

POLICY:

The Center For Community Transitions has a zero-tolerance policy for any sexual contact or sexual harassment, whether consensual or non-consensual, between residents and between residents and staff members. Any behavior of a sexual nature whether verbal, nonverbal, or physical is strictly prohibited at The Center for Community Transitions.

Prohibited sexual behavior includes sexual assault, sexual misconduct, staff sexual conduct in a correctional institution, and sexual harassment. Every report or observation of prohibited sexual behavior between residents or between residents and staff shall follow this policy for the prevention of, response to, training and education of, risk screening for, reporting of, response to, investigation of, for, medical and mental health care following, and data collection of incidents of prohibited sexual behavior.

A. PROCEDURE: GENERAL DEFINITIONS

a. **Gender nonconforming:** a person whose appearance or manner does not conform to traditional societal gender expectations.

b. **Intersex:** a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

c. **Transgender:** a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

B. DEFINITIONS RELATED TO SEXUAL ABUSE

a. Prohibited Sexual Behavior Definitions:

i. **Rape:** the carnal knowledge, oral sodomy, sexual assault with an object, sexual fondling of a person, forcibly or against that person's will, or not forcibly or against the person's will, where the victim is incapable of giving consent,

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because of his or her youth, temporary or permanent mental or physical incapacity, the carnal knowledge achieved through the exploitation of the fear or threat of physical violence or bodily injury.

ii. **Sexual Assault:** The act or attempted act of unwelcome sexual intrusion, sexual contact or sexual penetration by any person on another by force, threat, coercion, or intimidation

iii. **Sexual Abuse:** Sexual behavior directed towards a person that does not or cannot consent or is coerced to include but not limited to any of the following acts:

A) Contact between the mouth, penis, breast, buttocks, vulva, anus or any body part with the intent to abuse, arouse, stimulate or gratify sexual desire

B) Any other intentional contact either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, or where the CCT employee, contract worker or volunteer has the intent to abuse arouse, or gratify sexual desire, excluding contact incidental to a physical altercation

C) Any threat of physical force or pressure for sexual acts or requests for sexual acts

D) Romantic or sexual relationships between CCT employees, contractors, or volunteers and offenders are prohibited.

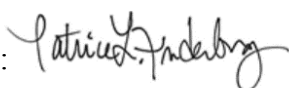
iv. **Sexual Misconduct:** Sexual intrusion, sexual contact or sexual penetration with consent between residents. Sexual Misconduct does not include staff, as there is no legal consent between residents and staff.

v. **Sexual Conduct in a Correctional Institution:** An employee, contract employee, or volunteer of a correctional institution, or an individual who performs work or volunteer functions in a correctional institution, who engages in sexual conduct with a person who is in lawful custody in a correctional institution,

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commits the offense of sexual conduct in a correctional institution, pursuant to C.R.S. 18-7 -701.

If charged and convicted, a possible condition could be the requirement of the staff member to register as a sex offender.

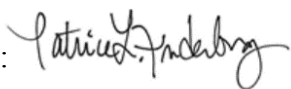
vi. Sexual Harassment: Includes any non-contact behavior or act that subjects another person to verbal or written statements or gestures of sexual or romantic nature; creating or encouraging an atmosphere of intimidation, hostility or offensiveness as perceived by the individual who observes the sexually offensive behavior or act, including but not limited to the following:

- A) Any repeated and/or unwelcome sexual advances, requests for sexual favors, obscene or profane language or verbal comments or actions of a derogatory or offensive sexual nature, including demeaning references to gender, inappropriate, sexually suggestive or derogatory comments about body or clothing, or obscene language or sexually harassing gestures, or written statements of a sexual or romantic nature.
- B) Indecent exposure or any intentional or unwanted displays of anus, genitals, breasts or other body parts to sexually harass another person or masturbation in the presence or direct vision of another person.
- C) Voyeurism or invasion of privacy for the purpose of sexual gratification or intent to abuse or arouse sexual desire.
- D) Taking or soliciting photographs or images of a person's nude breasts, genitalia, buttocks, naked body or while performing bodily functions.
- E) Any unwelcome sexual advances, requests for sexual favors, unequal treatment, or other unwelcome verbal and physical conduct based on sex
- F) Submission to such conduct is made either explicitly or implicitly as a term or condition of an individual's employment; or
- G) Submission to or rejection of such conduct is used as the basis for

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employment decisions about a person; or

H) Such conduct has the purpose or effect of substantially and unreasonably interfering with a CCT employee, contractor, or volunteer's work performance or creating an intimidating, hostile, or offensive work or educational environment.

