains. Toilets were public style and were fully enclosed with a door. Additionally, each restroom has a solid entrance door. The facility does not ordinarily conduct strip searches. If there was an exigent circumstance where a strip search was required it would be conducted in the Director's office. With regard to the opposite gender announcement, the auditor observed the that staff knocked on each living room door and announced prior to entry. Additionally, prior to entry into the bathroom, the staff knocked and made an announcement. Interviews with sixteen residents indicated that fourteen felt they had privacy when showering, using the restroom and changing their clothes. Two of the residents had a concern with the shower curtains, but the entrance to the shower had a private door. All six of the staff interviewed confirmed that residents have privacy when showering, using the restroom and changing their clothes. Additionally, all six staff indicated that an announcement is made when an opposite gender staff member enters a resident room or restroom area. All sixteen residents interviewed confirmed that staff of the opposite gender announce prior to entering

living and bathroom areas.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that no searches of this nature have occurred within the previous twelve months. 14-2 CC Sexual Abuse Prevention and Response, page 15 states the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with six staff indicated five were aware of a policy prohibiting searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. There were zero transgender or intersex residents during the on-site portion of the audit and as such no interviews were conducted.

115.215 (f): 14-2 CC Sexual Abuse Prevention and Response, pages 15-16 state all searches of transgender and intersex residents shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Procedures shall not require two staff to search a transgender resident, as this would be more intrusive than necessary. "Dual searches" where two different gendered staff search different parts of a resident's body are not acceptable. Searches of breasts shall be conducted using the back of the hand. Requests for transgender residents to remove appearance related items such as prosthetics, clothing that may convey gender identity, wigs, and cosmetics shall be consistent with requirements for the removal of similar items for other non-transgender/intersex residents. Strip searches (if authorized by partner agency policy) of transgender/intersex residents shall be made in a manner designed to ensure as much privacy to the resident as practical. Staff should consider the physical layout of the institution, and the characteristics of a transgender/intersex resident to adjust conditions of the visual search as needed for the resident's privacy. Further page 14 outlines the three options for pat searching and strip searching transgender or intersex residents. These include: by female staff only; by asking the resident who they feel most comfortable with conducting the search and by searching based on the resident's gender identity. Page 6 also states that in addition to the general training provided to all employees, security staff receive training in how to conduct cross gender pat down searches and searches of transgender and intersex residents in a manner that is professional, respectful, and the least intrusive manner possible while being consistent with security needs. The updated PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. A review of the PRC's guidance in cross gender and transgender searches curriculum confirms that staff are trained on how to conduct searches through the trauma

informed searches. The training covers professionalism, definitions, prohibited actions, body position, non-verbal cues and other consideration. This training is included during the annual staff PREA training. A review of thirteen staff training records indicated ten had completed training on cross gender searches and searches of transgender residents. Five of the six staff interviewed stated that they had received training on how to conduct cross gender pat down searches and searches of transgender and intersex residents.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, The PRC training curriculum, staff training records, observations made during the tour as well as information from interviews with random staff and random residents indicates this standard appears to require corrective action. A review of thirteen staff training records indicated ten had completed training on cross gender searches and searches of transgender residents.

#### Corrective Action

The facility will need to provide the requested search training documents. If not available, the facility will need to ensure all staff complete the training and provide a list of all remaining staff and associated training documentation.

#### 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. Staffing Training Documents

The facility provided the originally requested documentation. Three staff training documents were not provided, however all three were no longer employed at the facility. The remaining staff all were documented with search training.

Based on the documentation provided the facility has corrected this standard and as

	such appears to be compliant.
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. LanguageLine Services, Inc. Contract</li> <li>4. LanguageLine Insight Video Interpreting</li> <li>5. CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure (PREA Brochure)</li> <li>6. Resident Residential Rules and Regulations (Handbook)</li> <li>7. I Have a Right Poster</li> <li>8. Break the Silence Poster</li> <li>9. The Blue Bench Brochure</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interviews with LEP and Disabled Residents</li> <li>3. Interviews with Random Staff</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of PREA Posters</li> </ol> <p>Findings (By Provision):</p>

115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents 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. 14-2 CC Sexual Abuse Prevention and Response, page 11 states the facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to respond to sexual abuse and sexual harassment. Residents who are deaf or hard of hearing shall have access to information through simple written communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to residents with limited reading skills, residents who are blind or have low vision, and those who may have difficulty understanding provided information due to intellectual deficiencies, mental health concerns, or speech disabilities. Additionally, policy states that at this facility the following is provided to assist residents with disabilities: PREA Video (with audio), PREA Brochure, LanguageLine, TTY for Hearing Impaired, Google Translate and Assistant Readers. The agency has a contract with LanguageLine Services, Inc. to provide translation services for residents who are LEP. This is a service the facility can call that will translate information between the staff member and LEP resident. The contract was most recently signed on March 19, 2019. Part of the LanguageLine contract includes video interpreting that is done via the computer and can be utilized for deaf and/or heard of hearing residents. Additionally, American Sign Language is a language option under the LanguageLine contract. A review of the PREA Brochure confirmed that PREA information is available in in large font, bright colors and in Spanish. A review of the Posters indicated that information is provided in adequate font size and Posters had a color scheme that was visible. Additionally, the Posters were available in English and Spanish. A review of the Handbook indicated it was available in large font and bright colors but it was only available in English. A review of the Blue Bench Brochure indicated it is available in larger font and bright colors, however it was only available in English. The interview with the Agency Head Designee indicated the agency has established procedures to provide residents with disabilities and residents 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 residents with disabilities. He stated that the agency maintains a comprehensive contract with LanguageLine 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 residents who are blind. During the tour the auditor observed PREA information posted throughout the facility. Reporting information was observed via the PREA Brochure, Break the Silence Poster and the I Have a Right Poster. The PREA Brochure was observed in English and Spanish on letter size paper. The I Have a Right Poster was observed in English and Spanish on poster size paper. The Break the Silence Poster was in



English on letter size paper. These postings were observed in the dayroom, on the living area bulletin board and on walls in the hallways. In addition to the reporting information, the auditor observed victim advocacy information posted via the Blue Bench Poster and the Mesa Mental Health Poster. Both were in English only on letter size paper. The victim advocacy information was posted in the dayroom and on the bulletin board of the living area. During the LEP resident interviews the auditor utilized a bilingual staff member to translate. Additionally, during prior CoreCivic audits the auditor tested the functionality of the language translation service and LanguageLine Insite Video Interpreting. The auditor also called the language translation service number to confirm services were still accessible. The auditor was provided the number and pin and confirmed the services were still available to staff. Interviews with one disabled resident and four LEP residents confirmed that all five received information on sexual abuse and sexual harassment in a format that they could understand.

115.216 (b): The PAQ stated that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 14-2 CC Sexual Abuse Prevention and Response, page 12 states 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. Additionally, policy states that at this facility, the following is provided to assist residents who are Limited English Proficient: LanguageLine; PREA Video (English and Spanish) and PREA Brochure (English and Spanish). Additionally, the agency has a contract with LanguageLine Services, Inc. to provide translation services for residents who are LEP. This is a service the facility can call that will translate information between the staff member and LEP resident. The contract was most recently signed on March 19, 2019. Part of the LanguageLine contract includes video interpreting that is done via the computer and can be utilized for deaf and/or heard of hearing residents. A review of the PREA Brochure confirmed that PREA information is available in in large font, bright colors and in Spanish. A review of the Posters indicated that information is provided in adequate font size and Posters had a color scheme that was visible. Additionally, the PREA Posters were available in English and Spanish. A review of the Handbook indicated it was available in large font and bright colors but it was only available in English. A review of the Blue Bench Brochure indicated it is available in larger font and bright colors, however it was only available in English. During the tour the auditor observed PREA information posted throughout the facility. Reporting information was observed via the PREA Brochure, Break the Silence Poster and the I Have a Right Poster. The PREA Brochure was observed in English and Spanish on letter size paper. The I Have a Right Poster was observed in English and Spanish on poster size paper. The Break the Silence Poster was in English on letter size paper. These

postings were observed in the dayroom, on the living area bulletin board and on walls in the hallways. In addition to the reporting information, the auditor observed victim advocacy information posted via the Blue Bench Poster and the Mesa Mental Health Poster. Both were in English only on letter size paper. The victim advocacy information was posted in the dayroom and on the bulletin board of the living area. During the LEP resident interviews the auditor utilized a bilingual staff member to translate. Additionally, during prior CoreCivic audits the auditor tested the functionality of the language translation service and LanguageLine Insite Video Interpreting. The auditor also called the language translation service number to confirm services were still accessible. The auditor was provided the number and pin and confirmed the services were still available to staff. Interviews with one disabled resident and four LEP residents confirmed that all five received information on sexual abuse and sexual harassment in a format that they could understand.

115.216 (c): The PAQ stated that agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties under 115.264, or the investigation of the resident's allegations. The PAQ further stated that the facility documents the limited circumstances in individual cases where resident interpreters, readers or other types of resident assistants are used. 14-2 CC Sexual Abuse Prevention and Response, page 12 states the facility will not rely on residents 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 resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations. The PAQ was blank but further communication with the PC indicated that there were zero instances where a resident was utilized to interpret, read or provide other type of assistance. Interviews with six staff indicated four were aware of a policy that prohibits the use of resident interpreters, translator, readers or other types of resident assistants for sexual abuse allegations.

Interviews with one disabled resident and four LEP residents confirmed that all five received information on sexual abuse and sexual harassment in a format that they could understand.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, LanguageLine Solutions Contract, LanguageLine Insight Video Interpreting, 14-2AA PREA Brochure, Resident Residential Rules and Regulations, the Blue Bench Brochure, PREA Posters, observations made during the tour as well as interviews with the Agency Head Designee, random staff and LEP and disabled residents indicates that this standard appears to require corrective action. A review of the Handbook indicated it was available in large font and bright colors but it was only

available in English. A review of the Blue Bench Brochure indicated it is available in larger font and bright colors, however it was only available in English. Interviews with six staff indicated four were aware of a policy that prohibits the use of resident interpreters, translator, readers or other types of resident assistants for sexual abuse allegations.

#### Corrective Action

The facility will need to ensure all PREA information, including the Handbook and the Blue Bench Brochure is available for LEP residents. A copy of the documents will need to be provided to the auditor. Additionally, staff will need to be trained on the prohibition under provision (c) and the resources available for LEP and disabled residents. A copy of the training 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. Resident Handbook
2. Blue Bench Brochure
3. Ways to Report Poster
4. Photos of Posted Information
5. Staff Training Email

The facility provided the Handbook and Blue Bench Brochure, which were available in Spanish. The facility also provided the Ways to Report Posters, which included information on internal reporting mechanisms and external reporting mechanism. These posters were in English and Spanish. Photos were provided of the Blue Bench Poster, Ways to Report Poster and the PREA Brochure posted around the facility in English and Spanish.

	<p>Additionally, the facility sent a training email to all staff that advised of the prohibition of utilizing other residents to translate, interpret or provide assistance for sexual abuse and sexual harassment. The email further advised staff to utilize Voyance for translation. It should be noted that CoreCivic has contracts with Voyance and LanguageLine for services.</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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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H- CC)</li> <li>4. Prison Rape Elimination Act (PREA) Questionnaire for Prior Institutional Employers</li> <li>5. Staff Personnel Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Human Resource Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or</p>

has been civilly or administratively adjudicated to have engaged in the activity described above. 14-2 CC Sexual Abuse Prevention and Response, page 4 states 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 residents and 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); been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.a., b. 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 three staff who were hired in the previous twelve months indicated all three had a criminal background records check completed prior to hire. All three staff were also documented with completing the Self-Declaration of Sexual Abuse/Sexual Harassment form prior to hire. The facility does not have contractors and as such no criminal background record checks were completed.

115.217 (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 residents. 14-2 CC Sexual Abuse Prevention and Response, page 5 states 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 residents. The Human Resource staff member confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.217 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with residents, 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 CC Sexual Abuse Prevention and Response, page 5 states before hiring new employees or enlisting the service of any contractor who may have contact with residents, 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 residents, or, have in place a system for otherwise capturing such information. 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 institutional employment information. The updated PAQ indicated 20 people were hired in the previous twelve months that had a criminal background records check. A review of the Prison Rape Elimination Act (PREA) Questionnaire for Prior Institutional Employers indicates the form is sent to prior institutional employers and ask the following questions: Did the employee have any substantiated allegations of sexual abuse? (as defined in 42 U.S.C.§ 1997); Did candidate resign during any pending investigation of an allegation of sexual abuse?; Did the employee have any substantiated allegations of sexual harassment? (as defined in 42 U.S.C.§ 1997); and Did candidate resign during any pending investigation of an allegation of sexual harassment? A review of three personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed and none required prior institutional employers to be contacted. The Human Resource staff member indicated that criminal background record checks are completed for all newly hired employees and they attempt to contact any prior institutional employers.

115.217 (d): The updated PAQ indicated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. It noted there were zero contracts for service where criminal background records checks were conducted. 14-2 CC Sexual Abuse Prevention and Response, page 5 states before hiring new employees or enlisting the service of any contractor who may have contact with residents, 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 residents, or, have in place a system for otherwise capturing such information. 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 institutional employment information. The facility does not have contractors and as such no records were available for review. The interview with the Human Resource staff member confirmed that any contractors would have a criminal background records check completed prior to enlisting their services.

115.217 (e): The PAQ indicated that agency policy requires either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. 14-2 CC Sexual Abuse Prevention and Response, page 5 states before hiring new employees or enlisting the service of any contractor who may have contact with residents, 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 residents, or, have in place a system for otherwise capturing such information. A review of two staff that were hired prior to 2017 indicated that both had two criminal background record checks completed, however they were past the five year timeframe. The interview with the Human Resource staff member indicated that criminal background record checks are completed through the Colorado Department of Corrections. She stated that the background check includes queries of national and state criminal history, via the NCIC system. The staff confirmed that criminal background record checks are completed at least every five years.

115.217 (f): 14-2 CC Sexual Abuse Prevention and Response, page 5 states all applicants, employees, and contractors who may have direct contact with residents shall be asked about previous misconduct, as outlined above in section B.1. The CoreCivic 14-2H-CC Self-Declaration of Sexual Abuse/Sexual Harassment form, or equivalent contracting agency form, will be completed as part of the hiring process. The CoreCivic online application form section that requires disclosure of misconduct as described in B.1. may be utilized in lieu of the 14-2H- CC for new applicants. Employees shall complete the 14-2 H-CC Self-Declaration of Sexual Abuse/Sexual Harassment form as part of the promotional process including both inter-facility promotions and intra-facility promotions. The 14-2H-CC Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by current employees and contractors on an annual basis to serve as verification of the fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. The annual signature shall be in lieu of having the form completed as part of an annual review process. The completed 14-2H-CC form shall be retained in each employee's personnel file. 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 three newly hired staff and two staff promoted confirmed all five had

completed the Self-Declaration of Sexual Abuse/Sexual Harassment form prior to hire/promotion. The interview with the Human Resource staff confirmed that questions under this provision are asked during the hiring and promotion process. Additionally, she confirmed that employees have a continuing affirmative duty to disclose any previous such misconduct.

115.217 (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 CC Sexual Abuse Prevention and Response, page 5 states 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.

115.217 (h): 14-2 CC Sexual Abuse Prevention and Response, pages 5 states 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 former employee has applied to work. The Human Resource staff member confirmed that they provide information on sexual abuse and sexual harassment to other institutional employers.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H-CC), the Prison Rape Elimination Act (PREA) Questionnaire for Prior Institutional Employers, a review of personnel files for staff and information obtained from the Human Resource staff interview indicates this standard appears to require corrective action. A review of two staff that were hired prior to 2017 indicated that both had two criminal background record checks completed, however they were past the five year timeframe.

#### Corrective Action

The facility will need to ensure all staff have a current five year criminal background records check completed. The facility will need to provide a signed process memo indicating how the five year requirement will be met in the future. A list of staff employed longer than five years as well as confirmation of the updated/recent criminal background records check will need to be provided.



	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. List of Current Staff with Hire Date and Current Criminal Background Records Check</li> <li>2. Process/Training Email</li> </ol> <p>The facility provided a process/training email that advised five year criminal background record checks will be conducted through the CDOC. CDOC Human Resource staff implemented a new process where they will notify facility Human Resource staff that a current staff member requires a five year criminal background records check. Facility staff will enter the information into the CDOC system to initiate a criminal background records check. Additionally, the email advises that CoreCivic staff will also conduct a query at the beginning of each month to determine which staff require a five year criminal background records check.</p> <p>The facility provided a list of current staff. All staff had an updated criminal background records check completed.</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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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> </ol>

3. PREA Physical Plant Considerations (7-1B)

4. Camera Listing/Map

Interviews:

1. Interview with the Agency Head Designee

2. Interview with the Director

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant

2. Observations of Video Monitoring Technology

Findings (By Provision):

115.218 (a): The updated PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. 14-2-CC Sexual Abuse Prevention and Response, page 8 states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect residents from sexual abuse. Considerations for modifications and renovations shall be documented on form 7-1B PREA Physical Plant Considerations. During the tour, the auditor did not observe any renovations, modifications or expansions. 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 residents may be in a state of undress. He indicated that blind spots are identified that can be corrected through video surveillance coverage. 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. The interview with the Director confirmed that there have not been any substantial expansions or modifications since the last PREA audit.

	<p>115.218 (b): The updated 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 CC Sexual Abuse Prevention and Response, page 8 states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations. A review of video monitoring technology confirmed that cameras are utilized to supplement supervision and monitoring. Cameras were observed in common areas, hallways and outside the building. Cameras are monitored at the front reception area as well as remotely by administrative staff. 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. 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 Director confirmed that when installing or updating video monitoring technology they consider how such technology will may enhance the ability to protect residents from sexual abuse. She stated they monitor the cameras as often as they can and they make sure they are operating appropriately. She further stated they use cameras to cover blind spots and high traffic areas of the facility.</p> <p>Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Physical Plant Considerations (7-1B), camera listing/map, observations made during the tour and information from interviews with the Agency Head Designee and Director indicate that this standard appears to be compliant.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Memorandum of Understanding with The Blue Bench</li> <li>4. Memorandum Related to Longmont Police Department</li> </ol>

## 5. Investigative Reports

### Interviews:

1. Interviews with Random Staff
2. Interview with the PREA Coordinator
3. Interview with SAFE/SANE Staff

### Findings (By Provision):

115.221 (a): The updated PAQ indicated that the agency/facility is responsible for conducting administrative investigations while the Longmont Police Department is responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 14-2 CC Sexual Abuse Prevention and Response page 26 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. A review of policy confirms that it instructs staff on first responder duties and then indicates that local law enforcement would be responsible for collecting evidence. Interviews with six staff indicate that five were aware of and understood the agency's protocol on obtaining usable physical evidence. Five also stated they were aware who was responsible for conducting sexual abuse investigations.

115.221 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful residents. The PAQ stated that 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. 14-2 CC Sexual Abuse Prevention and Response page 26 states 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 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. A review of policy confirms that it instructs staff on first responder duties and then indicates that local law enforcement would be responsible for collecting evidence.

115.221 (c): The PAQ indicated that the facility offers residents who experience sexual abuse access to forensic medical examination without financial cost to the victim. The PAQ stated that when possible, examinations are conducted by SAFE or SANE and when SAFE or SANE are not available a qualified medical practitioner performs forensic examinations. It further stated that the facility documents efforts to provide SANEs or SAFEs. 14-2 CC Sexual Abuse Prevention and Response pages 25-26 state the investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) shall perform such examinations where possible. Page 21 further states the facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PREA Compliance Manager, Facility Investigator or ADO shall consult with law enforcement prior to transporting a resident for an examination to be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (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, other qualified medical practitioners may perform the examination. At this facility, SAFE/SANE exam are provided by UC Health in Longmont, Colorado. The PAQ stated there were zero forensic medical exams conducted in the previous twelve months. A review of investigations confirmed there were zero forensic medical examinations completed during the previous twelve months. The auditor contacted UC Health Longs Peak related to forensic medical examinations. Hospital staff indicated that they provide forensic medical examinations and they have SANE/SAFE on call 24 hours to provide services.

115.221 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center, wither in person or by other means and that these efforts are documented. The PAQ further 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. 14-2 CC Sexual Abuse Prevention and Response page 26 states the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. A review of documentation indicated that the facility has an MOU with The Blue Bench. The MOU was established to fulfill requirements in PREA standards 115.221, 115.253 and 115.283. The MOU states that Blue Bench will provide a victim advocate, and as requested by the victim, the 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 was executed in October 2019. There were two sexual abuse allegations reported during the previous twelve months. One allegation was reported via a third party and the resident was no longer at the facility. There was no documentation confirming the second victim was afforded access to the victim advocate. However, most residents have their own cell phones and are given contact information to the Blue Bench

during intake. Additionally, the information is available via brochures and posters around the facility. There were zero residents who reported sexual abuse and as such no interviews were conducted. The interview with the PC confirmed that each community corrections facility attempts to enter into an MOU with a local rape crisis center or other community agency to provide victim advocates. He stated in addition to the MOU, victim advocacy is also included in the MOU with local law enforcement to ensure that rape crisis centers or hospital advocate have access to residents. The PC further stated that they ensure through research and dialogue with the agency that advocates meet the qualifications required under this standard.

115.221 (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. 14-2 CC Sexual Abuse Prevention and Response page 26 states 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. Page 21 further states 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-CC Sexual Abuse Incident Check Sheet. At this facility, victim advocates for SAFE/SANE exams are provided by the Blue Bench. A review of documentation indicated that the facility has an MOU with The Blue Bench. The MOU was established to fulfill requirements in PREA standards 115.221, 115.253 and 115.283. The MOU states that Blue Bench will provide a victim advocate, and as requested by the victim, the 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 was executed in October 2019. There were two sexual abuse allegations reported during the previous twelve months. One allegation was reported via a third party and the resident was no longer at the facility. There was no documentation confirming the second victim was afforded access to the victim advocate. However, most residents have their own cell phones and are given contact information to the Blue Bench during intake. Additionally, the information is available via brochures and posters around the facility. There were zero residents who reported sexual abuse and as such no interviews were conducted. The interview with the PC confirmed that each community corrections facility attempts to enter into an MOU with a local rape crisis center or other community agency to provide victim advocates. He stated in addition to the MOU, victim advocacy is also included in the MOU with local law enforcement to ensure that rape crisis centers or

hospital advocate have access to residents. The PC further stated that they ensure through research and dialogue with the agency that advocates meet the qualifications required under this standard.

115.221 (f): The updated PAQ indicated that if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has not requested that the responsible agency follow the requirements under this standard. 14-2 CC Sexual Abuse Prevention and Response page 26 states the facility shall request through an MOU that the investigating entity follow the requirements of sections O.4.a. through O.4.e. below. The agency has attempted to enter into an MOU with Longmont Police Department (PD), however the facility advised the PD will not enter into the MOU due to Federal and State law. The memo advised this is because they are required to investigate any and all crimes.

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

115.221 (h): Page 21 states if unable to secure the services of a victim advocate to accompany the alleged victim to the SAFE/SANE exam, and if requested by the victim, the facility may use a qualified facility staff member for this purpose. The staff member must have been screened by SART and the Facility Director for appropriateness to serve in this role and must have received documented education concerning sexual assault and forensic examination issues.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, MOU with The Blue Bench. Memorandum Related to Longmont Police Department, Investigative Reports, and information from interviews with random staff, the PREA Coordinator, and the SANE/SAFE indicates that this standard appears to be compliant.

#### Recommendation

The auditor highly recommends that the facility develop a process to document how resident victims of sexual abuse are afforded access to a victim advocate after a report of sexual abuse, during a forensic medical examination and during any investigatory interviews.

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1126 663" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Memorandum Related to Longmont Police Department</li> <li>4. Investigative Reports</li> </ol> <p data-bbox="280 770 437 806">Interviews:</p> <ol data-bbox="280 842 948 949" style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with Investigative Staff</li> </ol> <p data-bbox="280 1057 612 1093">Findings (By Provision):</p> <p data-bbox="280 1200 1474 2069">115.222 (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 CC Sexual Abuse Prevention and Response, page 24 states the Facility Director 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. Pages 20-21 further state that potentially criminal behavior is reported to the Longmont Police Department. The updated PAQ noted there were two allegations of sexual abuse or sexual harassment that were received and resulted in an investigation. The updated PAQ further stated that allegations received in the previous twelve months all had a completed investigation. A review of documentation indicated there were two allegations reported during the previous twelve months. Both were administratively investigated by the facility investigator and one was criminally investigated by Longmont Police Department. 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</p>



could result, if substantiated, in criminal violations and referral to the appropriate law enforcement officials (or by contracted partner investigative entity). He stated that the staff work with outside law enforcement, upon request.

115.222 (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, unless the allegation does not involve potentially criminal behavior. The PAQ stated that such policy is published on the agency website or made publicly available via other means and that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 14-2 CC Sexual Abuse Prevention and Response, page 20 states Administrative Duty Officer (ADO) staff, the PREA Compliance Manager, Facility Director or designated 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 allegation does not involve potentially criminal behavior or the allegation would be not be considered a criminal act under federal, state, or local law. At this facility, allegations of sexual abuse involving potentially criminal behavior are reported to the Longmont Police Department. Page 26 further states CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse. All allegations of sexual abuse or sexual harassment shall be referred for investigation to an agency or entity with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency has attempted to enter into an MOU with Longmont Police Department, however the facility advised the PD will not enter into the MOU due to Federal and State law. The memo advised this is because they are required to investigate any and all crimes. 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>. A review of documentation indicated there were two allegations reported during the previous twelve months. Both were administratively investigated by the facility investigator and one was criminally investigated by Longmont Police Department. The interview with the facility investigator confirmed that agency has a policy that requires all allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigation. She stated they refer all criminal allegations to Longmont Police Department.

115.222 (c): 14-2 CC Sexual Abuse Prevention and Response, page 26 states each CoreCivic facility shall enter, or attempt to enter, into a written Memorandum of Understanding (MOU) with an outside law enforcement agency or investigating entity, outlining the roles and responsibilities of both the facility and the investigating entity in conducting sexual abuse investigations. Policy further states if the contracting governmental agency utilizes an internal investigative process (e.g. a Department of Corrections Office of Inspector General) required by contract,

statute, or regulation, that agency investigative process and policy will be followed for allegations of sexual abuse. The agency has attempted to enter into an MOU with Longmont Police Department, however the facility advised the PD will not enter into the MOU due to Federal and State law. The memo advised this is because they are required to investigate any and all crimes. 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>.

115.222 (d): The auditor is not required to audit this provision.

115.222 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Memorandum Related to Longmont Police Department, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to be compliant.

115.231	Employee training
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. PREA Overview Facilitator Guide</li> <li>4. PREA Overview</li> <li>5. Supervising Female Inmates - PREA</li> <li>6. PREA Refreshers</li> <li>7. PREA Zero Tolerance Policy Acknowledgment (14-2J-CC)</li> <li>8. PREA Training Acknowledgment Preservice and Inservice (14-2A-CC)</li> <li>9. Training Records</li> </ol>

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

115.231 (a): The PAQ stated that the agency trains all employees who may have contact with residents 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 residents' right to be free from sexual abuse and sexual harassment, the right of the resident 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 detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with residents, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents and how to comply with relevant laws related to mandatory reporting. 14-2 CC Sexual Abuse Prevention and Response, pages 5-6 state 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 residents at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of resident (i.e. male facility to a female facility or vice versa) shall receive additional training. At a 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/sexual harassment prevention, detection, reporting, and response in accordance with this policy; the right of residents to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement, including locations, situations, and circumstances in which sexual abuse may occur; signs of victimization and the 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 relationships with residents; how to communicate effectively and professionally with residents, including LGBTI and gender non-conforming residents; and how to comply with laws relevant 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 residents' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the resident 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 residents (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). Additionally, a review of the new 2022 PREA training titled "PREA Overview" confirms that all required topics under this provision are also included in the new training including: the agency's zero tolerance policy (sections 1.7-1.10), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (sections 1.14-1.19), the residents' right to be free from sexual abuse and sexual harassment (sections 1.24-1.26), the right of the resident and employee to be free from retaliation for reporting sexual abuse or sexual harassment (sections 1.35-1.39), the dynamics of sexual abuse and sexual harassment in a confinement setting (sections 1.40-1.45), the common reactions of sexual abuse and sexual harassment victims (section 1.51), how to detect and respond to signs of threatened and actual sexual abuse (sections 1.47-1.56), how to avoid inappropriate relationship with residents (sections 1.59-1.62), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents (sections 1.64-1.65) and how to comply with relevant laws related to mandatory reporting (sections 1.81-1.84). The new training curriculum includes scenarios and quiz questions at the end of each section. The auditor requested documentation for thirteen staff. At the issuance of the interim report only two staff training documents were provided. Interviews with six random staff confirmed that all six have received PREA training. Staff confirmed all elements under this provision were included in the report.

115.231 (b): The PAQ indicated that training is tailored to the gender of the resident at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 14-2 CC Sexual Abuse Prevention and Response, page 5 states 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 residents at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of resident (i.e. male facility to a female facility or vice versa) shall receive additional training. A review of the PREA Overview Facilitator Guide indicated that the training has information on dynamics in male facilities and female facilities as well as common reactions of males and common reactions of females. Additionally, the agency has a training curriculum titled Supervising Female Inmates - PREA, which outlines information specific to female facility, such as searches and the cross gender announcement.

115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about

current policies regarding sexual abuse and sexual harassment. The PAQ stated that staff are trained at minimum once a year on PREA information. 14-2 CC Sexual Abuse Prevention and Response, pages 5-6 state 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 residents at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of resident (i.e. male facility to a female facility or vice versa) shall receive additional training. At a 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/sexual harassment prevention, detection, reporting, and response in accordance with this policy; the right of residents to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement, including locations, situations, and circumstances in which sexual abuse may occur; signs of victimization and the 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 relationships with residents; how to communicate effectively and professionally with residents, including LGBTI and gender non-conforming residents; and how to comply with laws relevant 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 residents' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the resident 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 residents (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). Additionally, a review of the new 2022 PREA training titled "PREA Overview" confirms that all required topics under this provision are also included in the new training including: the agency's zero tolerance policy (sections 1.7-1.10), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (sections 1.14-1.19), the residents' right to be free from sexual abuse and sexual harassment (sections 1.24-1.26), the right of the resident and employee to be free from retaliation for reporting sexual abuse or sexual harassment (sections 1.35-1.39), the dynamics of sexual abuse and sexual harassment in a confinement setting (sections 1.40-1.45), the common reactions of sexual abuse and sexual harassment victims (section 1.51), how to detect and respond to signs of threatened and actual sexual abuse (sections 1.47-1.56), how to avoid inappropriate relationship with residents (sections 1.59-1.62), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender

and intersex residents (sections 1.64-1.65) and how to comply with relevant laws related to mandatory reporting (sections 1.81-1.84). The new training curriculum includes scenarios and quiz questions at the end of each section. The facility also provided numerous PREA Refresher documents which were provided as training on specific PREA standard topics. The auditor requested documentation for thirteen staff. The documentation provided indicated none of the thirteen had training at leave every two years.

115.231 (d): The PAQ stated that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. 14-2 CC Sexual Abuse Prevention and Response, page 6 states employees shall be required to confirm, by either electronic or manual signature, 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-CC PREA Training Acknowledgment form. Signed documentation shall be maintained in the employee's training file. A review of 14-2A-CC confirms staff sign the form which outlines the training components under provision (a). The form includes the following statement prior to signature: "I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee/volunteer/contractor, it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor, my supervisor, the Learning and Development Manager, or the PREA Compliance Manager." Additionally, the agency has a second training signature form. A review of 14-2J-CC indicates staff sign the form under the following language "I have reviewed the statement above on the CoreCivic Zero Tolerance Policy Statement for Sexual Abuse and Sexual Harassment of Residents. I fully understand the content of this policy statement." A review of the electronic signature further confirms staff are required to click a button confirming they received and understood the training. The auditor requested documentation for thirteen staff. At the issuance of the interim report only two staff training documents were provided. Both staff signed an acknowledgment.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, the PREA Overview Facilitator Guide, the PREA Overview, Supervising Female Inmates - PREA, PREA Zero Tolerance Policy Acknowledgment (14-2J-CC), PREA Training Acknowledgment Preservice and Inservice (14-2A-CC), staff training records as well as interviews with random staff indicate that this standard appears to require corrective action. The auditor requested documentation for thirteen staff. At the issuance of the interim report only two staff training documents were provided. The auditor requested documentation for thirteen staff. The documentation provided indicated none of the thirteen had training at leave every two years.

	<p>Corrective Action</p> <p>The facility will need to provide the requested training documentation. If not available, the facility will need to ensure all staff complete training. A list of staff and associated PREA training will need to be provided. Further a process memo will need to be provided confirming how staff will received training as least every two years.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>Staff Training Records</li> </ol> <p>The facility provided the originally requested training documentation for all but one staff member. The one staff member that training was not provided for was no longer employed at the facility. Six of the staff had training completed at least once every two years. The remaining staff were not employed longer than two years.</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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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>Pre-Audit Questionnaire</li> </ol>

2. 14-2 CC Sexual Abuse Prevention and Response
3. PREA Overview: Training for Contractors and Volunteers (14-2K-CC)
4. PREA Overview Facilitator Guide
5. PREA Overview
6. PREA Zero Tolerance Policy Acknowledgment (14-2J-CC)
7. PREA Training Acknowledgment Preservice and Inservice (14-2A-CC)

Findings (By Provision):