C. PREVENTION

a. Deliberate indifference

i. Staff could be held personally liable:

A) If he/she fails to anticipate and take action to prevent sexual assault in cases of obviously vulnerable offenders.

B) If he/she fails to take steps to investigate substantial risks to resident health and safety (to confirm any dangers, and take action to protect vulnerable residents).

C) If he/she fails to investigate, report, and help to prosecute residents' sexual assaults.

ii. It is critical that all employees take this issue seriously by investigating and reporting suspected issues.

iii. Investigating simply means looking into the issue. It is always appropriate to report and document.

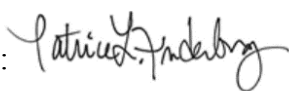
iv. Staff can be sued as an employee, intern, volunteer or contractor of a Community Confinement facility and also as an individual.

v. If staff is found guilty of willful and wanton misconduct or conduct outside the course and scope of job duties, he/she could lose assets including personal property.

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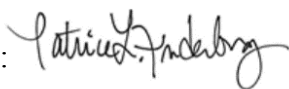
b. Agency Protection Duties

- i. When staff learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.
- ii. Staff will ensure that residents can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine dorm room checks.
 - A) Staff of the opposite gender announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.
- iii. CCT staff will 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.
- iv. CCT will make individualized determinations about whether the placement of a transgender resident is appropriate.
 - A) Transgender and intersex residents may have special housing needs, where facility capacity can/can not accommodate them. Housing may be determined using the following criteria:
 - a. Seriously consider the residents own ideas and concerns regarding housing placement.
 - b. Review facility capacity and accommodations with consideration of safety and security concerns.

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c. Work with residents to make the most appropriate placement to enhance their safety and security.

B) Examples include: Room occupancy, using private or staff bathrooms, having separate showering schedules from the other residents and placing beds closest to the security office

v. CCT staff will never conduct strip or body cavity searches under any circumstances

vi. CCT has designated an upper-level, facility-wide PREA coordinator to develop, implement, and oversee CCT's effort to comply with the PREA standards in all of its facilities.

c. Residents with Disabilities and Residents who are Limited English Proficiency

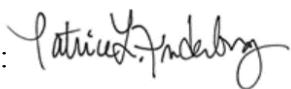
- Residents with Disabilities and Residents who are Limited English Proficiency are not eligible for the Center for Women program at CCT; however, the following provisions will be taken in the event a resident is transferred in error until a return transfer to NCDAC is arranged.

i. Staff shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, staff shall 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, limited reading skills, or who are blind or have low vision. A facility is not required to take actions that it can demonstrate would result in a

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fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act.

ii. Staff shall take reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary within one (1) business day of arrival to the program.

iii. Staff shall not rely 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 residents safety, the performance of first-response duties, or the investigation of the residents allegations.

d. Training and Education

i. Employees

A) The program shall conduct an annual training on both PREA and sexual harassment.

B) Training will be documented and maintained in each employee personnel file.

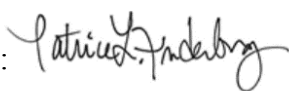
ii. Volunteers

A) The program shall conduct an annual training on both PREA and sexual harassment.

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iii. Residents

A) During orientation all residents shall receive information explaining CCT's zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and/or sexual harassment.

iv. Specialized Training

A) CCT and NCDAC will make sure to have full- and part-time medical and mental health care practitioners, volunteers and contractors who work regularly in its facilities trained in PREA standards and policies. Such specialized staff, volunteers and contractors will participate in the staff training as well as a specialized training designed specifically for medical and/or mental health practitioners who are credentialed and working clinically with residents within the residential facility. Such training will include:

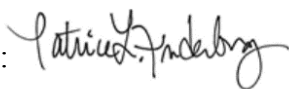
- a. How to detect and assess signs of sexual abuse and sexual harassment
- b. How to preserve physical evidence of sexual abuse
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse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

1. CCT staff will never conduct forensic medical examinations and such medical requirements will be referred to our local community partners.