115.232 (a): The updated PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 14-2 CC Sexual Abuse Prevention and Response, page 7 states all volunteers and contractors who have contact with residents shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy. The updated PAQ indicated that four volunteers and contractors had received PREA training. 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 residents' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the resident 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 residents (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). Additionally, a review of the new 2022 PREA training titled "PREA Overview" confirms that all required topics under this provision are also included in the new training including: the agency's zero tolerance policy (sections 1.7-1.10), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (sections 1.14-1.19), the residents' right to be free from sexual abuse and sexual harassment (sections 1.24-1.26), the right of the resident and employee to be free from retaliation for reporting sexual abuse or sexual harassment (sections 1.35-1.39), the dynamics of sexual abuse and sexual harassment in a confinement setting (sections 1.40-1.45), the common reactions of sexual abuse and sexual harassment victims (section 1.51), how to detect and



respond to signs of threatened and actual sexual abuse (sections 1.47-1.56), how to avoid inappropriate relationship with residents (sections 1.59-1.62), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents (sections 1.64-1.65) and how to comply with relevant laws related to mandatory reporting (sections 1.81-1.84). The new training curriculum includes scenarios and quiz questions at the end of each section. A review of the PREA Overview: Training for Contractors and Volunteers (14-2K-CC) confirms that it includes information on prevention, detection and response. The training has definitions of sexual abuse and sexual harassment, outlines the agency's zero tolerance policy, describes how contractors and volunteers fulfill their role in the PREA policy (including reporting immediately) and how to comply with the law. The facility does not have contractors and as such no documentation was reviewed. A review of two volunteer records indicated neither was provided PREA training. None of the volunteers were at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.232 (b): The updated PAQ indicated that the level and type of training provided to volunteers and contractors is not based on the services they provide and level of contact they have with residents. Additionally, the updated PAQ indicated that all volunteers and contractors who have contact with residents have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 14-2 CC Sexual Abuse Prevention and Response, page 7 states the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents shall receive information on how to report allegations and incidents of sexual abuse and sexual harassment. All volunteers and contractors shall be required to sign the 14-2J-CC PREA Zero Tolerance Policy Acknowledgment form. Contractors, including but not limited to, medical, mental health, education and food service shall receive the same PREA training required of all CoreCivic employees who have contact with residents. These contractors shall be required to sign the 14-2A-CC PREA Training Acknowledgment and the 14-2J-CC PREA Zero Tolerance Policy Acknowledgment form. Contractors who may have contact with residents, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility, are required to sign the 14-2J-CC PREA Zero Tolerance Policy Acknowledgment form, which provides basic training on the zero tolerance policy and incident reporting. The 14-2K-CC PREA Overview: Training for Contractors and Volunteers may be required should their duties develop into recurring contact with residents. Volunteers, who will have contact with residents, shall complete the CoreCivic PREA training provided in the 14-2K-CC PREA Overview: Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. 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 residents' right to be

free from sexual abuse and sexual harassment (pages 19-20), the right of the resident 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 residents (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). Additionally, a review of the new 2022 PREA training titled "PREA Overview" confirms that all required topics under this provision are also included in the new training including: the agency's zero tolerance policy (sections 1.7-1.10), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (sections 1.14-1.19), the residents' right to be free from sexual abuse and sexual harassment (sections 1.24-1.26), the right of the resident and employee to be free from retaliation for reporting sexual abuse or sexual harassment (sections 1.35-1.39), the dynamics of sexual abuse and sexual harassment in a confinement setting (sections 1.40-1.45), the common reactions of sexual abuse and sexual harassment victims (section 1.51), how to detect and respond to signs of threatened and actual sexual abuse (sections 1.47-1.56), how to avoid inappropriate relationship with residents (sections 1.59-1.62), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents (sections 1.64-1.65) and how to comply with relevant laws related to mandatory reporting (sections 1.81-1.84). The new training curriculum includes scenarios and quiz questions at the end of each section. A review of the PREA Overview: Training for Contractors and Volunteers (14-2K-CC) confirms that it includes information on prevention, detection and response. The training has definitions of sexual abuse and sexual harassment, outlines the agency's zero tolerance policy, describes how contractors and volunteers fulfill their role in the PREA policy (including reporting immediately) and how to comply with the law. The facility does not have contractors and as such no documentation was reviewed. A review of two volunteer records indicated neither was provided PREA training. None of the volunteers were at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.232 (c): The updated PAQ indicated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 14-2 CC Sexual Abuse Prevention and Response, page 7 states all volunteers and contractors who have contact with residents shall receive information on how to report allegations and incidents of sexual abuse and sexual harassment. All volunteers and contractors shall be required to sign the 14-2J-CC PREA Zero Tolerance Policy Acknowledgment form. The agency has three possible acknowledgment forms 14-2K-CC, 14-2A-CC and 14-2J-CC. A review of 14-2K-CC indicates that volunteers and contractors sign the form under the following: "I have read the above handout and I fully understand the content. I have had an

opportunity to ask questions about the training material presented, and I am aware that it is my responsibility to seek clarification from the class instructor, my supervisor, the Learning and Development Manager, or the PREA Compliance Manager.” A review of 14-2A-CC confirms contractors sign the form which outlines the training components under provision (a) of PREA standard 115.231. The form includes the following statement prior to signature: “I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee/volunteer/contractor, it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor, my supervisor, the Learning and Development Manager, or the PREA Compliance Manager.” Additionally, a review of 14-2J-CC indicates contractors and volunteers sign the form under the following language “I have reviewed the statement above on the CoreCivic Zero Tolerance Policy Statement for Sexual Abuse and Sexual Harassment of Residents. I fully understand the content of this policy statement. The facility does not have contractors and as such no documentation was reviewed. A review of two volunteer records indicated neither was provided PREA training.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, PREA Overview: Training for Contractors and Volunteers (14-2K-CC), PREA Overview Facilitator Guide, PREA Overview, PREA Zero Tolerance Policy Acknowledgment (14-2J-CC) and PREA Training Acknowledgment Preservice and Inservice (14-2A-CC), indicates that this standard appears to require corrective action. The facility does not have contractors and as such no documentation was reviewed. A review of two volunteer records indicated neither was provided PREA training.

#### Corrective Action

The facility will need to ensure all volunteers receive PREA training prior to providing services. All current volunteers will need to be trained. A copy of the training will need to be provided. Further, a process memo will need to be provided indicating how volunteers will receive training in the future.

#### 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.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Process Memorandum</li> <li>2. List of Volunteers</li> <li>3. Volunteer Training</li> </ol> <p>The facility provided a process memo that outlined all volunteers will receive training with the Facility Director and will sign the 14-2K-CC. The facility provided a list of current volunteers and associated PREA training.</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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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. PREA What You Need to Know Video</li> <li>4. CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure (PREA Brochure)</li> <li>5. Resident Residential Rules and Regulations (Handbook)</li> <li>6. PREA Advisement</li> <li>7. I Have a Right Poster</li> <li>8. Break the Silence Poster</li> <li>9. LanguageLine Services, Inc. Contract</li> <li>10. LanguageLine Insight Video Interpreting</li> <li>11. The Blue Bench Brochure</li> </ol>

## 12. Resident Education Records

### Interviews:

1. Interview with Intake Staff
2. Interviews with Random Residents

### Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

### Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. 14-2 CC Sexual Abuse Prevention and Response, page 11 states upon arrival at the facility for intake, each resident shall be provided with information regarding sexual abuse prevention and reporting (e.g. resident handbook, CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure, contracting agency brochure, handout etc.). Information shall include but is not limited to: explanation of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse or sexual harassment; rights to be free from sexual abuse and sexual harassment; right to be free from retaliation for reporting such incidents; and agency policies and procedures for responding to such incidents. Policy further states that at this facility the following information is provided at intake: PREA Video (English and Spanish), PREA Brochure (English and Spanish), Blue Bench information and the Resident Handbook. A review of the PREA Brochure noted that it contains information on the zero tolerance policy, right to be free from retaliation, definitions of sexual abuse and sexual harassment, tips for avoiding sexual abuse and sexual harassment, ways to report, confidentiality and what to do if you've been abused. A review of the Blue Bench Brochure indicated that it includes the organization's mission, information on the pathway to prevention, contact information for victim advocates, statistics, frequently asked questions, what one can do to eliminate sexual violence, continuum of care information and other facts. A review of the Resident Handbook confirmed that it includes information on the reporting mechanisms, including the

CDOC TIPS line, verbally to staff, via the facility PCM and the PREA Reporting Line. A review of the PREA Advisement indicated it advises of the zero tolerance policy, facility policy and procedure following an allegation and reporting mechanisms. The updated PAQ indicated that 157 residents received information on the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The auditor observed the intake process through a demonstration. Intake is completed in a private office setting. All residents are provided the PREA Brochure and the Handbook (English only). Residents are required to read and sign the PREA Advisement in the computer. The staff ask the resident if they know what PREA is. If the resident says yes they just go over the PREA Advisement with them. If they say no, staff will verbally tell them what PREA is, where it came from, how they can report, etc. Staff will then show the PREA video. Staff may wait to show the video if numerous residents need to watch the video. The is played on a computer screen or a 42-46 inch television screen. A review of seventeen resident files of those received within the previous twelve months indicated sixteen were documented with receiving PREA education. The interview with the intake staff confirmed that residents receive information on sexual abuse and sexual harassment at intake. The staff advised that all residents go through the intake process where they receive the PREA Brochure (available in English and Spanish) and the Handbook (available in English only). She advised they go over the PREA Advisement with them and tell them about PREA if they are not aware. She indicated they show the PREA video after and sign all the necessary forms. The staff indicated this is done the same day as arrival. All sixteen residents interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies while all sixteen stated that they were provided information about the zero-tolerance, how to report sexual abuse or sexual harassment and their right to be free from sexual abuse and sexual harassment and retaliation from reporting such incidents. Most residents stated they received the information verbally and through a video.

115.233 (b): The PAQ indicated that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a). 14-2 CC Sexual Abuse Prevention and Response, page 11 states residents who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training. Policy further states that at this facility the following information is provided at intake: PREA Video (English and Spanish), PREA Brochure (English and Spanish), Blue Bench information and the Resident Handbook. A review of the PREA Brochure noted that it contains information on the zero tolerance policy, right to be free from retaliation, definitions of sexual abuse and sexual harassment, tips for avoiding sexual abuse and sexual harassment, ways to report, confidentiality and what to do if you've been abused. A review of the Blue Bench Brochure indicated that it

includes the organization's mission, information on the pathway to prevention, contact information for victim advocates, statistics, frequently asked questions, what one can do to eliminate sexual violence, continuum of care information and other facts. A review of the Resident Handbook confirmed that it includes information on the reporting mechanisms, including the CDOC TIPS line, verbally to staff, via the facility PCM and the PREA Reporting Line. A review of the PREA Advisement indicated it advises of the zero tolerance policy, facility policy and procedure following an allegation and reporting mechanisms. The updated PAQ indicated that one residents were transferred from a different community confinement facility during the previous twelve months. A review of seventeen resident files of those received within the previous twelve months indicated sixteen were documented with receiving PREA education. The interview with the intake staff confirmed that residents receive information on sexual abuse and sexual harassment at intake. The staff advised that all residents go through the intake process where they receive the PREA Brochure (available in English and Spanish) and the Handbook (available in English only). She advised they go over the PREA Advisement with them and tell them about PREA if they are not aware. She indicated they show the PREA video after and sign all the necessary forms. The staff indicated this is done the same day as arrival. All sixteen residents interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies while all sixteen stated that they were provided information about the zero-tolerance, how to report sexual abuse or sexual harassment and their right to be free from sexual abuse and sexual harassment and retaliation from reporting such incidents. Most residents stated they received the information verbally and through a video.

115.233 (c): The PAQ stated that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Additionally, the PAQ stated that resident PREA education is available in formats accessible to all residents, including those who are deaf, visually impaired, have limited reading skills, or are otherwise disabled. 14-2 CC Sexual Abuse Prevention and Response, page 11 states the facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to respond to sexual abuse and sexual harassment. Residents who are deaf or hard of hearing shall have access to information through simple written communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to residents with limited reading skills, residents who are blind or have low vision, and those who may have difficulty understanding provided information due to intellectual deficiencies, mental health concerns, or speech disabilities. Additionally, policy states that at this facility the following is provided to assist residents with disabilities: PREA Video (with audio), PREA Brochure, LanguageLine, TTY for Hearing

Impaired, Google Translate and Assistant Readers. The agency has a contract with LanguageLine Services, Inc. to provide translation services for residents who are LEP. This is a service the facility can call that will translate information between the staff member and LEP resident. The contract was most recently signed on March 19, 2019. Part of the LanguageLine contract includes video interpreting that is done via the computer and can be utilized for deaf and/or heard of hearing residents. Additionally, American Sign Language is a language option under the LanguageLine Solutions contract. A review of the PREA Brochure confirmed that PREA information is available in in large font, bright colors and in Spanish. A review of the Posters indicated that information is provided in adequate font size and Posters had a color scheme that was visible. Additionally, the I Have a Right Poster was available in English and Spanish. A review of the Handbook indicated it was available in large font and bright colors but it was only available in English. A review of the Blue Bench Brochure indicated it is available in larger font and bright colors, however it was only available in English. The agency also has a contract with LanguageLine Solutions to provide translation services for residents who are LEP. This is a service the facility can call that will translate information between the staff member and LEP resident. The contract was most recently signed on March 19, 2019. Part of the LanguageLine Solutions contract includes video interpreting that is done via the computer and can be utilized for deaf and/or heard of hearing residents. During the LEP resident interviews the auditor utilized a bilingual staff member to translate. Additionally, during prior CoreCivic audits the auditor tested the functionality of the language translation service and LanguageLine Insite Video Interpreting. The auditor also called the language translation service number to confirm services were still accessible. The auditor was provided the number and pin and confirmed the services were still available to staff. Interviews with one disabled resident and four LEP residents confirmed that all five received information on sexual abuse and sexual harassment in a format that they could understand. A review of one disabled resident file and four LEP resident files indicated all four received PREA education. Three of the four LEP residents signed English acknowledgment forms.

115.233 (d): The updated PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. 14-2 CC Sexual Abuse Prevention and Response, page 11states residents shall sign indicating acknowledgment that they have received Intake information and this documentation shall be maintained by the facility in the resident file. A review of PREA Education Acknowledgement form and the PREA Advisement confirms residents sign that they received education on PREA. A review of seventeen resident files of those received within the previous twelve months indicated sixteen were documented with receiving PREA education. All sixteen signed the PREA Education Acknowledgment form.

115.233 (e): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through



posters, resident handbooks, or other written formats. 14-2 CC Sexual Abuse Prevention and Response, page 11 states in addition to providing information at Intake, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. A review of the PREA Brochure noted that it contains information on the zero tolerance policy, right to be free from retaliation, definitions of sexual abuse and sexual harassment, tips for avoiding sexual abuse and sexual harassment, ways to report, confidentiality and what to do if you've been abused. A review of the Blue Bench Brochure indicated that it includes the organization's mission, information on the pathway to prevention, contact information for victim advocates, statistics, frequently asked questions, what one can do to eliminate sexual violence, continuum of care information and other facts. A review of the Resident Handbook confirmed that it includes information on the reporting mechanisms, including the CDOC TIPS line, verbally to staff, via the facility PCM and the PREA Reporting Line. A review of the PREA Advisement indicated it advises of the zero tolerance policy, facility policy and procedure following an allegation and reporting mechanisms. During the tour the auditor observed PREA information posted throughout the facility. Reporting information was observed via the PREA Brochure, Break the Silence Poster and the I Have a Right Poster. The PREA Brochure was observed in English and Spanish on letter size paper. The I Have a Right Poster was observed in English and Spanish on poster size paper. The Break the Silence Poster was in English on letter size paper. These postings were observed in the dayroom, on the living area bulletin board and on walls in the hallways. In addition to the reporting information, the auditor observed victim advocacy information posted via the Blue Bench Poster and the Mesa Mental Health Poster. Both were in English only on letter size paper. The victim advocacy information was posted in the dayroom and on the bulletin board of the living area.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, PREA What You Need to Know Video, CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure (PREA Brochure), PREA Advisement, Blue Bench Brochure, Resident Handbook, I Have a Right Poster, Break the Silence Poster, LanguageLine Solutions Contract, LanguageLine Insight Video Interpreting, resident files, observations made during the tour as well information obtained during interviews with intake staff and random residents indicate that this standard appears to require corrective action. A review of the Handbook indicated it was available in large font and bright colors but it was only available in English. A review of the Blue Bench Brochure indicated it is available in larger font and bright colors, however it was only available in English.

Corrective Action

The facility will need to ensure all PREA information, including the Handbook and the

Blue Bench Brochure are available for LEP residents. A copy of the documents will need to be provided to the auditor.

#### Recommendation

During the tour the auditor observed a plethora of posted PREA information. The documents had a lot of information, some information was specific to the brochure or poster while other information was across all documents. The auditor highly recommends that the facility ensure all information posted is consistent and to not overwhelm the bulletin boards with numerous documents with different information. Information should be consistent across all bulletin boards and posted information.

#### 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. Resident Handbook
2. Blue Bench Brochure
3. Ways to Report Poster
4. Photos of Posted Information

The facility provided the Handbook and Blue Bench Brochure, which were available in Spanish. The facility also provided the Ways to Report Posters, which included information on internal reporting mechanisms and external reporting mechanism. These posters were in English and Spanish. Photos were provided of the Blue Bench Poster, Ways to Report Poster and the PREA Brochure posted around the facility in English and Spanish.

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

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1414 775" style="list-style-type: none"> <li data-bbox="280 412 689 448">1. Pre-Audit Questionnaire</li> <li data-bbox="280 483 1031 519">2. 14-2 CC Sexual Abuse Prevention and Response</li> <li data-bbox="280 555 1382 636">3. National Institute of Corrections (NIC) Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting</li> <li data-bbox="280 667 1414 703">4. CoreCivic PREA Training Acknowledgment Specialized Training (14-2A1-CC)</li> <li data-bbox="280 739 762 775">5. Investigator Training Records</li> </ol> <p data-bbox="280 887 437 922">Interviews:</p> <ol data-bbox="280 958 820 994" style="list-style-type: none"> <li data-bbox="280 958 820 994">1. Interview with Investigative Staff</li> </ol> <p data-bbox="280 1102 612 1137">Findings (By Provision):</p> <p data-bbox="280 1245 1477 1953">115.234 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 14-2 CC Sexual Abuse Prevention and Response, page 6 states 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 facility PREA Compliance Manager 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 a backup during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.). The specialized training is completed through the National Institute of Corrections (NIC) Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting. A review of documentation confirmed one facility staff member (Director) completed specialized investigator training. The interview with the facility investigator confirmed she received specialized training in conducting sexual abuse investigation in a confinement setting. She stated it was an online training that went over retaliation, steps in an investigation, who to contact and how to go about the process.</p> <p data-bbox="280 2056 1350 2092">115.234 (b): 14-2 CC Sexual Abuse Prevention and Response, page 6 states</p>

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 the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training is completed through the National Institute of Corrections (NIC) Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting. A review of the training indicates Chapter 2 discusses Miranda and Garrity warnings, evidence collection and criteria to substantiate a case while Chapter 3 discusses interviewing sexual abuse victims. A review of documentation confirmed one facility staff member (Director) completed specialized investigator training. The interview with the facility investigator confirmed that the required topics were covered in the training.

115.234 (c): 14-2 CC Sexual Abuse Prevention and Response, page 6 states employees who conduct sexual abuse and sexual harassment administrative investigations are required to document completion of this training by signing the 14-2A1- CC PREA Training Acknowledgment for Specialty Training. This documentation shall be maintained in the employee training file. A review of 14-2A1-CC indicates staff and/or contractors sign that they completed either the specialized investigator training or the specialized training for medical and mental health. The staff sign below the following statement: "I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee/volunteer/contractor, it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor, my supervisor, the Learning and Development Manager, or the PREA Compliance Manager." The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training. The updated PAQ indicated that two facility investigators has completed the required training. A review of documentation confirmed one facility staff member (Director) completed specialized investigator training. A review of investigations indicated they were completed by two different investigators. The auditor did not receive confirmation these staff completed the specialized investigator training.