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D. IDENTIFICATION

a. Screening for Risk of Sexual Victimization and Abusiveness

i. CCT will complete an initial assessment interview within 72 hours and then again in 30 days to review if a resident is at risk or there is a history of sexual victimization or sexually aggressive behavior to assist in housing, work and program assignments. (CCT does not house high-risk abusers)

A) The residents risk level shall be reassessed in the following conditions: by referral, by request, an incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

B) Every resident will be reassessed annually.

C) This will be done in order to comply with Federal PREA standards and to identify known and/or potential sexual aggressors and victims.

D) Residents will not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked about being a known and/or potential sexual aggressor or victim.

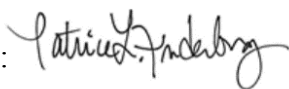
a. Exhaustion of Administrative Remedies

b. In the event that a resident feels as though they have a complaint about a program issue, how they were treated, or the outcome of an incident report, they may file a Grievance or an Incident Report Appeal/Explanation Form with the program following the guidelines outlined in their handbook.

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ii. Upon Notification of an Incident

A) Once it has been discovered that an incident has occurred, staff will move the resident to a designated room until the investigation is completed. The aggressor will be secured in a place and separate building if possible, or with staff supervision until transfer can be arranged. CCT does not have restrictive housing.

b. Residents Access to Outside Confidential Support Services/ Third-party Reporting

i. The facility shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute or post publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. These methods are to be used in cases of allegations of sexual abuse, sexual harassment and retaliation and not the formal grievance process.

- All residents: Send a letter to the NCDAC PREA Office

c. Camera Placement in Prevention and/or Detection of Sexual Abuse

A) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CCT will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

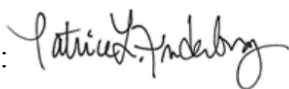
- Such considerations will be recorded in meeting notes and submitted to the PREA Coordinator to maintain the records.

B) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CCT shall consider how such technology may enhance our ability to protect residents from sexual abuse.

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E. INVESTIGATION

a. Staff First Responder Duties (CCT Staff are not correctional officers)

i. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

A) Separate and isolate both the victim and the alleged perpetrator until instructed otherwise by the Program Director (CCT does not maintain segregation units).

B) Immediately notify the Program Director and local law enforcement

C) Instruct both the victim and the alleged perpetrator not to shower, wash, brush their teeth, use the restroom, change clothing or anything else that could potentially compromise evidence.

D) Staff shall separate and isolate any and all witnesses to the alleged incident until instructed otherwise by the Program Director.

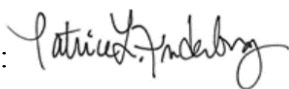
E) Follow the crime scene management priorities of: personal safety, preserve life, prevent further hostilities, protect the scene, and preserve evidence.

F) Secure the crime scene and maintain a log of everyone who enters, including their purpose for entry. Staff must be vigilant in preserving the integrity of the scene by avoiding contamination. Do not step in blood, touch weapons, move or handle evidence, or permit access to anyone not essential to the investigation.

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G) Dangerous weapons may be picked up only if they present a clear and present danger to the safety and security of the facility, staff, and residents. If possible, staff shall leave weapons in place until law enforcement retrieves them.

H) If law enforcement asks staff to assist with the investigation, staff shall cooperate with this request.

F. CRIMINAL and ADMINISTRATIVE FACILITY INVESTIGATIONS

a. Where sexual harassment is alleged, the facility shall investigate promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. If the incident is determined to be founded by the PREA Coordinator, the incident will be passed on to local law enforcement.

b. Where sexual abuse is alleged, the facility shall contact the local law enforcement agency to conduct the investigation. Promptly, thoroughly and objectively, the facility shall take into consideration all allegations, including third-party and anonymous reports that meet the definition of abuse as defined in this policy.

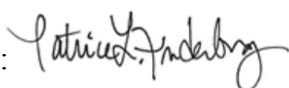
c. For criminal investigations, local law enforcement investigators shall have the responsibility to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

d. When the quality of evidence appears to support criminal prosecution, the assigned investigator shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

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i. Investigators shall assess the credibility of an alleged victim, suspect, or witness on an individual basis and shall not be determined by the person's status as resident or staff. No investigator 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.

ii. Administrative investigations into allegations:

A) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

B) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

C) Shall be tracked and monitored by the PREA Coordinator.

iii. 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.

iv. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

v. The departure of the alleged perpetrator or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

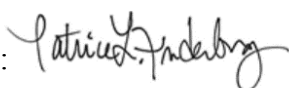
vi. When a law enforcement agency investigates sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

vii. The incident will be tracked and monitored by the PREA Coordinator.