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

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, National Institute of Corrections (NIC) Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting, CoreCivic PREA Training Acknowledgment Specialized Training (14-2A1-CC), investigator training records as well as the interview with the facility investigator, indicates that this standard appears to require corrective action. A review of documentation confirmed one

	<p>facility staff member (Director) completed specialized investigator training. A review of investigations indicated they were completed by two different investigators. The auditor did not receive confirmation these staff completed the specialized investigator training.</p> <p>Corrective Action</p> <p>The facility will need to provide the specialized investigator training for the two staff that completed investigations.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>Investigator Training Record</li> </ol> <p>The facility provided one originally requested specialized training document. The second staff that completed the investigations from 2021 is no longer employed. The investigator who completed the 2023 investigations had a certificate confirming she completed the NIC specialized investigator training.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>Pre-Audit Questionnaire</li> <li>14-2 CC Sexual Abuse Prevention and Response</li> </ol>

Findings (By Provision):

115.235 (a): The PAQ stated that this standards is not applicable and that the agency does not have medical and mental health practitioners who work regularly in its facilities. Further communication with the PC indicated the agency has medical and mental health care staff, however this specific facility does not have medical or mental health care staff. All services are provided in the community. 14-2 CC Sexual Abuse Prevention and Response, page 6 states in addition to the general training provided to all employees to comply with PREA Standard 115.231, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, working at the facility shall receive specialized medical/mental health training as outlined below: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations of sexual abuse and sexual harassment. The facility does not have medical or mental health care staff and as such no interviews were conducted.

115.235 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. 14-2 CC Sexual Abuse Prevention and Response, page 6 states CoreCivic staff do not conduct forensic examinations. The facility does not have medical or mental health care staff and as such no interviews were conducted.

115.235 (c): The PAQ indicated that this standard is not applicable and that the agency does not have medical and mental health practitioners who work regularly in its facilities. Further communication with the PC indicated the agency has medical and mental health care staff, however this specific facility does not have medical or mental health care staff. All services are provided in the community. 14-2 CC Sexual Abuse Prevention and Response, page 7 states Medical and Mental Health Staff are required to document completion of this training by signing the 14-2A1-CC PREA Training Acknowledgment for Specialty Training. This documentation shall be maintained in the employee training file. A review of 14-2A1-CC indicates staff and/or contractors sign that they completed either the specialized investigator training or the specialized training for medical and mental health. The staff sign below the following statement: "I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee/volunteer/contractor, it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor, my supervisor, the Learning and Development Manager, or the PREA Compliance Manager."

115.235 (d): 14-2 CC Sexual Abuse Prevention and Response, pages 5-6 state 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 residents at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of resident (i.e. male facility to a female facility or vice versa) shall receive additional training. At a 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/sexual harassment prevention, detection, reporting, and response in accordance with this policy; the right of residents to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement, including locations, situations, and circumstances in which sexual abuse may occur; signs of victimization and the 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 relationships with residents; how to communicate effectively and professionally with residents, including LGBTI and gender non-conforming residents; and how to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities. 14-2 CC Sexual Abuse Prevention and Response, page 7 states all volunteers and contractors who have contact with residents shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy.

Based on a review of the PAQ and 14-2 CC Sexual Abuse Prevention and Response this standard appears to be not applicable and as such compliant.

115.241	Screening for risk of victimization and abusiveness
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Sexual Abuse Screening Tool (14-2B-CC)</li> <li>4. Resident Risk Assessment and Reassessment Documents</li> </ol>

Interviews:

1. Interviews with Staff Responsible for Risk Screening
2. Interviews with Random Residents
3. Interview with the PREA Coordinator

Site Review Observations:

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

Findings (By Provision):

115.241 (a): The updated PAQ indicated 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 residents. 14-2 CC Sexual Abuse Prevention and Response, page 9 states all residents shall be assessed during an intake screening in order to obtain information relevant to housing, work, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexual abusive. The auditor was provided a demonstration of the initial risk assessment. The risk screening is completed in a private office setting. The staff have a form they utilize. They ask questions, observe the resident and review the residents file/ history. Staff ask the resident if they have ever been a victim of sexual abuse, if they have ever been convicted of a sex offense, if they feel vulnerable, if they have a disability, their gender identity and their sexual preference. Staff review the resident file, including criminal history prior to the residents arrival. Interviews with sixteen residents that arrived within the previous twelve months confirmed all sixteen were asked the risk screening questions when they first arrived. Interviews with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness upon admission to the facility.

115.241 (b): The updated PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. 14-2 CC Sexual Abuse Prevention and Response, page 9 states residents shall be assessed, within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. This includes



residents 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 residents who have been returned from court, or other leave status. The updated PAQ stated that 20 residents were screened for their risk of sexual victimization and risk of sexually abusing other residents. This was less than 100% of those reported to have arrived in the previous twelve months that stayed over 72 hours. A review of seventeen resident files of those that arrived within the previous twelve months indicated sixteen had an initial risk assessment completed. All sixteen were completed within 72 hours. Interviews with sixteen residents that arrived within the previous twelve months confirmed all sixteen were asked the risk screening questions when they first arrived. Interviews with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness within 72 hours.

115.241 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 14-2 CC Sexual Abuse Prevention and Response, pages 9-10 state screenings will be completed and documented using an objective screening instrument. The CoreCivic 14-2B-CC Sexual Abuse Screening Tool shall be utilized for this purpose unless the contracting agency requires usage of another form or computerized screening and assessment process. Screenings shall also include a review of the resident's available institutional file (or other documentation provided by the contracting agency or transferring facility). A review of Sexual Abuse Screening Tool confirmed that the assessment includes seven questions that are asked to the resident and seven questions that are completed by staff through a file review or through observation for the victimization section. The yes responses are tallied and determine whether the individual is a victim, potential victim or if it is not applicable (no risk). The abusiveness section of the form has five questions that staff ask the resident. The yes responses are tallied to determine if the individual is a predator, potential predator or not applicable (no risk). There is also a section to indicate any discrepancies from the interview and the file review. Directions for the form indicate that any discrepancies from the file review and the answers, such as if the resident states they do not have violent offenses but the file review indicates they do, the response should be a "yes".

115.241 (d): 14-2 CC Sexual Abuse Prevention and Response, pages 9-10 state the intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: whether the resident has a mental, physical, or developmental disability; the age of the resident; the physical build of the resident; whether the resident has previously been incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior convictions for sex offenses against an adult or child; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the resident has previously experienced sexual victimization; and the resident's own perception of vulnerability. A review of the

Sexual Abuse Screening Tool confirmed that it contains fourteen criteria related to victimization factors. These questions include: prior victimization; threats of sexual abuse by another inmate/resident while incarcerated; approached by another inmate/resident for sex; vulnerability to sexual abuse or assault; sexual orientation or status as LGBTI or gender non-conforming or if individual believes they are perceived as LGBTI or gender non-conforming; physical, mental or developmental disability; current or prior conviction of sexual offense/abuse against a child or adult; stature; age; first incarceration; only non-violent offenses; appearance of disability; appearance of LGBTI; and appearance of loner, introvert, or naïve. The staff responsible for the risk screening stated that the initial risk is completed via a paper form. Staff indicated the form is cut and dry and outlines which questions to ask, what is to be observed and what is to be obtained from a review of file information (i.e. criminal history). The staff advised the initial risk screening includes the elements under this provision.

115.241 (e): 14-2 CC Sexual Abuse Prevention and Response, pages 9-10 state the initial intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. A review of the Sexual Abuse Screening Tool confirmed it contains five questions related to predatory factors. These questions include: previous convictions for sexual assault/abuse in prison/jail; disciplinary sanctions for sexual abuse while incarcerated; current or prior conviction of sexual offense/abuse against an adult or child; prior conviction of violent offense against child or adult; and any disciplinary sanctions for violence while incarcerated. The staff responsible for the risk screening stated that the initial risk is completed via a paper form. Staff indicated the form is cut and dry and outlines which questions to ask, what is to be observed and what is to be obtained from a review of file information (i.e. criminal history). The staff advised the initial risk screening includes the elements under this provision.

115.241 (f): The updated PAQ indicated that policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 14-2 CC Sexual Abuse Prevention and Response, page 10 states within a set period not to exceed 30 days from the resident's arrival at the facility, a reassessment of the resident's risk level for victimization or abusiveness, will be completed utilizing the 14-2B- CC Sexual Abuse Screening Tool, or contracting agency equivalent instrument. 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. Policy further states at this facility, the set period for conducting the reassessment is 21-30 days after intake. The updated PAQ indicated that 127, or less than 100% of residents entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of

their arrival. The reassessment is done in a private office setting within 30 days. Staff review the prior risk assessment and ask the questions on the form under the section that requires a resident response. This includes the questions asked during the initial risk assessment. The staff review the initial responses with the reassessment responses to see if anything changed. Staff advised there is a section at the bottom of the form to notate any discrepancies. Interviews with the staff responsible for the risk screening confirmed that residents are reassessed within 30 days and then again every six months. A review of seventeen resident files of those arrived within the previous twelve months indicated thirteen residents had a reassessment. Four of the thirteen were past the 30 day timeframe. Three of the four missing reassessments were not yet due (resident was at facility for 30 days or less). Interviews with sixteen residents that arrived within the previous twelve months indicated eight were asked the risk screening questions on more than one occasion. Most of the residents stated they were asked these questions a few weeks to a month later.

115.241 (g): The updated PAQ indicated that policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. 14-2 CC Sexual Abuse Prevention and Response, page 10 states a reassessment shall also be completed when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness. Additionally, page 11 states following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator. There were zero substantiated sexual abuse allegations and as such there were no resident reassessment required related to a sexual abuse allegation. The staff responsible for the risk screening confirmed that residents are reassessed when warranted due to request, referral or receipt of additional information. A review of seventeen resident files of those arrived within the previous twelve months indicated thirteen residents had a reassessment. Four of the thirteen were past the 30 day timeframe. Three of the four missing reassessments were not yet due (resident was at facility for 30 days or less). Interviews with sixteen residents that arrived within the previous twelve months indicated eight were asked the risk screening questions on more than one occasion. Most of the residents stated they were asked these questions a few weeks to a month later.

115.241 (h): The updated PAQ indicated that policy prohibits disciplining residents for refusing to answer whether or not the resident has mental, physical or developmental disability; whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the resident has previously experienced sexual victimization; and the residents own perception of vulnerability. 14-2 CC Sexual Abuse Prevention and Response, page 10 states residents shall not be disciplined for refusing to answer, or for not disclosing

complete information, in response to questions G.4.a., G.4.g., G.4.h., and G.4. (i). Interviews with the staff who conduct the risk screening confirmed that residents are not disciplined for refusing to answer risk screening questions.

115.241 (i): 14-2 CC Sexual Abuse Prevention and Response, page 10 states the facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Measures taken shall include, but are not limited to: sexual abuse screening interviews with residents at intake shall be conducted with as much privacy as is reasonable given security and safety concerns; a resident shall not be permitted to complete his/her own 14-2B-CC form (or contracting agency assessment form) or utilize assistance from other residents to complete the form, staff shall complete all 14-2B-CC forms; residents shall not be permitted to have access to files containing assessment forms belonging to other residents; and where assessments are conducted electronically, access is granted only to those staff involved in the assessment process, those making housing and program decisions, and staff with a need to know for the safe and secure operation of the facility. Resident risk assessments are completed on paper and then scanned electronically into the system. The paper forms are shredded. All staff have access to the resident's risk assessment information. The facility indicated this was due to the size of the facility, the limited number of staff and the many duties (including risk assessments) that all staff perform. The PREA Coordinator stated that access to the 14-2B and/or partner agency risk assessments are secured in the resident's files in record offices where access is controlled to only those who need access such as Case Managers, and treatment personnel. Those assessments on computers are protected by passwords and are not accessible by all staff. The staff who conduct the risk screening stated that all staff have access as they wear many hats. The initial risk screening is completed by monitors and reassessments by Case Managers. Further communication indicated that all staff have access due to the low number of staff at the facility and their need to perform all duties, including housing assignments.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Sexual Abuse Screening Tool (14-2B-CC), a review of resident risk assessments and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard appears to require corrective action. A review of seventeen resident files of those arrived within the previous twelve months indicated thirteen residents had a reassessment. Four of the thirteen were past the 30 day timeframe. Three of the four missing reassessments were not yet due (resident was at facility for 30 days or less).

Corrective Action

The facility will need to provide the requested risk assessments. Further, the facility will need to provide a list of residents received during the corrective action period and associated initial and reassessments.

#### 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 Residents that Arrived During the Corrective Action Period
3. Resident Risk Assessments

The facility provided training that was conducted with staff on the risk screening process. Staff signatures were provided confirming they received and understood the training.

A list of residents that arrived during the corrective action period and associated risk assessments were provided. Fifteen of the sixteen residents had an initial risk assessment completed within 72 hours and three of the sixteen had a reassessment completed within 30 days. Due to the inadequate risk assessment timeframes, further documentation was requested. A list of ten residents that arrived after the first sample and associated risk assessments were provided. Nine of the ten had an initial risk assessment completed within 72 hours and eight had a reassessment completed within 30 days. The two that were past the 30 day timeframe were right before the training. All those that were recent arrivals had the reassessment completed in the appropriate timeframe. During the review the auditor identified that two of the risk assessments utilized the resident's response, rather than information contained in the file. Additionally, staff noted on the risk assessment forms they were unsure if the resident's charges were violent or non-violent. The auditor advised that facility staff required additional training on risk assessments and completing the risk assessment form.

	<p>The facility conducted training with the agency PC on the risk assessment process. The training included an email that went over the proper risk assessment process, the PREA Resource Center’s Standards in Focus for 115.41 and 115.42 and a document that included supplemental guidelines for the risk assessment process. Staff training was documented via Microsoft Teams.</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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<b>115.242</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. High Risk Resident Housing Determination Documentation</li> <li>4. LGBTI Resident Housing</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Staff Responsible for Risk Screening</li> <li>2. Interview with PREA Coordinator</li> <li>3. Interviews with Gay, Lesbian and Bisexual Residents</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Location of Resident Records</li> <li>2. Housing Assignments of LGB Residents</li> <li>3. Shower Area in Housing Units</li> </ol> <p>Findings (By Provision):</p>

115.242 (a): The updated PAQ stated 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 residents at high risk of being sexually victimized from those at high risk of being sexually abusive. 14-2 CC Sexual Abuse Prevention and Response, page 9 states all residents shall be assessed during an intake screening in order to obtain information relevant to housing, work, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexual abusive. Page 12 further states The facility shall use the information from the 14-2B-CC Sexual Abuse Screening Tool, or equivalent contracting agency form, completed at initial screening and all subsequent reassessments, in the consideration of housing, recreation, work program and other activities. Screening of residents should only be used as a guideline for determining appropriate housing and services, and should never be used as the sole reason for the deprivation of a program or privilege. The facility shall make individualized case-by-case determinations about how to ensure the safety of each resident. The interview with the PREA Coordinator indicated the goal of the risk screening information is to separate actual and potential victims and abusers. Each facility uses the 14-2B CC Risk Screening instrument to identify victims and abusers and separate them accordingly in housing placement. He further stated that to the extent possible in community corrections, this is also considered in job placement and programming. Interviews with the staff responsible for the risk screening indicated that the risk screening information is utilized for housing designations and keeping residents safe. They indicated a victim would not be housed in the same room as a predator. The auditor requested housing, job and program assignments for residents at high risk of victimization and abusiveness, however at the issuance of the interim report the documentation had not yet been received.

115.242 (b): The updated PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. 14-2 CC Sexual Abuse Prevention and Response, page 12 states the facility shall make individualized case-by-case determinations about how to ensure the safety of each resident. Interviews with the staff responsible for the risk screening indicated that the risk screening information is utilized for housing designations and keeping residents safe. They indicated a victim would not be housed in the same room as a predator.

115.242 (c): The updated PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case by case basis. 14-2 CC Sexual Abuse Prevention and Response, pages 12-13 state in deciding whether to house a transgender/intersex resident in a male or female unit, pod, or dormitory within the facility subsequent to arrival, or, when making other

housing and programming assignments for such residents, the facility shall consider whether the placement would ensure the residents' health and safety and whether the placement would present management or security problems. The interview with the PC indicated that CoreCivic is a private company and the initial assignment of residents to each community facility is made by a partner agency. Once at a facility, a housing assignment for a transgender and/or intersex resident is made on an individual basis. Through the partner agency, and following discussion with the resident, the best facility, dorm or room assignment is selected. There were zero transgender or intersex residents during the on-site portion of the audit and as such no interviews were conducted.

115.242 (d): 14-2 CC Sexual Abuse Prevention and Response, page 13 states transgender or intersex resident gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments. Interviews with the PC and the staff responsible for risk screening confirmed that the residents' own views with respect to his/her safety would be given serious consideration. There were zero transgender or intersex residents during the on-site portion of the audit and as such no interviews were conducted.

115.242 (e): 14-2 CC Sexual Abuse Prevention and Response, page 16 states transgender and intersex residents shall be given the opportunity to shower separately from other residents. The degree of separation required is dependent on the layout of the facility, and may be accomplished either through physical separation (e.g. separate shower stalls) or by time phasing or scheduling (e.g. allowing a resident to shower before or after others). The number of separate showers per day and the time of day for showering separately may be limited due to facility physical plant and/or institutional need. Staff shall use discretion in determining whether to grant requests to shower separately made by newly arrived residents who have not been identified as Transgender or Intersex, or have this review pending. Policy further states that at this facility if requested, times will be created for the opportunity to shower separately. During the tour it was observed that showers were single person, had curtains and were behind solid doors. Interviews with the PC and the staff responsible for risk screening confirmed that transgender and intersex residents are provided the opportunity to shower separately. The PC stated that each facility has a plan for this based on the physical layout of the facility and shower areas. He stated that most community facilities have individual shower stalls with curtains to ensure privacy. There were zero transgender or intersex residents during the on-site portion of the audit and as such no interviews were conducted.

115.242 (f): 14-2 CC Sexual Abuse Prevention and Response, page 13 states the facility shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units, wings or dormitories solely on the basis of gender identification or



status. A review of housing assignments for the LGB residents indicated they were not placed in one area of the facility. The interview with the PC confirmed that the agency is not under a consent decree. He stated that it is contrary to CoreCivic Policy to place LGBTI residents together in to one dedicated Unit solely on the basis of their sexual orientation, genital status, or gender identity. He further indicated that housing decisions are made individually at the facility level using the screening forms to assess risk. Transgender residents are reviewed individually with consideration made for their own safety concerns. Interviews with three LGB residents confirmed none of the three felt that LGBTI residents were placed in any specific facility, unit or wing based on their sexual preference and/or gender identity.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, high risk resident housing determinations, LGB resident housing documents and information from interviews with the PC, staff responsible for the risk screenings and LGB residents indicates that this standard appears to require corrective action. The auditor requested housing, job and program assignments for residents at high risk of victimization and abusiveness, however at the issuance of the interim report the documentation had not yet been received.

#### Corrective Action

The facility will need to provide the requested documentation.

#### 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. Facility Map
2. High Risk Victim and High Risk Abuser List

The facility provided the high risk victim and high risk abuser lists as well as a map

	<p>of the facility. None of the high risk abusers were housed in the same room as a high risk victim. Residents work outside the facility and as such none had job assignments.</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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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure (PREA Brochure)</li> <li>4. Resident Residential Rules and Regulations (Handbook)</li> <li>5. I Have a Right Poster</li> <li>6. Break the Silence Poster</li> <li>7. Ethics Line Poster</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> <li>2. Interviews with Random Staff</li> <li>3. Interviews with Random Residents</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observation of PREA Reporting Information in all Housings Units</li> </ol> <p>Findings (By Provision):</p>

115.251 (a): The updated PAQ stated that the agency has established procedures for allowing for multiple internal ways for residents to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 14-2 CC Sexual Abuse Prevention and Response, page 16 states residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents who are victims of sexual abuse or sexual harassment have multiple internal and external methods to report an incident or allegation: verbally reporting to any employee; forwarding a letter, sealed and marked "confidential", to the Facility Director or other facility supervisory staff; and contacting the facility PREA Compliance Manager. Policy further states at this facility residents may report sexual abuse and sexual harassment through: the DOC TIPS line; the PREA Reporting line; through law enforcement (via 911); and by writing a letter to the PREA Administrator. A review of the Resident Handbook confirmed that it includes information on the reporting mechanisms, including the CDOC TIPS line, verbally to staff, via the facility PCM and the PREA Reporting Line. A review of the PREA Brochure confirms it advises residents 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. The Break the Silence Poster includes information on the zero tolerance policy and reporting to staff. The auditor observed PREA information posted throughout the facility. Reporting information was observed via the PREA Brochure, Break the Silence Poster and the I Have a Right Poster. The PREA Brochure was observed in English and Spanish on letter size paper. The I Have a Right Poster was observed in English and Spanish on poster size paper. The Break the Silence Poster was in English on letter size paper. These postings were observed in the dayroom, on the living area bulletin board and on walls in the hallways. The auditor tested the internal reporting mechanisms during the on-site portion of the audit. The auditor filled out a resident grievance and placed it in the grievance box on April 23, 2024. At the issuance of the interim report the auditor had not yet received confirmation that the written request was received. Interviews with sixteen residents indicated that all sixteen knew at least one method to report an allegation of sexual abuse or sexual harassment. Residents stated they can report to staff, through a grievance and to the hotline number. Interviews with six staff confirm that residents have multiple methods to report including verbally, in writing, through the website, via the phone number and through their family.

115.251 (b): The updated PAQ stated that the agency provides at least one way for residents to report abuse or harassment to a public entity or office that is not part of the agency. 14-2 CC Sexual Abuse Prevention and Response, page 16 states the facility shall provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of CoreCivic or the contracting agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to facility officials, allowing the resident to remain anonymous upon request. Page 17 further states that at this facility the following non-CoreCivic and non-contracting agency reporting mechanisms or process has been established: DOC TIPS line, PREA Reporting line and the Longmont Police Department. A review of the PREA Brochure confirms it advises residents 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 Resident Handbook confirmed that it includes information on the reporting mechanisms, including the CDOC TIPS line, verbally to staff, via the facility PCM and the PREA Reporting Line. The Handbook states that the non-CoreCivic and Non-Contracting Agency reporting mechanism, which including anonymous reporting is the CDOC TIPS line and the PREA Reporting Line. The Break the Silence Poster includes information on the zero tolerance policy and reporting to staff. The auditor observed PREA information posted throughout the facility. Reporting information was observed via the PREA Brochure, Break the Silence Poster and the I Have a Right Poster. The PREA Brochure was observed in English and Spanish on letter size paper. The I Have a Right Poster was observed in English and Spanish on poster size paper. The Break the Silence Poster was in English on letter size paper. These postings were observed in the dayroom, on the living area bulletin board and on walls in the hallways. While there was a plethora of information posted, it was hard to differentiate which information was for internal reporting, which was for external and what the different reporting methods actually were. In addition none of the posted information included the PREA Hotline phone number that serves as an external reporting mechanism (non-CoreCivic and non-CDOC). During the tour the auditor tested two outside reporting mechanisms. The auditor called the PREA hotline number from a cell phone and reached a live person who stated that the line was a PREA reporting line and that the organization was an Executive Answering Service for the Colorado Department of Corrections (CDOC). The staff walked through the process and asked the questions they would ask the resident when reporting. A sample incident was completed to test the process for external reporting. At the issuance of the interim report, the auditor was not yet provided confirmation that the information was received by CDOC and forwarded to CoreCivic. Additionally, the auditor called the Colorado Department of Corrections TIPS Line. The line had both English and Spanish options. The auditor left a message on the hotline on April 23, 2024. At the issuance of the interim report, the auditor was not yet provided confirmation that the information was received by CDOC and forwarded to CoreCivic. The interview with the PC indicated in community corrections most residents have cell phones. Each facility posts the number and

address for local law enforcement absent any other non-agency alternative numbers. He further stated that in community corrections facilities operated by a private company the best and surest reporting method, other than internal reporting, is for residents to report to the contracting agency representative (i.e. Contract monitor or BOP RRM). Since this is not what the standard requires, the remaining option then is to contact law enforcement directly. Whenever possible, each facility attempts to enter into MOUs with local law enforcement that includes this provision. Interviews with sixteen residents indicated twelve were aware of an outside reporting entity. Most stated they can call the number posted. Eleven of the sixteen residents also stated they knew they could report anonymously.

115.251 (c): The updated 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. 14-2 CC Sexual Abuse Prevention and Response, page 17 states staff must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. During the tour, the auditor asked staff to advise how they submit a written report. Staff provided a demonstration of how to submit an incident report. The staff have a binder with the appropriate form and if it is not in the binder they can obtain it via the agency website. Staff complete the form either paper or electronic. The form is signed and scanned to the Director. Interviews with sixteen residents confirmed that all sixteen knew they could report verbally or in writing to staff and eleven were aware that they could report through a third party. Interviews with six staff indicated that residents can report verbally, in writing, anonymously and through a third party. All six staff stated that if they received a verbal report they would document it in a written report as soon as possible. A review of investigative reports indicated the two in the previous twelve months were reported via a third party and through staff observation. The two from 2021 were reported verbally. All four, including the two reported verbally, had an incident report completed by the receiving staff member.

115.251 (d): The updated PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The PAQ supplemental documents indicated staff are informed of this process through the annual training curriculum and the Ethics Line Poster. 14-2 CC Sexual Abuse Prevention and Response, page 17 states CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-800-461-9330 or [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline). A review of the Ethics Line Poster advises staff that the Ethics Line is available 24/7 at [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline) or by calling 1-800-461-9330. Interviews with six staff indicate that all six were aware that they can privately report sexual abuse and sexual harassment of

residents.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure (PREA Brochure), Resident Handbook, PREA Posters, Ethics Line Poster, observations from the facility tour and interviews with the PC, random residents and random staff, this standard appears to require corrective action. The auditor tested the internal reporting mechanisms during the on-site portion of the audit. The auditor filled out a resident grievance and placed it in the grievance box on April 23, 2024. At the issuance of the interim report the auditor had not yet received confirmation that the written request was received. While there was a plethora of information posted, it was hard to differentiate which information was for internal reporting, which was for external and what the different reporting methods actually were. In addition none of the posted information included the PREA Hotline phone number that serves as the external reporting mechanism (non-CoreCivic and non-CDOC). The auditor called the PREA Hotline number from a cell phone and reached a live person who stated that the line was a PREA reporting line and that the organization was an Executive Answering Service for the Colorado Department of Corrections (CDOC). The staff walked through the process and asked the questions they would ask the resident when reporting. A sample incident was completed to test the process for external reporting. At the issuance of the interim report, the auditor was not yet provided confirmation that the information was received by CDOC and forwarded to CoreCivic. Additionally, the auditor called the Colorado Department of Corrections TIPS Line. The line had both English and Spanish options. The auditor left a message on the hotline on April 23, 2024. At the issuance of the interim report, the auditor was not yet provided confirmation that the information was received by CDOC and forwarded to CoreCivic.

#### Corrective Action

The facility will need to provide confirmation of the testing of the reporting mechanisms. If they are not available the facility will need to determine the issue with the reporting mechanisms and alleviate. Facility staff will need to test all reporting mechanisms again and provide confirmation of functionality. Further, the facility will need to update posted and distributed information to clearly identify the external reporting mechanism and the ability to remain anonymous. The facility will need to ensure posted information is accurate and consistent. A copy of the updated information as well as confirmation of distribution (i.e. photos) 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. Second Test of Reporting Hotlines
2. Staff Training
3. Test Grievance
4. Resident Handbook
5. Blue Bench Brochure
6. Ways to Report Poster
7. Photos of Posted Information

The facility provided an email from CDOC that basically outlined that the line the auditor called was not a reporting line but rather is a line to report crimes. The CoreCivic PC reached out to the PC of CDOC related to this response by the agency.

The auditor conducted a second test of the DOC TIPS and the PREA Hotline. The auditor called both hotlines via cell phone on November 5, 2024. Confirmation was provided via email on the same date from the CDOC PC that the PREA Reporting Hotline information was received and forwarded to her. She noted she would provide the information to the facility for investigation. Additionally, the auditor received confirmation on November 5, 2024 via voicemail the CDOC OIG received the message on the DOC TIPS line.

Facility staff were provided a training email that outlined that staff are required to check the grievance box and provide any grievances to the Director. A test of the grievance process after the training was completed. The Director submitted a test grievance in the box and was provided the grievance by staff. Confirmation of the test was provided to the auditor.

The facility provided the Handbook and Blue Bench Brochure, which were available in Spanish. The facility also provided the Ways to Report Posters, which included

	<p>information on internal reporting mechanisms and external reporting mechanism. The external reporting Ways to Report Poster noted that residents can remain anonymous when reporting. These posters were in English and Spanish. Photos were provided of the Blue Bench Poster, Ways to Report Poster and the PREA Brochure posted around the facility in English and Spanish.</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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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Grievance Log</li> </ol> <p>Findings (By Provision):</p> <p>115.252 (a): The updated PAQ and communication with the PC indicated that the agency is exempt from this standard. 14-2 CC Sexual Abuse Prevention and Response, page 17 states CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process but rather are referred to the designated facility investigators or Facility director for investigation and reporting in accordance with policy.</p> <p>115.252 (b): The updated PAQ and communication with the PC indicated that the agency is exempt from this standard. 14-2 CC Sexual Abuse Prevention and Response, page 16 states CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process but rather are referred to the designated facility investigators or Facility director for</p>



investigation and reporting in accordance with policy.

115.252 (c): The updated PAQ and communication with the PC indicated that the agency is exempt from this standard. 14-2 CC Sexual Abuse Prevention and Response, page 16 states CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process but rather are referred to the designated facility investigators or Facility director for investigation and reporting in accordance with policy.

115.252 (d): The updated PAQ and communication with the PC indicated that the agency is exempt from this standard. 14-2 CC Sexual Abuse Prevention and Response, page 16 states CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process but rather are referred to the designated facility investigators or Facility director for investigation and reporting in accordance with policy. A review of the grievance log and grievances from the past twelve months confirmed none were reports of sexual abuse.

115.252 (e): The updated PAQ and communication with the PC indicated that the agency is exempt from this standard. 14-2 CC Sexual Abuse Prevention and Response, page 16 states CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process but rather are referred to the designated facility investigators or Facility director for investigation and reporting in accordance with policy. A review of the grievance log and grievances from the past twelve months confirmed none were reports of sexual abuse.

115.252 (f): The updated PAQ and communication with the PC indicated that the agency is exempt from this standard. 14-2 CC Sexual Abuse Prevention and Response, page 16 states CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process but rather are referred to the designated facility investigators or Facility director for investigation and reporting in accordance with policy. A review of the grievance log

	<p>and grievances from the past twelve months confirmed none were reports of sexual abuse. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.</p> <p>115.252 (g): The updated PAQ and communication with the PC indicated that the agency is exempt from this standard. 14-2 CC Sexual Abuse Prevention and Response, page 16 states CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process but rather are referred to the designated facility investigators or Facility director for investigation and reporting in accordance with policy.</p> <p>Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response and the grievance log, this standard appears to be not applicable and as such compliant.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Memorandum of Understanding with The Blue Bench</li> <li>4. CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure (PREA Brochure)</li> <li>5. Resident Residential Rules and Regulations (Handbook)</li> <li>6. The Blue Bench Brochure</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Residents</li> </ol> <p>Findings (By Provision):</p>

115.253 (a): The updated PAQ indicated the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. It states that the facility provides residents with access to such services by giving residents mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations. The PAQ further stated that the facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. 14-2 CC Sexual Abuse Prevention and Response, pages 8-9 state residents 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. Reasonable communication between residents and the posted numbers for emotional support or advocacy services shall be permitted in as confidential manner as possible. The facility shall post the extent to which such communication will be monitored and/or recorded. The facility shall have a process in place to ensure that written correspondence between residents and these agencies may remain confidential. Policy further states at this facility the following community agency or agencies provide emotional support services: the Blue Bench. A review of the Resident Handbook and the PREA Brochure indicated that there was not any information related to the Blue Bench. The auditor reviewed the PREA video and confirmed that it contained general information related to victim advocacy, however there was not any specific information on the Blue Bench. A review of documentation indicated that the facility has an MOU with the Blue Bench. The MOU was established to fulfill requirements in PREA standards 115.221, 115.253 and 115.283. The MOU states that the Blue Bench will provide a 24 hour sexual abuse/sexual assault crisis line number and mailing address that may be posted throughout the facility and in written resources given to residents. Additionally, it states that the Blue Bench will provide residents calling the hotline with information to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The MOU further states that the Blue Bench will provide emotional support, crisis intervention, information and referrals. The MOU was signed October 7, 2019. A review of the Blue Bench Brochure indicated that it includes the organization's mission, information on the pathway to prevention, contact information for victim advocates, statistics, frequently asked questions, what one can do to eliminate sexual violence, continuum of care information and other facts. The auditor observed PREA information posted throughout the facility. The auditor viewed victim advocacy information posted via the Blue Bench Poster and the Mesa Mental Health Poster. Both were in English only on letter size paper. The victim advocacy information was posted in the dayroom and on the bulletin board of the living area. The auditor tested the victim advocacy hotline during the tour. The auditor utilized a cell phone and called the 888 number for the administrative line and reached a recording that discussed Medicare. The auditor confirmed that this number did not go to the Blue Bench. The auditor then called the local 303 number for the hotline and reached a live person. The staff confirmed that a resident could receive

emotional support services over the phone 24 hours a day. The staff confirmed they can provide accommodations for LEP and disabled residents. Most residents have cell phones and are able to contact any and all posted numbers. Additionally, a phone is available for any resident that does not have a cell phone at the front desk. Interviews with sixteen residents indicated that seven were aware of outside services for victims of sexual abuse and six were provided a mailing address and telephone number to a local, state or national rape crisis center. Most of the residents stated the hotline was 24 hours, free and confidential. There were zero resident who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.

115.253 (b): The updated PAQ stated that the facility informs residents, 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 residents about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law. 14-2 CC Sexual Abuse Prevention and Response, page 9 states residents shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Consistent with applicable laws and emotional support service provider policy, information shall be reported to the facility without the resident's consent, in the event that the resident (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. If confidential information must be disclosed, facility staff will not share any information beyond what is necessary to address the immediate safety concern or otherwise comply with applicable law. A review of the PREA Brochure indicated that it states that calls made to community agency/rape crisis center PREA hotline numbers are not monitored or recorded. Information that is provided to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. It continues by stating that there are, however, certain situations and conditions under which staff from these 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. A review of the Blue Bench Brochure indicated that it includes the organization's mission, information on the pathway to prevention, contact information for victim advocates, statistics, frequently asked questions, what one can do to eliminate sexual violence, continuum of care information and other facts. A review of documentation indicated that the facility has an MOU with the Blue Bench. The MOU was established to fulfill requirements in PREA standards 115.221, 115.253 and 115.283. The MOU states that the Blue Bench will provide a 24 hour sexual abuse/sexual assault crisis line number and mailing address that may be

posted throughout the facility and in written resources given to residents. Additionally, it states that the Blue Bench will provide residents calling the hotline with information to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The MOU further states that the Blue Bench will provide emotional support, crisis intervention, information and referrals. The MOU was signed October 7, 2019. Most residents have cell phones and are able to contact any and all posted numbers. Additionally, a phone is available for any resident that does not have a cell phone at the reception desk. This phone is not monitored or recorded, however staff are at reception area when calls are being made. The auditor observed PREA information posted throughout the facility. The auditor viewed victim advocacy information posted via the Blue Bench Poster and the Mesa Mental Health Poster. Both were in English only on letter size paper. The victim advocacy information was posted in the dayroom and on the bulletin board of the living area. During the tour the auditor observed the resident mail process. All outgoing mail is sealed and taken up to the front for staff to mail out via US mail. Outgoing mail is not opened, scanned or monitored. Incoming mail is received by the resident and is opened in front of a staff member. Staff view that there is not any contraband. Staff do not read or monitor the mail. Residents can also send mail out via any U.S. post office box outside the facility. Interviews with sixteen residents indicated that seven were aware of outside services for victims of sexual abuse and six were provided a mailing address and telephone number to a local, state or national rape crisis center. Most of the residents stated the hotline was 24 hours, free and confidential. There were zero resident who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.