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E. EVIDENTIARY STANDARD FOR ADMINISTRATIVE INVESTIGATIONS

i. The facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Administrative investigations are conducted by NCDAC.

F. EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

i. When investigating allegations of sexual abuse, staff shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

ii. The facility shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. SANE locations are as follows:

- Atrium/Advocate Health - University
8800 North Tryon Street
Charlotte, NC 28262
Phone: (704) 863-6000

iii. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners and staff shall document its efforts to provide SAFEs or SANEs.

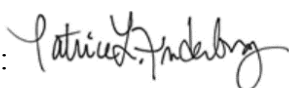
PREA Support Person (PSP)-Assigned by NCDAC

A) If requested by the victim, the victim advocate will be a PSP or qualified community-based staff person and shall accompany and

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support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

B) For the purposes of this policy, a PSP or community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

C) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

D) If pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

E) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(F) Monitor for Retaliation

G. REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS

i. CCT shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

- Grievances are forwarded by the Executive Director to the Central Region Office for investigation.

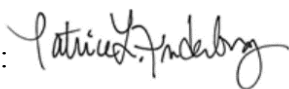
ii. For criminal investigations, the Executive Director shall refer to the local law enforcement agency and notify the referring agency.

- The Executive Director shall also notify the NCDAC Central Region Office and the NCDAC PREA Office.

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H. DOCUMENTATION/COMMUNICATION

a. Staff and Facility Reporting Duties

i. 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 to make treatment, investigation, and other security and management decisions.

ii. If staff receives any information, regardless of its source, concerning any suspected prohibited sexual behavior, observes an incident of prohibited sexual behavior, or has suspicion or knowledge of retaliation against residents or staff for reporting an incident, staff is required to immediately report the incident to the Program Director.

A) The Program Director will then notify the Executive Director and designated investigator.

B) The reporting staff will be asked to complete a detailed incident report.

C) The Executive Director will notify the NCDAC Central Region Office and the NCDAC PREA Office

iii. False allegations shall result in disciplinary action and/or may result in criminal charges being filed.

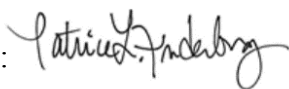
iv. All staff will report immediately and according to agency policy any knowledge, suspicion, or information regarding staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

v. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, CCT staff will report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

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vi. Staff Reporting Options

A) Call or email the Center for Community Transitions Program Director/PREA Coordinator

B) Methods for staff to privately report sexual abuse and sexual harassment of residents:

a. Email admin@centerforcommunitytransitions.org.

vii. Procedures for notification and reporting of non-criminal incidents

A) Staff shall contact the Program Director/PREA Coordinator.

B) Staff shall write a detailed report.

C) The Program Director/PREA Coordinator will notify the Executive Director.

D) The Executive Director will notify the Central Region Office.

viii. Procedures for notification and reporting of criminal incidents

A) Staff shall contact the Program Director/PREA Coordinator.

B) Staff shall write a detailed report.

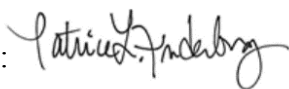
C) The Program Director/PREA Coordinator will notify the Executive Director, local law enforcement and Investigator (NCDAC)

D) The Executive Director shall notify NCDAC Central Region Office and NCDAC PREA Office.

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E) If a staff member, intern, volunteer or contractor is involved, that person will be placed on administrative leave pending investigation.

ix. Reporting to Residents

A) Following an investigation into a residents allegation of sexual abuse suffered in a facility, the Program Director or designee shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

B) If the facility did not conduct the investigation, the Program Director or designee shall request the relevant information from the investigating facility in order to inform the resident.

C) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Program Director or designee shall subsequently inform the resident (unless the facility has determined that the allegation is unfounded) whenever:

- The staff member is no longer employed at the facility;
- The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

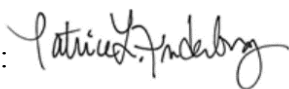
D) Following a resident's allegation that they have been sexually abused by another resident, the Program Director or designee shall subsequently inform the alleged victim whenever:

- The facility learns that the alleged perpetrator has been indicted on a charge related to sexual abuse within the facility; or

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- The facility learns that the alleged perpetrator has been convicted on a charge related to sexual abuse within the facility.
- All such notifications or attempted notifications shall be documented.