115.253 (c): The updated PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide residents with emotional services related to sexual abuse. It further indicated that the agency or facility maintains copies of those agreements. 14-2 CC Sexual Abuse Prevention and Response, page 8 states CoreCivic shall maintain, or attempt to enter into a Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. All MOUs must be reviewed and approved by the CoreCivic FSC Legal Department prior to signature. The facility and FSC Legal shall maintain copies of MOUs. The facility shall maintain documentation showing attempts to enter into such agreements. A review of documentation indicated that the facility has an MOU with the Blue Bench. The MOU was established to fulfill requirements in PREA standards 115.221, 115.253 and 115.283. The MOU was signed October 7, 2019.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Memorandum of Understanding with The Blue Bench, CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure (PREA Brochure), Blue Bench Brochure,

observations from the facility tour as well as information from interviews with random residents and the staff member from the Blue Bench indicates that the standard appears to require corrective action. The auditor viewed victim advocacy information posted via the Blue Bench Poster and the Mesa Mental Health Poster. Both were in English only on letter size paper. The victim advocacy information was posted in the dayroom and on the bulletin board of the living area. The auditor tested the victim advocacy hotline during the tour. The auditor utilized a cell phone and called the 888 number for the administrative line and reached a recording that discussed Medicare.

#### Corrective Action

The facility will need to update all distributed and posted information to ensure that the non-accessible number to the Blue Bench is removed. A copy of the updated information as well as confirmation of distribution of the updated information (i.e. photos) will need to be provided. Further, the facility will need to ensure distributed information is accessible for LEP residents. A copy of the documentation will need to be provided as well as confirmation of distribution of the documentation (i.e. photos) 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. Resident Handbook
2. Blue Bench Brochure
3. Blue Bench Informational Sheet
4. Photos of Posted Information

The facility provided the Handbook and Blue Bench Brochure, which were available in Spanish. Additionally, the facility provided the Blue Bench Informational Sheet in English as well (included mailing address and phone number). All documents

	<p>included the working number for the Blue Bench (the non-working number was removed). Photos were provided of the Blue Bench Poster around the facility in English and Spanish. The photos also illustrated the Blue Bench Informational Sheet was posted in English.</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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<b>115.254</b>	<b>Third party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Ethics Line Poster</li> </ol> <p>Findings (By Provision):</p> <p>115.254 (a): The updated 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 a resident. The updated PAQ also stated that the information is on the agency website. 14-2 CC Sexual Abuse Prevention and Response, page 17 states CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-800-461-9330 or <a href="http://www.corecivic.com/ethicsline">www.corecivic.com/ethicsline</a>. Page 18 further states that third party reporting information is posted on the facility page on the CoreCivic website. 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 <a href="https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea">https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea</a>. Additionally, the Ethics Line Poster advises staff that the Ethics Line is available 24/7 at <a href="http://www.corecivic.com/ethicsline">www.corecivic.com/ethicsline</a> or by calling 1-800-461-9330. During the tour the auditor did not observe third party reporting information via the Ethics Line Poster. The facility does not have a visitation area. The front entrance is near the living unit bulletin board and as such reporting</p>

information for residents, which includes phone numbers, is visible to visitors. The auditor completed 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 CC Sexual Abuse Prevention and Response, the Ethics Line Poster and the agency's website this standard appears to require corrective action. During the tour the auditor did not observe third party reporting information via the Ethics Line Poster. The facility does not have a visitation area. The front entrance is near the living unit bulletin board and as such reporting information for residents, which includes phone numbers, is visible to visitors.

#### Corrective Action

The facility will need to post the Ethics Line Poster at the front entrance. Photos of the postings 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. Photos of Posted Information

The facility provided photos of the Ethics Line Poster at the front entrance.

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



<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1347 703" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Policy Change Notice (PCN) 14-2 (01) CC Sexual Abuse Prevention and Response</li> <li>4. Investigative Reports</li> </ol> <p data-bbox="280 815 437 851">Interviews:</p> <ol data-bbox="280 887 868 1061" style="list-style-type: none"> <li>1. Interviews with Random Staff</li> <li>2. Interview with the Director</li> <li>3. Interview with the PREA Coordinator</li> </ol> <p data-bbox="280 1173 612 1209">Findings (By Provision):</p> <p data-bbox="280 1317 1474 2069">115.261 (a): The updated 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 residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 14-2 CC Sexual Abuse Prevention and Response, page 17 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 that has occurred in any facility (including a facility that is not part of CoreCivic). The PCN further indicated that policy has been changed from the prior to the following: 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 residents 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 incidents whether or not they occurred in a facility that</p>

is part of CoreCivic. Interviews with six staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the information to the Director/PCM.

115.261 (b): The updated 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. 14-2 CC Sexual Abuse Prevention and Response, page 17 states apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. Interviews with six staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the information to the Director/PCM.

115.261 (c): 14-2 CC Sexual Abuse Prevention and Response, page 17 states unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined in this policy. At the initiation of providing medical care, both medical and mental health professionals will inform residents of their professional duty to report and the limitations of confidentiality. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.261 (d): 14-2 CC Sexual Abuse Prevention and Response, page 18 states if the alleged victim is under the age of 18 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 for additional reporting under applicable mandatory reporting laws. The interview with the PC indicated that Notifications are made in accordance with state law. CoreCivic Community Corrections facilities do not house offenders under the age of 18. For all others, the partner agency and local law enforcement are notified. The Director stated the facility does not house anyone under eighteen. She stated any allegation by a vulnerable adult would be reported to the Longmont Police Department.

115.261 (e): 14-2 CC Sexual Abuse Prevention and Response, page 18 states the

	<p>facility shall report all allegations of sexual abuse and sexual harassment including third party and anonymous reports to the facility's designated investigators. The interview with the Director confirmed that all allegations of sexual abuse or sexual harassment are reported to the designated facility investigator. A review of investigative reports indicated both allegations reported in the previous twelve months were forwarded to the facility investigator. One was also investigated by the Longmont Police Department</p> <p>Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Policy Change Notice (PCN) 14-2 (01) CC Sexual Abuse Prevention and Response, Investigative Reports and interviews with random staff, the PREA Coordinator and the Director indicate that this standard appears to be compliant.</p>
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115.262	Agency protection duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with the Director</li> <li>3. Interviews with Random Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.262 (a): The updated PAQ indicated that when the agency or facility learns that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. 14-2 CC Sexual Abuse Prevention and Response, page 19 states when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. The updated PAQ stated that there have been zero residents</p>

	<p>who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The interview with the Agency Head Designee indicated that staff take immediate action when they learn that a resident is subject to substantial risk of imminent sexual abuse. He stated staff would protect residents by removing the resident from the area and/or individuals where risk may be stemming from and an investigation would be immediately initiated. The Director stated that if a resident was at substantial risk of imminent sexual abuse they would immediately respond. She advised they make sure the resident is housed correctly and they would move them toward the front of the facility near the security monitoring area. Interviews with six random staff confirmed that they would take action by separating the individuals and reporting the information. Staff also indicated they may change the residents room.</p> <p>Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response and interviews with the Agency Head Designee, Director and random staff indicate that this standard appears to be compliant.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Investigative Reports</li> <li>4. Resident Risk Screening Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with the Director</li> </ol> <p>Findings (By Provision):</p>

115.263 (a): The updated PAQ indicated that the agency has a policy that requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 14-2 CC Sexual Abuse Prevention and Response, page 23 states upon receiving an allegation that a current resident had been sexually abused while confined at another facility (e.g. state, federal, local, or other private operator) the following actions shall be taken: the Facility Director of the facility that received the allegation shall notify the Facility Director 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 updated PAQ indicated that during the previous twelve months, the facility had zero allegations reported that a resident was abused while confined at another facility. A review of documentation confirmed that there were zero residents that reported sexual abuse that occurred at another facility.

115.263 (b): The updated PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 14-2 CC Sexual Abuse Prevention and Response, page 23 states upon receiving an allegation that a current resident had been sexually abused while confined at another facility (e.g. state, federal, local, or other private operator) the following actions shall be taken: the Facility Director of the facility that received the allegation shall notify the Facility Director 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.

115.263 (c): The updated PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 14-2 CC Sexual Abuse Prevention and Response, page 24 states the facility shall document that it has provided such notification through 5-1 CC Incident Reporting procedures.

115.263 (d): The updated PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 14-2 CC Sexual Abuse Prevention and Response, page 24 states upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the resident was previously confined at the facility, the following actions shall be taken. The facility shall record the name of the agency making the notification, and any information (names, dates, time) that may assist in determining whether an investigation was conducted. A resident statement should be requested. If the allegation was reported and investigated in accordance with CoreCivic Policy and/or referred for criminal investigation if appropriate, the facility shall document the allegation, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur. If the

allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The Incident shall be reported through 5-1 CC Incident Reporting procedures. The updated PAQ and communication with the PC indicated there have been zero allegations of sexual abuse the facility received from other facilities. A review of documentation confirmed that zero allegations were reported from other facilities/agencies. It should be noted that one allegation was reported through the local police department and this allegation was investigated by both the facility investigator and the local police department. 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 residents make during their intake process. He stated that the CoreCivic staff obtain as much information as possible from the resident and provide this to the Warden at the other facility as part of the notification. The interview with the Director indicated that any reported allegation would be investigated and referred to the Longmont Police Department. She advised they have not received any allegations from another agency/facility.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, investigative reports, resident risk screening documents and interviews with the Agency Head Designee and Director, this standard appears to be compliant.

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents: <ul style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. PREA Overview Facilitator Guide</li> <li>4. PREA Overview</li> </ul>

## 5. Investigative Reports

### Interviews:

1. Interview with First Responders
2. Interviews with Random Staff

### Findings (By Provision):

115.264 (a): The updated PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The updated PAQ also stated that upon learning of an allegation that a resident 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. 14-2 CC Sexual Abuse Prevention and Response, page 19 states upon learning of sexual abuse, or an allegation of sexual abuse, the first security responder is required to complete the following: separate the alleged victim from the alleged abuser. When the alleged abuser is a resident, he/she shall be placed in secure location to facilitate the collection of evidence if required; preserve and protect the crime scene until appropriate steps can be taken to collect evidence of the crime scene and any investigation; if the alleged abuser is a staff member, that individual shall be separated from the alleged resident victim, and removed from the crime scene to another area pending consideration for possible reassignment; notify the highest supervisory authority on-site; if the abuse occurred within a period of time that allows for collection of physical evidence, responding staff shall, to the best of their ability, request that the victim 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; and if the abuse occurred within a time period that allows for collection of physical evidence and when the alleged abuser is a resident, staff shall ensure that the alleged abuser does not take any actions 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. The PREA Overview Facilitators Guide confirms that staff are advised of first responder duties during annual training. The updated PAQ indicated that during the previous twelve months, there was one allegation of sexual abuse but it did not require the separation of alleged victim and abuser, the preservation of the crime scene or evidence and requested/ensure actions were not taken to destroy physical evidence, including washing, brushing

teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The interview with the first responder indicated that first responder duties include; separating, protecting the crime scene, ensuring the victim and perpetrator do not destroy any evidence (i.e. showering, using restroom, etc.) and getting a medical assessment for the victim. There were two reported sexual abuse allegations during the previous twelve months, however neither involved any first responder duties. One was reported after the resident was no longer at the facility and the second was discovered by staff and the staff perpetrator was on administrative leave for an unrelated issue at that time. There were zero residents who reported sexual abuse and as such no interviews were conducted.

115.264 (b): The updated 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. The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, the responder is required notify security staff. 14-2 CC Sexual Abuse Prevention and Response, page 19 states if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then shall notify security staff. The updated PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse that involved a non-security first responder. There were two reported sexual abuse allegations during the previous twelve months, however neither involved any first responder duties. One was reported after the resident was no longer at the facility and the second was discovered by staff and the staff perpetrator was on administrative leave for an unrelated issue at that time. The interview with the first responder indicated that first responder duties include; separating, protecting the crime scene, ensuring the victim and perpetrator do not destroy any evidence (i.e. showering, using restroom, etc.) and getting a medical assessment for the victim. Interviews with six random staff indicated three were aware of first responder duties. The other three staff advised they would separate the individuals and contact the Director/PCM.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, PREA Overview Facilitator Guide, PREA Overview, Investigative Reports and interviews with random staff and staff first responders, this standard appears to require corrective action. Interviews with six random staff indicated three were aware of first responder duties. The other three staff advised they would separate the individuals and contact the Director/PCM.

Corrective Action



	<p>The facility will need to provide refresher training with staff on first responder duties. A copy of the training will need to be provided.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility conduct training through a mock sexual abuse allegation.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Staff Training</li> </ol> <p>The facility provided training with staff on first responder duties. Staff signatures were provided confirming receipt and understanding of the training.</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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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> </ol>

	<p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Director</li> </ol> <p>Findings (By Provision):</p> <p>115.265 (a): The updated 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. 14-2 CC Sexual Abuse Prevention and Response, page 18 states in order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that may include, but is not limited, to the following positions: Administrative Duty Officer (ADO), Security Representative, Program Representative and Victim Services Representative. The written institution Coordinated Response Plan is contained in section L of the facility specific policy. A review of the policy confirms that it outlines duties for first responders, supervisors, leadership staff, investigators and outside medical and mental health/victim advocacy services and it is specific for the facility. The Director confirmed that the facility has a plan and that it includes all the required components.</p> <p>Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, and the interview with the Director, this standard appears to be compliant.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Collective Bargaining Agreement</li> </ol> <p>Interviews:</p>

	<p>1. Interview with the Agency Head Designee</p> <p>Findings (By Provision):</p> <p>115.266 (a): The updated 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 a collective bargaining agreement or other agreement since the last PREA audit. As such this standard is not applicable. 14-2 CC Sexual Abuse Prevention and Response, page 30 states neither CoreCivic, nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. 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 with a resident pending an investigation or disciplinary action. The facility does not have a collective bargaining agreement, however a review of another facility's 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>115.266 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Collective Bargaining Agreement, and the interview with the Agency Head Designee, this standard appears to be compliant.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:
	1. Pre-Audit Questionnaire

2. 14-2 CC Sexual Abuse Prevention and Response
3. Investigative Reports
4. PREA Retaliation Monitoring Report (14-2D-CC)

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Director
3. Interview with Designated Staff Member Charged with Monitoring Retaliation

Findings (By Provision):

115.267 (a): The updated PAQ indicated that the agency has a policy to protection all residents and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PAQ supplemental documentation noted that the Facility Director (PREA Compliance Manager) is responsible for monitoring for retaliation. 14-2 CC Sexual Abuse Prevention and Response, page 22 states residents 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 residents or staff.

115.267 (b): 14-2 CC Sexual Abuse Prevention and Response, page 22 states ADO staff or the Facility Director will determine, on a case-by-case basis, whether or not placement of a staff member on administrative leave or in a non-contact role with the victim and/or other residents is warranted. This determination will take into account the gravity and credibility of the allegations. The facility shall employ multiple protection measures to monitor retaliation against residents including, but not limited to: housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, emotional support services for residents who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, periodic status checks and monitoring disciplinary reports, housing and program changes. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a resident or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated for both residents 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 residents 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 Director and monitoring staff indicated that she ensures retaliation is not occurring and that the retaliation is investigated. She advised that based on severity, staff may be placed on leave and residents may be separated, either by a room change or a transfer to a different facility or back to the parent facility. She confirmed emotional support services could be provided. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.267 (c): The updated PAQ stated that the agency/facility monitors the conduct and treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PC indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation. Additionally, the updated PAQ stated that the agency/facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need. 14-2 CC Sexual Abuse Prevention and Response, page 22 states for at least 90 days(30/60/90) following a report of sexual abuse, the facility shall monitor the conduct and treatment of residents who reported sexual abuse and residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by residents or staff. Monitoring shall be documented on the 14-2D-CC PREA Retaliation Monitoring Report (30/60/90) or contracting agency equivalent form. The facility shall employ multiple protection measures to monitor retaliation against residents including, but not limited to: housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, emotional support services for residents who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, periodic status checks, and monitoring disciplinary reports, housing and program changes. Pages 21-22 further state 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 changes that may suggest possible retaliation by residents or other staff. Monitoring shall be documented on the 14-2D-CC 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. Emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. A review of the PREA Retaliation Monitoring Report confirms that staff are directed to monitor signs that suggest possible retaliation

such as disciplinary, housing or program changes, staff reassignment and negative performance reviews. The form includes information on the individual being monitored, the type of status check (30/60/90 days) and comments related to the monitoring. The updated PAQ indicated that there had been no instances of retaliation in the previous twelve months. The Director and monitoring staff indicated that if retaliation was suspected they would conduct an investigation and notify agency staff of the retaliation issue. She confirmed monitoring would be conducted for 90 days, with almost daily periodic-status checks. Further, she stated there is no maximum amount of time for monitoring if there was an issue, it would just be continuous. The Director advised that when monitoring she reviews behaviors, signs of harm, job assignment changes, room changes, substance abuse concerns and any other reports by the resident. A review of documentation indicated there were two sexual abuse allegations reported during the previous twelve months. One victim was not in custody at the time of the reported allegation and the second escaped from custody the week after the allegation was reported. As such, no monitoring was completed on either victim.

115.267 (d): 14-2 CC Sexual Abuse Prevention and Response, page 22 states the facility shall employ multiple protection measures to monitor retaliation against residents including, but not limited to: housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, emotional support services for residents who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, periodic status checks, and monitoring disciplinary reports, housing and program changes. The facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need. A review of the PREA Retaliation Monitoring Report confirms that staff are directed to monitor signs that suggest possible retaliation such as disciplinary, housing or program changes, staff reassignment and negative performance reviews. The form includes information on the individual being monitored, the type of status check (30/60/90 days) and comments related to the monitoring. The interview with the Director/staff responsible for monitoring indicated that she conducts periodic status checks almost daily. A review of documentation indicated there were two sexual abuse allegations reported during the previous twelve months. One victim was not in custody at the time of the reported allegation and the second escaped from custody the week after the allegation was reported. As such, no monitoring was completed on either victim.