E) CCT's obligation to report under this standard shall terminate if the resident is released from the facility's custody.

F) Staff involved shall document all information pertaining to the alleged incident and investigation in an informational report and submit it to the Supervisor or Program Director/PREA Coordinator.

G) Reporting to Other Confinement Facilities

a. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director or designee of the facility that received the allegation shall notify the administrator of the facility or appropriate office of the facility where the alleged abuse occurred.

b. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

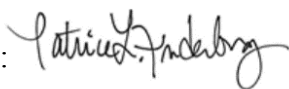
c. The Program Director or designee shall document that he/she has provided such notification.

d. If the Program Director or designee receives notification that a resident under his/her supervision was sexually abused while confined at another facility, he/she shall ensure that the allegation is investigated in accordance with these policies.

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I. INTERVENTION

a. Victim Counseling

i. CCT will maintain or attempt to enter into memorandum of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The Executive Director or PREA Coordinator shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

ii. Staff will provide residents access to the addresses and telephone numbers, (toll-free hotline numbers where available), of the local contact who can provide these services either during intake, in writing, and/or posted throughout the facility.

iii. CCT will 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.

b. Facility Protection Against Retaliation

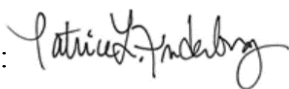
i. The facility shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Staff is required to immediately report any suspicion or knowledge of retaliation or negligence of duties that result in retaliation.

ii. The facility shall implement 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

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staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

iii. For at least 90 days following a report of sexual abuse, staff shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items staff should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

iv. In the case of residents, such monitoring shall also include documented periodic status checks.

v. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.

vi. A facility's obligation to monitor shall terminate if the PREA Coordinator determines that the allegation is unfounded.

J. MEDICAL and MENTAL CARE

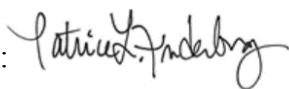
a. Access to Emergency Medical and Mental Health Services

i. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

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ii. At the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

iii. Resident victims of sexual abuse while in CCT's custody shall be offered by a medical provider 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.

iv. 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.

b. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

i. The facility shall refer for medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in confinement.

ii. Referral for 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.

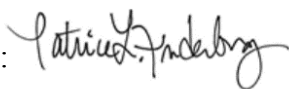
iii. The facility shall refer such victims for medical and mental health services consistent with the community level of care.

iv. Resident victims of sexual abuse while confined may be referred for tests for sexually transmitted infections as medically appropriate.

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v. 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.

vi. The facility shall attempt to conduct or refer for a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and refer for treatment when deemed appropriate by mental health practitioners.

K. DISCIPLINE

a. Staff, including interns, volunteers or contractors shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

i. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be based on 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.

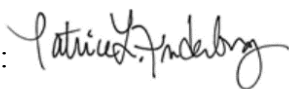
ii. Staff may be placed on administrative leave pending investigation. Staff, volunteers and contractors will be prohibited from contact with residents during the investigation or when evidence finds that they have engaged in sexual abuse with a resident.

iii. The facility shall take appropriate remedial measures, and shall consider 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.

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- iv. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff (or any contractor or volunteer) who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.
- b. Residents guilty of sexual behavior/misconduct of any kind with other employees or residents will be immediately regressed.
- c. A resident will only be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- d. For the purpose of 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 an investigation does not establish evidence sufficient to substantiate the allegation.

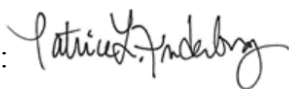
L. DATA COLLECTION AND REVIEW

- a. Sexual Abuse Incident Reviews
 - i. CCT shall 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.
 - ii. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
 - iii. The Post Incident Review team shall include Executive Director, Program Director, Case Manager, Behavioral Health Director and the Investigator.

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iv. In situations where the incident is unsubstantiated, the PIR team shall include upper level management officials and the PREA Coordinator.

v. The review team shall:

A) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

B) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

C) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

D) Assess the adequacy of staffing levels in that area during different shifts;

E) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

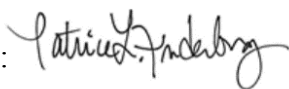
F) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (iv)(l) -(iv)(S) of this section, and any recommendations for improvement, and submit such a report to the PREA Coordinator.

vi. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

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b. Data Collection

i. CCT shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The PREA Coordinator will collect, analyze and report the findings as outlined in this policy.

ii. CCT shall aggregate the incident-based sexual abuse data at least annually.

iii. The incident-based data collected shall 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.

iv. CCT shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

c. Data Review for Corrective Action

i. CCT shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

A) Identifying problem areas;

B) Taking corrective action on an ongoing basis; and

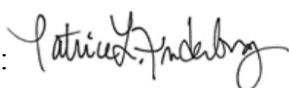
C) Preparing an annual report of its findings and corrective actions for each facility, as well as the company as a whole.

ii. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse.

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iii. The company's report shall be made readily available to the public through its website or, if it does not have one, through other means.

iv. The company may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

d. Data Storage, Publication, and Destruction

i. CCT shall ensure that data collected pursuant is securely retained according to policy.

ii. CCT shall make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website or, if it does not have one, through other means.

iii. Before making aggregated sexual abuse data publicly available, CCT shall remove all personal identifiers.

iv. CCT shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or Local law requires otherwise.

M. Hiring and Promotion

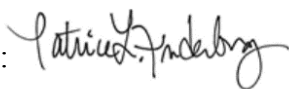
a. Hiring, Promotion, Employment, and Contractor Service Decisions

i. CCT shall not hire or promote anyone who may have contact with person in confinement residents, or safekeepers, and shall not enlist the services of any contractor who may have contact with person in confinement residents, or safekeepers, who:

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A) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997);

B) 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;

C) Has a substantiated finding of abuse, neglect, or other rights infringement on any applicable NC registry, criminal justice standards commission, or other licensing authorities or bodies; or

D) Has been civilly or administratively adjudicated to have engaged in the activities described in this section.

b. In the event an employee is alleged to have engaged in any of the any sexual harassment activities or abuse, they will be removed from duty.

c. CCT shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or custodial agents, who may have contact with residents.

d. Before hiring new employees who may have contact with residents, CCT shall:

A) Perform a criminal and administrative background records check, to include any applicable North Carolina registry, criminal justice standards commission, or other licensing authorities or bodies; and

B) Consistent with Federal, State, and local law, 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.

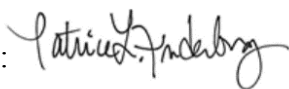
e. CCT shall perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.

f. For current employees and contractors who may have contact with residents, CCT shall conduct criminal background records checks at least once every five years.

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g. For all applicants and employees who may have contact with residents, CCT shall ask about previous misconduct described in this section in written applications, in interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.

h. All employees shall have a continuing affirmative duty to disclose sexual misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

i. Unless prohibited by law, upon receiving a request from an institutional employer for whom an employee or former employee has applied to work, CCT shall provide information on substantiated allegations of sexual abuse or sexual harassment involving the employee or former employee.

N. REPORTING OF SEXUAL ABUSE AND SEXUAL HARASSMENT:

1. Reporting:

a. Resident reporting:

1) Multiple internal ways shall be provided for residents to privately report sexual abuse and/or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and/or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

2) At least one way shall be provided for residents to report sexual abuse and/or sexual harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and/or sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

3) Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

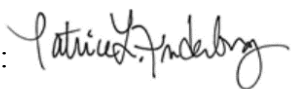
4) Ways of reporting incidents of sexual abuse and sexual harassment:

- To any Alcoholism and Chemical Dependency Program or Department of Adult Correction employee.
- Administrative remedy process.
- PREA/Grievance locked box where applicable.

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b. Third Party Reporting: can be made via email, phone, or letter.

c. Staff and Agency Reporting Duties:

1) All staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse and/or sexual harassment that occurred in a facility, whether or not it is part of the agency.

2) Staff has a duty to report any allegations that residents are having sexual relationships with other residents or with staff.

3) 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.

4) All reports of sexual abuse and/or sexual harassment, however made, are to be forwarded to the Facility Manager and the PREA Office.

5) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

6) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, reporting such allegation to the Department of Social Services is required.

7) The facility shall report all allegations of sexual abuse and/or sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

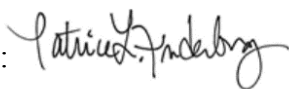
8) Local law enforcement shall be notified if there is evidence or suspicion that criminal conduct may have occurred.

9) Failure of staff to report alleged incidents of sexual abuse and/or sexual harassment will subject the non-reporting staff member to disciplinary action.

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