115.267 (e): 14-2 CC Sexual Abuse Prevention and Response, page 23 states If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall respond appropriately to protect that individual against retaliation. The interview with the Director and monitoring staff indicated that she ensures retaliation is not occurring and that the retaliation is investigated. She advised that based on severity, staff may be placed on leave and residents may be separated, either by a room change or a transfer to a different facility or back to the parent

facility. She confirmed emotional support services could be provided. The Director and monitoring staff indicated that if retaliation was suspected they would conduct an investigation and notify agency staff of the retaliation issue.

115.267(f): Auditor not required to audit this provision.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Investigative Reports, PREA Retaliation Monitoring Report (14-2D-CC) and interviews with the Agency Head Designee, Director and staff responsible for monitoring for retaliation, this standard appears to be complaint.

#### Recommendation

The auditor highly recommends that the facility review the monitoring for retaliation process to ensure they are aware of policy and procedure in the event monitoring is required.

115.271	Criminal and administrative agency investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire</li><li>2. 14-2 CC Sexual Abuse Prevention and Response</li><li>3. Investigator Training Records</li><li>4. CoreCivic Records Retention Schedule</li><li>5. Investigative Reports</li></ol> <p>Interviews:</p> <ol style="list-style-type: none"><li>1. Interview with Investigative Staff</li><li>2. Interview with the Director</li></ol>

### 3. Interview with the PREA Coordinator

#### Findings (By Provision):

115.271 (a): The updated PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 14-2 CC Sexual Abuse Prevention and Response, page 25 states 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. A review of the two investigative reports completed during the previous twelve months confirmed that both were completed within 30 days. Neither had an investigative report that detailed the actions taken and as such the auditor was unable to determine if the investigations were thorough and objective. Documentation was not provided that indicated whether all necessary interviews were completed, whether any and all evidence was reviewed, whether prior complaints were reviewed or whether any other actions were taken. The interview with the facility investigator confirmed that an investigation is initiated immediately following an allegation of sexual abuse or sexual harassment. She indicated she has never had a third party or anonymous report but it would still be taken seriously and investigated via the same process.

115.271 (b): 14-2 CC Sexual Abuse Prevention and Response, page 25 states the facility shall use investigators for administrative investigations who have received specialized training in sexual abuse investigations pursuant to Standard 115.234. The specialized training is completed through the National Institute of Corrections (NIC) Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting. A review of the training indicates Chapter 2 discusses Miranda and Garrity warnings, evidence collection and criteria to substantiate a case while Chapter 3 discusses interviewing sexual abuse victims. A review of documentation indicated that two facility staff are documented with the specialized training, including the one investigator who completed the two investigations from 2023.

115.271 (c): 14-2 CC Sexual Abuse Prevention and Response, pages 26-27 states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of the two investigative reports completed during the previous twelve months confirmed that both were completed within 30 days. Neither had an investigative report that detailed the actions taken and as such the auditor was unable to determine if the investigations were thorough and objective.



Documentation was not provided that indicated whether all necessary interviews were completed, whether any and all evidence was reviewed, whether prior complaints were reviewed or whether any other actions were taken. The interview with the facility investigator indicated her initial steps would be to contact her supervisor who would walk her through what forms need completed and she would follow-up with Longmont Police Department. She advised she would then interview both parties involved and gather as much information as possible to determine an outcome. She advised she would walk through the investigative checklist and forms and then forward information to requires agency staff. The investigator indicated she would be responsible for collecting evidence such as clothing, video, documentation, interviews and other physical evidence. She advised she may look into prior complaints.

115.271 (d): 14-2 CC Sexual Abuse Prevention and Response, page 27 states 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. A review of investigative reports indicated one was referred for criminal investigation. Neither administrative investigation reviewed documented any compelled interviews. The interview with the facility investigator indicated that the Police Department would handle any compelled interviews.

115.271 (e): 14-2 CC Sexual Abuse Prevention and Response, page 27 states 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 resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The interview with the investigator confirmed that she would not require a resident victim to take a polygraph or truth telling device test. She further stated she does not judge credibility but rather she takes everything into consideration during the investigation. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.271 (f): 14-2 CC Sexual Abuse Prevention and Response, page 25 states administrative investigations shall include an effort to determine whether staff actions or failures to act contribute to the abuse. Such investigations shall be documented on the 5-1G-CC Incident Investigation Report and shall detail the following components: investigative facts (i.e. specific details about what actually happened); physical evidence (e.g. clothes collected, medical evidence, etc.); testimonial evidence (e.g. witness statements); reasoning behind credibility assessments (i.e. why is the person deemed credible or not credible); investigative findings (i.e. discovery or outcome of the investigation); and an explanation as to

how the conclusion of the investigation was reached. A review of two allegations reported during the previous twelve months indicated neither had an investigative report completed. Documents were included in a folder related to incident reports and information about an investigative report that detailed information related to interviews, evidence, etc. was not completed. The interview with the facility investigator confirmed that administrative investigations are documented in written reports and include all paperwork involved in the incident, all incident reports and all other documents provided. She further stated when she conducts an investigation she reviews cameras, reports and interviews to determine if staff failed to document something or do something. Any failures would result in discipline.

115.271 (g): 14-2 CC Sexual Abuse Prevention and Response, page 27 states 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. There was one allegation reported to the Longmont Police Department that was investigated criminally. The facility did not have a copy of the completed investigation for review. The interview with the facility investigator indicated that the local Police Department conducts criminal investigations and they are documented in a report.

115.271 (h): The updated PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution and that there was one substantiated allegation of conduct that was referred for prosecution since the last PREA audit. 14-2 CC Sexual Abuse Prevention and Response, page 27 states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. There was one criminal investigations completed with the previous twelve months. The investigation was forwarded for prosecution, however the District Attorney declined to prosecute. The interview with the facility investigator indicated that all allegations are referred to the Police Department who determines if they want to investigation and if they do they would refer for prosecution.

115.271 (i): The updated 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 CC Sexual Abuse Prevention and Response, page 27 states 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 inmate release or post-employment of alleged abuser. A review of historical investigative reports indicate that information is retained by the agency.

115.271 (j): 14-2 CC Sexual Abuse Prevention and Response , page 25 states the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. The facility investigator confirmed that an investigation would be completed regardless of the departures of the staff member or resident. She also advised they would contact the Police Department.

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

115.271 (l): 14-2 CC Sexual Abuse Prevention and Response, page 26 states the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The interview with the PC indicated that the agency remains informed of the process of the investigation through direct contact with the local law enforcement agency. The interview with the Director indicated that when outside law enforcement conducts an investigation she reaches out to them to remain informed of the progress. The facility investigator stated her role in outside investigation is to just follow-up with them.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Investigator Training Records, CoreCivic Records Retention Schedule, Investigative Reports and information from interviews with the Director, PREA Coordinator and facility investigator, this standard appears to require corrective action. A review of the two investigative reports completed during the previous twelve months confirmed that both were completed within 30 days. Neither had an investigative report that detailed the actions taken and as such the auditor was unable to determine if the investigations were thorough and objective. Documentation was not provided that indicated whether all necessary interviews were completed, whether any and all evidence was reviewed, whether prior complaints were reviewed or whether any other actions were taken. The investigator indicated she would be responsible for collecting evidence such as clothing, video, documentation, interviews and other physical evidence. She advised she may look into prior complaints.

Corrective Action

Training will need to be provided with facility investigators on thorough and objective investigations. Staff will also need to be trained on investigative reports and proper documentation in an investigative report. A copy of the training will need

to be provided. Further, a list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigative reports 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. Training on Investigations
2. Sexual Abuse Investigation
3. Investigator Training Record

The PC provided training over Microsoft Teams with facility investigators on the investigative report template and the necessary elements of a thorough and objective investigation under this standard. The training included a PowerPoint, Investigation Outline, Flow Chart and Instructions.

There was one allegation of sexual abuse reported during the corrective action period (zero other allegations were reported) and the investigation was documented in a written report. A review of the investigative report confirmed it was thorough and objective. The report included necessary elements, including the initial allegation, interviews, review of evidence (video) and a review of prior complaints of the alleged perpetrator.

The facility provided one originally requested specialized training document. The second staff that completed the investigations from 2021 is no longer employed. The investigator who completed the 2023 investigations had a certificate confirming she completed the NIC specialized investigator training.

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

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 453 378">Documents:</p> <ol data-bbox="280 412 1031 591" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Investigative Reports</li> </ol> <p data-bbox="280 703 437 736">Interviews:</p> <ol data-bbox="280 770 820 804" style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> </ol> <p data-bbox="280 916 612 949">Findings (By Provision):</p> <p data-bbox="280 1061 1458 1756">115.272 (a): The updated 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. 14-2 CC Sexual Abuse Prevention and Response, page 25 states 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 two investigative reports completed during the previous twelve months confirmed that both were completed within 30 days. Neither had an investigative report that detailed the actions taken and as such the auditor was unable to determine if the investigations were thorough and objective. Documentation was not provided that indicated whether all necessary interviews were completed, whether any and all evidence was reviewed, whether prior complaints were reviewed or whether any other actions were taken. As such the auditor was unable to determine the level of evidence utilized to substantiated. The interview with the facility investigator indicated they would require solid evidence to substantiated such as camera footage or text messages, something to prove it occurred.</p> <p data-bbox="280 1868 1474 2069">Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, investigative reports and information from the interview with the facility investigator indicates that this standard appears to require corrective action. A review of the two investigative reports completed during the previous twelve months confirmed that both were completed within 30 days. Neither had an investigative report that</p>

detailed the actions taken and as such the auditor was unable to determine if the investigations were thorough and objective. Documentation was not provided that indicated whether all necessary interviews were completed, whether any and all evidence was reviewed, whether prior complaints were reviewed or whether any other actions were taken. As such the auditor was unable to determine the level of evidence utilized to substantiated. The interview with the facility investigator indicated they would require solid evidence to substantiated such as camera footage or text messages, something to prove it occurred.

#### Corrective Action

Training will need to be completed with facility investigators on the level of evidence to substantiate an administrative investigations. A copy of the training will need to be provided. Further, a list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigative reports 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. Training on Investigations
2. Sexual Abuse Investigation

The PC provided training over Microsoft Teams with facility investigators on the investigative report template, necessary elements of a thorough and objective investigation and level of evidence required to substantiate an investigation. The training included a PowerPoint, Investigation Outline, Flow Chart and Instructions.

There was one allegation of sexual abuse reported during the corrective action period (zero other allegations were reported) and the investigation was documented in a written report. A review of the investigative report confirmed the facility utilized

	<p>a preponderance of the evidence. The investigation was substantiated.</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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<b>115.273</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Inmate/Resident PREA Allegation Status Notification (14-2E-CC)</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Director</li> <li>2. Interview with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.273 (a): The updated PAQ indicated that the agency has a policy requiring that any resident 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. 14-2 CC Sexual Abuse Prevention and Response, page 28 states following an investigation into a resident's allegation that he/she suffered sexual abuse at the facility, the resident 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 resident. The updated PAQ indicated there was one administrative and/or criminal investigations of alleged resident sexual abuse completed by the facility during the</p>

past twelve months, and zero residents were notified, verbally or in writing, of the results of the investigation. A review of the Inmate/Resident PREA Allegation Status Notification indicated that it included a section for basic information related to the incident, a section for the investigative outcome (substantiated, unsubstantiated or unfounded) and information related to the abuser (i.e. if the employee is no longer posted in the unit, if the employee is no longer employed at the facility, if the alleged abuser has been indicted and/or if the alleged abuser has been convicted). A review of investigative reports indicated there were two allegations reported during the previous twelve months. One resident was not at the facility at the time of the reported allegation. The second escaped a week after the reported allegation, however the investigation was completed prior to the escape. The facility did not provide a victim notification prior to the escape. Interviews with the Director and investigator noted that residents are notified of the outcome of the investigation into their allegation. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.273 (b): The updated PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. 14-2 CC Sexual Abuse Prevention and Response, page 28 states following an investigation into a resident's allegation that he/she suffered sexual abuse at the facility, the resident 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 resident. The updated PAQ indicated that there was one investigation completed within the previous twelve months by an outside agency and zero notifications provided. A review of documentation indicated there was one criminal investigation completed. No documentation was provided related to a notification, however the resident escaped a week after the allegation and as such she was not in custody at the time the criminal investigation was concluded.

115.273 (c): The updated PAQ indicated that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns 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 CC Sexual Abuse Prevention and Response, page 28 states following a resident's allegation that an employee has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless the facility has determined that the allegation is unfounded) whenever: the employee is no longer posted within the resident's unit as a result of the findings of the investigation; the employee is no



longer employed at the facility as a result of the allegation; the facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or the facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. A review of the Inmate/Resident PREA Allegation Status Notification indicated that it included a section for basic information related to the incident, a section for the investigative outcome (substantiated, unsubstantiated or unfounded) and information related to the abuser (i.e. if the employee is no longer posted in the unit, if the employee is no longer employed at the facility, if the alleged abuser has been indicted and/or if the alleged abuser has been convicted). The updated PAQ indicated that there has been a substantiated or unsubstantiated allegation of sexual abuse committed by a staff member against a resident in the previous twelve months. A review of investigative reports confirmed there were two substantiated sexual abuse allegation against a staff member in the previous twelve months. There was no notifications required under this provision as one resident was not at the facility at the time of the reported allegation and the second escaped prior to the staff being terminated. Further, the District Attorney refused to prosecute the one staff perpetrator. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.273 (d): The updated PAQ indicated that following a resident's allegation that he or she has been sexually abused by another resident, 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 CC Sexual Abuse Prevention and Response, page 28 states following a resident's allegation that he/she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever: the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of the Inmate/Resident PREA Allegation Status Notification indicated that it included a section for basic information related to the incident, a section for the investigative outcome (substantiated, unsubstantiated or unfounded) and information related to the abuser (i.e. if the employee is no longer posted in the unit, if the employee is no longer employed at the facility, if the alleged abuser has been indicted and/or if the alleged abuser has been convicted). A review of investigative reports confirmed that there were no resident-on-resident sexual abuse allegations reported during the previous twelve months. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.273 (e): The updated PAQ indicated that the agency has a policy that all notifications to residents described under this standard are documented. 14-2 CC Sexual Abuse Prevention and Response, page 28 states all resident notifications or

attempted notifications shall be documented on the 14-2E-CC Resident Allegation Status Notification. The resident shall sign the 14-2E-CC Resident Allegation Status Notification, verifying that such notification has been received. The signed 14-2E-CC Resident Allegation Status Notification shall be filed in the resident's file. A review of the Inmate/Resident PREA Allegation Status Notification indicated that the inmate/resident signs the form as well as a witness. The updated PAQ stated that there were zero notifications made to residents made pursuant to this standard. A review of investigative reports indicated there were two allegations reported during the previous twelve months. One resident was not at the facility at the time of the reported allegation. The second escaped a week after the reported allegation, however the investigation was completed prior to the escape. The facility did not provide a victim notification prior to the escape.

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

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Inmate/Resident PREA Allegation Status Notification (14-2E-CC), Investigative Reports and information from interviews with the Director and facility investigator, this standard appears to require corrective action. A review of investigative reports indicated there were two allegations reported during the previous twelve months. One resident was not at the facility at the time of the reported allegation. The second escaped a week after the reported allegation, however the investigation was completed prior to the escape. The facility did not provide a victim notification prior to the escape.

#### Corrective Action

The facility will need to ensure notifications are made pursuant to this standard. A list of sexual abuse allegations during the corrective action period and associated notification 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.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Sexual Abuse Investigation</li> <li>2. Victim Notification</li> </ol> <p>There was one allegation of sexual abuse reported during the corrective action period. The facility provided the victim notification (14-2E-CC) that was provided to the resident at the conclusion of the investigation. The form noted the investigation was substantiated and that the perpetrator was indicted. Further communication with the Director indicated the box was checked incorrectly as she was unaware of the process for those boxes. The auditor and PC advised the Director about the additional boxes on the form.</p> <p>The facility provided an updated form with the investigative outcome checked and the other boxes marked "NA". The resident victim was no longer at the facility so the update notification was not provided to her, however it was to illustrate the staff were aware how to accurately complete the form.</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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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Investigative Reports</li> </ol> <p>Findings (By Provision):</p> <p>115.276 (a): The updated PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual</p>

harassment policies. 14-2 CC Sexual Abuse Prevention and Response, page 29 states employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies. A review of documentation indicated there were two substantiated staff on resident sexual abuse investigations during the previous twelve months. One was investigated criminally by the Police Department and forwarded for prosecution. The District Attorney declined to prosecute. Both staff were terminated.

115.276 (b): The updated PAQ indicated there was one staff member who violated the sexual abuse and sexual harassment policies over the previous twelve months and two staff who were terminated for violating agency sexual abuse or sexual harassment policies. 14-2 CC Sexual Abuse Prevention and Response, page 29 states termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. A review of documentation indicated there were two substantiated staff on resident sexual abuse investigations during the previous twelve months. One was investigated criminally by the Police Department and forwarded for prosecution. The District Attorney declined to prosecute. Both staff were terminated.

115.276 (c): The updated 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. 14-2 CC Sexual Abuse Prevention and Response, page 29 states disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. The updated PAQ indicated there were zero 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 documentation indicated there were two substantiated staff on resident sexual abuse investigations during the previous twelve months. One was investigated criminally by the Police Department and forwarded for prosecution. The District Attorney declined to prosecute. Both staff were terminated.

115.276 (d): The updated 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. 14-2 CC Sexual Abuse Prevention and Response, page 29 states all employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated

	<p>if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The updated PAQ indicated that there was one staff member disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and one staff members were reported to law enforcement or relevant licensing bodies. A review of documentation indicated there were two substantiated staff on resident sexual abuse investigations during the previous twelve months. One was investigated criminally by the Police Department and forwarded for prosecution. The District Attorney declined to prosecute. Both staff were terminated.</p> <p>Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response and investigative reports indicates that this standard appears to be compliant.</p>
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<b>115.277 Corrective action for contractors and volunteers</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Director</li> </ol> <p>Findings (By Provision):</p> <p>115.277 (a): The updated 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 residents. 14-2 CC Sexual Abuse Prevention and Response, page 29 states any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to any relevant</p>

licensing body. The updated PAQ indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports indicated there were no reported sexual abuse allegations against a volunteer or contractor and as such discipline was not required.

115.277 (b): The updated PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 14-2 CC Sexual Abuse Prevention and Response, page 30 states any other violation of CoreCivic sexual abuse or sexual harassment policies by a contractor or volunteer will result in appropriate corrective action up to and including restricting contact with residents and removal from the facility. The interview with the Director indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in an investigation and referral to the local Police Department for investigation. She further advised they would probably eliminate contact with that contractor or volunteer and resident while the investigation is conducted.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, investigative reports and information from the interview with the Director, this standard appears to be compliant.

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Director</li> <li>2. Interview with Medical and Mental Health Staff</li> </ol>

Findings (By Provision):

115.278 (a): The updated PAQ stated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. 14-2 CC Sexual Abuse Prevention and Response, page 29 states residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The updated PAQ indicated there has been zero administrative finding of guilt for resident-on-resident sexual abuse within the previous twelve months and zero criminal findings of guilt for resident-on-resident sexual abuse. A review of documentation indicated there were zero resident-on-resident reported sexual abuse allegations in the previous twelve months. Further review of two investigations from 2021 indicated there was one substantiated resident-on-resident allegation. The perpetrator was transferred back to the client facility (local jail). It should be noted the investigative report provided did not provide a preponderance of the evidence.

115.278 (b): 14-2 CC Sexual Abuse Prevention and Response, page 29 states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The interview with the Director indicated if a resident violated the sexual abuse or sexual harassment policies he/she would get a write up and go through the disciplinary process. She stated, depending on the severity, they would be returned to the client facility. She further indicated that disciplinary sanctions would be consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and sanctions imposed for comparable offenses by other residents.

115.278 (c): 14-2 CC Sexual Abuse Prevention and Response, page 29 states the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The interview with the Director confirmed that a resident's mental disability or mental illness would be considered in the disciplinary process.

115.278 (d): The updated PAQ stated that the facility does not offer therapy, counseling or other interventions designed to address and correct underlying

reasons or motivations for the abuse and as such the facility does not consider whether to require the offending resident to participate in these interventions as a condition of access to programming and other benefits. 14-2 CC Sexual Abuse Prevention and Response, page 98 states if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.278 (e): The updated PAQ stated that the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. 14-2 CC Sexual Abuse Prevention and Response, page 29 states a resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact.

115.278 (f): The updated PAQ stated 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. 14-2 CC Sexual Abuse Prevention and Response, page 29 states residents who deliberately allege false claims of sexual abuse may be disciplined. For the purposes 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.

115.278 (g): The updated PAQ indicated that the agency prohibits all sexual activity between residents and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 14-2 CC Sexual Abuse Prevention and Response, page 29 states sexual activity between residents is prohibited in all CoreCivic facilities, and residents may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, investigative reports and information from the interview with the Director, this standard appears to be compliant.



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 14-2 CC Sexual Abuse Prevention and Response
3. Investigative Reports

Interviews:

1. Interview with First Responders

Findings (By Provision):

115.282 (a): The PAQ indicated that resident 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 updated PAQ stated that medical and mental health staff maintain secondary materials documenting services. 14-2 CC Sexual Abuse Prevention and Response, page 23 states resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which shall be determined by community medical and mental health practitioners according to their professional judgement. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is conducted in the community. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of documentation indicated there were two staff-on-resident sexual abuse allegations. One victim was not at the facility at the time of the allegation. The second was at the facility a week, but the allegation involved sexually inappropriate text messages and as such no emergency medical or mental health services were provided.

115.282 (b): 14-2 CC Sexual Abuse Prevention and Response, page 23 states if the facility does not have qualified medical or mental health practitioners on staff, security staff first responders shall take preliminary steps to protect the victim. The interview with the first responder indicated that first responder duties include;

separating, protecting the crime scene, ensuring the victim and perpetrator do not destroy any evidence (i.e. showering, using restroom, etc.) and getting a medical assessment for the victim. A review of documentation indicated there were two staff-on-resident sexual abuse allegations. One victim was not at the facility at the time of the allegation. The second was at the facility a week, but the allegation involved sexually inappropriate text messages and as such no emergency medical or mental health services were provided.

115.282 (c): The PAQ stated that resident 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. 14-2 CC Sexual Abuse Prevention and Response, page 23 states resident victims of sexual abuse shall be offered timely information about and referral for timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of documentation indicated there were two staff-on-resident sexual abuse allegations. One victim was not at the facility at the time of the allegation. The second was at the facility a week, but the allegation involved sexually inappropriate text messages and as such no emergency medical or mental health services were provided.

115.282 (d): The PAQ indicated that treatment and services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 14-2 CC Sexual Abuse Prevention and Response, page 23 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Investigative Reports, observations made during the tour and information from the interview with the first responder, the facility appears to meet this standard.

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. 14-2 CC Sexual Abuse Prevention and Response
3. Memorandum of Understanding with The Blue Bench
4. Investigative Reports

Findings (By Provision):

115.283 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 14-2 CC Sexual Abuse Prevention and Response, page 23 states the facility shall offer all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility medical and mental health evaluation and treatment as appropriate. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is conducted in the community. A review of documentation indicated there were two staff-on-resident sexual abuse allegations. One victim was not at the facility at the time of the allegation. The second was at the facility a week, but the allegation involved sexually inappropriate text messages.

115.283 (b): 14-2 CC Sexual Abuse Prevention and Response, page 23 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. A review of documentation indicated that the facility has an MOU with The Blue Bench. The MOU was established to fulfill requirements in PREA standards 115.221, 115.253 and 115.283. The MOU states that Blue Bench will provide a victim advocate, and as requested by the victim, the 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 was executed in October 2019. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is provided in the community. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of documentation indicated there were two staff-on-resident sexual abuse allegations. One victim was not at the facility at the time of the allegation. The second was at the facility a week, but the allegation

involved sexually inappropriate text messages.

115.283 (c): 14-2 CC Sexual Abuse Prevention and Response, page 23 states the facility shall provide such victims with medical and mental health services consistent with the community level of care. All routine and emergency medical and mental health care are conducted in the community. Medical and mental health services are provided in the community and the community organizations maintain medical and mental health documentation. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.283 (d): The updated PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 14-2 CC Sexual Abuse Prevention and Response, page 23 states resident victims of sexually abusive vaginal penetration while incarcerated shall be offered referral for pregnancy tests. If pregnancy results, such victims shall receive timely and comprehensive information about and timely access to, all lawful pregnancy-related medical services. A review of documentation indicated there were two staff-on-resident sexual abuse allegations. One victim was not at the facility at the time of the allegation. The second was at the facility a week, but the allegation involved sexually inappropriate text messages and as such no services under this provision were provided.

115.283 (e): The updated PAQ indicated if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. 14-2 CC Sexual Abuse Prevention and Response, page 23 states resident victims of sexually abusive vaginal penetration while incarcerated shall be offered referral for pregnancy tests. If pregnancy results, such victims shall receive timely and comprehensive information about and timely access to, all lawful pregnancy-related medical services. The facility does not employ medical or mental health care staff and as such no interviews were conducted. A review of documentation indicated there were two staff-on-resident sexual abuse allegations. One victim was not at the facility at the time of the allegation. The second was at the facility a week, but the allegation involved sexually inappropriate text messages and as such no services under this provision were provided.

115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 14-2 CC Sexual Abuse Prevention and Response, page 23 states resident victims of sexual abuse while incarcerated shall be referred for tests for sexually transmitted infections as medically appropriate. There were zero residents

who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of documentation indicated there were two staff-on-resident sexual abuse allegations. One victim was not at the facility at the time of the allegation. The second was at the facility a week, but the allegation involved sexually inappropriate text messages and as such no medical services under this provision were required.

115.283 (g): 14-2 CC Sexual Abuse Prevention and Response, page 23 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.283 (h): The updated PAQ indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 14-2 CC Sexual Abuse Prevention and Response, page 11 states all known resident- on-resident abusers shall have a documented referral to an appropriate facility for a mental health evaluation within 60 days of learning of such abuse history. Referrals for treatment shall be offered when deemed appropriate by mental health practitioners. There were no resident-on-resident sexual abuse allegations reported during the previous twelve month and as such there were no known resident-on-resident abusers that were required to be evaluated by mental health. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Memorandum of Understanding with The Blue Bench, Investigative Reports and observations made during the tour this standard appears to be compliant.

115.286	Sexual abuse incident reviews
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents: <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> </ol>

3. Investigative Reports

4. Sexual Abuse or Assault Incident Review Form (14-2F-CC)

Interviews:

1. Interview with the Director

2. Interview with the PREA Coordinator

3. Interview with Incident Review Team

Findings (By Provision):

115.286 (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. 14-2 CC Sexual Abuse Prevention and Response, page 27 states the PREA Compliance Manager shall 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 updated PAQ indicated there were two criminal and/or administrative investigation of alleged sexual abuse completed at the facility, excluding those that are unfounded. A review of documentation confirmed there were two sexual abuse allegation reported over the previous twelve months. A sexual abuse incident review was completed for both however there were no dates of completion.

115.286 (b): The updated 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. 14-2 CC Sexual Abuse Prevention and Response, page 27 states Sexual Abuse Incident reviews review shall occur within 30 days of the conclusion of the investigation. 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 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 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. The updated PAQ indicated there were two sexual abuse incident reviews completed within 30 day of

the conclusion of the investigation. A review of documentation confirmed there were two sexual abuse allegations reported over the previous twelve months. A sexual abuse incident review was completed for both however there were no dates of completion.

115.286 (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. 14-2 CC Sexual Abuse Prevention and Response, page 27 states in addition to the PREA Compliance Manager, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, and investigators. Medical or mental health practitioners may be used if assigned on-site to the facility. A review of documentation confirmed there were two sexual abuse allegations reported over the previous twelve months. Sexual abuse incident reviews were completed for both. The review team included the all those under this provision with the exception of medical and mental health care staff. The interview with the Director confirmed that sexual abuse incident reviews are completed and the reviews include upper level management officials, line supervisors and investigators.

115.286 (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. 14-2 CC Sexual Abuse Prevention and Response, page 27 states all findings and recommendations for improvement will be documented on the 14-2F-CC Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. Completed 14-2F-CC forms will be forwarded to the Facility Director, the PREA Compliance Manager, and the FSC PREA Coordinator/designee. A review of the Sexual Abuse or Assault Incident Review Form indicated that it includes basic information on the incident, review team members, incident details, investigation details and incident review findings. The incident review finding section includes the required components under this provision, including: one question on group dynamics; three questions on staffing; three questions on physical plant; ten questions on incident response and a section for recommendations and implementation and/or justification. A review of the two completed sexual abuse incident reviews confirmed they were completed on the Sexual Abuse or Sexual Assault Incident Review Form, however they were checklist only and did not include any incident specific information. Interviews with the Director, PCM and incident review team member confirmed that these the facility conducts sexual abuse incident reviews and they include the required elements under this standard. The Director stated that information from the review is utilized to help prevent incidents in the future and to put additional safety measures in place if needed. The PC stated that the facility completes sexual abuse incident reviews via the 14-2F-CC. He stated he is part of the review and that he has not

noticed any trends. He further stated that once the report is submitted the Facility Director is tasked with taking any corrective action to address any findings.

115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 14-2 CC Sexual Abuse Prevention and Response, page 27 states the facility shall implement the recommendations for improvement or shall document reasons for not doing so. A review of the Sexual Abuse or Assault Incident Review Form indicated that it includes basic information on the incident, review team members, incident details, investigation details and incident review findings. The incident review finding section includes the required components under this provision, including: one question on group dynamics; three questions on staffing; three questions on physical plant; ten questions on incident response and a section for recommendations and implementation and/or justification. A review of documentation confirmed the two sexual abuse incident reviews were completed on the Sexual Abuse or Assault Incident Review Form which includes a section for recommendations. Neither included any recommendations.

Based on a review of the PAQ, 14-2 CC Sexual Abuse Prevention and Response, Investigative Reports, Sexual Abuse or Assault Incident Review Form (14-2F-CC) and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to require corrective action. A review of documentation confirmed there were two sexual abuse allegation reported over the previous twelve months. A sexual abuse incident review was completed for both however there were not dates of completion. A review of the two completed sexual abuse incident reviews confirmed they were completed on the Sexual Abuse or Sexual Assault Incident Review Form, however they were checklist only and did not include any incident specific information.

#### Corrective Action

The facility will need to ensure sexual abuse incident reviews include a date of completion as well as incident specific information for each component required under provision (d). 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



	<p>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.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Staff Training</li> <li>2. Sexual Abuse Investigation</li> <li>3. Sexual Abuse or Assault Incident Review Form (14-2F-CC)</li> </ol> <p>The PC provided training over Microsoft Teams with facility staff on the sexual abuse incident review team. The training included a PowerPoint and instruction on proper completion of the 14-2F-CC.</p> <p>There was one allegation of sexual abuse reported during the corrective action period. The facility provided the investigative report and the 14-2F-CC. The 14-2F-CC was completed within 30 days of the conclusion of the investigation. The sexual abuse incident review included narrative information in the incident section as well as recommendation for lighting to improve video monitoring quality. While, information as contained on the form, the auditor noted that the remaining sections of the form which outline the elements under provision (d) did not have any narrative. The facility staff updated the 14-2F-CC and included information in each section, rather than in the incident summary section. The updated form was provided to the auditor as confirmation that staff were aware of how to complete the form with narrative in the appropriate sections, in the future.</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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<b>115.287</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> </ol>

2. 14-2 CC Sexual Abuse Prevention and Response

3. CoreCivic Annual PREA Reports

Findings (By Provision):

115.287 (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 and set of definitions. 14-2 CC Sexual Abuse Prevention and Response, page 30 states 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 5-1 CC reporting system as required by CoreCivic Policy 5-1 CC Incident Reporting and 5-1 BB-CC Incident Reporting Definitions. 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.

115.287 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 14-2 CC Sexual Abuse Prevention and Response, page 30 states the incident-based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization 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 at a date requested by that Department. A review of CoreCivic Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

115.287 (c): The PAQ indicated 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 CC Sexual Abuse Prevention and Response, page 30 states the incident-based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization 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 at a date requested by that Department. 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.

	<p>115.287 (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 CC Sexual Abuse Prevention and Response, page 30 states CoreCivic shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.287 (e): The PAQ indicated this provision does not apply. The agency does not contract for the confinement of its residents. The agency is a private for profit company and houses other agency residents</p> <p>115.287 (f): The PAQ indicated that this provision is not applicable as the Department of Justice has not requested agency data.</p> <p>Based on a review of the PAQ, 14-2-CC 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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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. CoreCivic Annual PREA Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with the PREA Coordinator</li> </ol>

Findings (By Provision):

115.288 (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 CC Sexual Abuse Prevention and Response, page 30 states 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 problem areas and taking corrective action on an ongoing basis. CoreCivic will prepare an annual report of findings and corrective actions. 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 resident 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. He stated that files and information relative to investigations of PREA allegations are retained in the Incident Report Database which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules. He 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.

115.288 (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 CC Sexual Abuse Prevention and Response, page 30 states 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 problem areas and taking corrective action on an ongoing basis. CoreCivic will prepare an annual report of findings and corrective actions. 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 corrective action. The report compares the data from the current year with the previous years.

115.288 (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 CC Sexual Abuse Prevention and Response, page 30 states the CoreCivic Annual report shall be approved by the company Chief Corrections 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. The report is published online at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

115.288 (d): The PAQ was blank for a response but indicated that the facility does not redact information from the annual report as PII is not included. Further communication with the PC indicated if the agency would have to redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 14-2 CC Sexual Abuse Prevention and Response, page 30 states 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 report 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 residents or staff.

Based on a review of the PAQ, 14-2-CC 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.

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 453 378">Documents:</p> <ol data-bbox="280 412 1031 591" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 14-2 CC Sexual Abuse Prevention and Response</li> <li>3. CoreCivic Annual PREA Reports</li> </ol> <p data-bbox="280 703 437 736">Interviews:</p> <ol data-bbox="280 770 868 804" style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> </ol> <p data-bbox="280 916 612 949">Findings (By Provision):</p> <p data-bbox="280 1061 1477 1509">115.289 (a): The PAQ stated that the agency ensures that incident based data and aggregated data is securely retained. 14-2 CC Sexual Abuse Prevention and Response, page 30 states all case records associated with claims of sexual abuse, including incident reports, investigative reports, resident 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 1-15 CC 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. He stated hard copy files are secured at each facility and all records are subject to record retention schedules.</p> <p data-bbox="280 1621 1461 1991">115.289 (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 CC Sexual Abuse Prevention and Response, page 30 states the CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website. A review of the website: <a href="https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea">https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea</a> confirmed that the current annual report, which includes aggregated data, is available to the public online.</p>

	<p>115.289 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PAQ further stated that the agency maintains sexual abuse data collected pursuant to 115.287 for at least ten years after the date of initial collection, unless federal, state, or local law requires otherwise. 14-2 CC Sexual Abuse Prevention and Response, page 30 states 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 available.</p> <p>115.289 (d): 14-2 CC Sexual Abuse Prevention and Response, page 31 states the agency shall maintain sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident 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 1-15 CC Retention of Records. 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-CC 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
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <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 indicate that at least one third of the agency's facilities are audited each year.</p> <p>115.401 (b): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year. The facility is being audited in the second 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 residents.</p> <p>115.401 (n): The facility provided photos confirming the audit announcement was posted around the facility at least six weeks prior to the on-site portion of the audit. During the tour the auditor observed the audit announcement on letter size paper in English and Spanish. The audit announcement was posted in common areas, at the front entrance, on the wall in the dayroom and on the bulletin board of the living area. The audit announcement advised the residents that correspondence with the auditor would remain confidential unless the resident reported information such as sexual abuse, harm to self or harm to others.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings (By Provision):</p> <p>115.403 (f): A review of the website confirmed that the agency has uploaded final reports for audited facilities.</p>



<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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 community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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 residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents 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 with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na



	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy 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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents 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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na



	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	na



	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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 a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	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:4. Monitor resident 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 resident 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes



	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	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.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes



<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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.)	yes
	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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