

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

Interim       Final

Date of Report    March 30, 2019

### Auditor Information

Name:    Natasha Shafer	Email:    NShaferdu@gmail.com
Company Name:    Click or tap here to enter text.	
Mailing Address:    PO Box 110993	City, State, Zip:    Aurora, CO 80042-0993
Telephone:    720-371-2172	Date of Facility Visit:

### Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Intervention Community Correction Services (ICCS)		Intervention, Inc	
Physical Address:    1651 Kendall Street		City, State, Zip:    Lakewood, CO 80214	
Mailing Address:    Same as above		City, State, Zip:    Click or tap here to enter text.	
Telephone:    (303) 232-4002		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:			
<input type="checkbox"/> Municipal	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	
Agency mission:    To enhance client success and public safety through quality integrated services and collaboration with community partners.			
Agency Website with PREA Information:    www.int-iccs.org			

### Agency Chief Executive Officer

Name:    Brian Hulse	Title:    Executive Director
Email:    bhulse@int-iccs.org	Telephone:    (720) 544-5528

### Agency-Wide PREA Coordinator

Name:    Jeff Oates	Title:    PREA Coordinator
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<b>Email:</b> joates@int-iccs.org	<b>Telephone:</b> (720) 544-5521
<b>PREA Coordinator Reports to:</b> Brian Hulse	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 4

### Facility Information

<b>Name of Facility:</b> ICCS-Pueblo
<b>Physical Address:</b> 1901 N Hudson Ave, Pueblo, CO 81001
<b>Mailing Address (if different than above):</b> Same as above
<b>Telephone Number:</b> (719) 569-3020

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

**Facility Mission:** To enhance client success and public safety through quality integrated services and collaboration with community partners.

**Facility Website with PREA Information:** <https://www.int-cjs.org/iccsprea>

**Have there been any internal or external audits of and/or accreditations by any other organization?**  Yes  No

### Director

<b>Name:</b> Alison Warren	<b>Title:</b> Program Director
<b>Email:</b> awarren@int-iccs.org	<b>Telephone:</b> (719) 569-3020

### Facility PREA Compliance Manager

<b>Name:</b> Alison Warren	<b>Title:</b> Program Director
<b>Email:</b> awarren@int-iccs.org	<b>Telephone:</b> (719) 569-3020

### Facility Health Service Administrator

<b>Name:</b> N/A	<b>Title:</b> N/A
<b>Email:</b> N/A	<b>Telephone:</b> N/A

### Facility Characteristics

<b>Designated Facility Capacity:</b> 136		<b>Current Population of Facility:</b> 127	
<b>Number of residents admitted to facility during the past 12 months</b>			348
<b>Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:</b>			0
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			279
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			336
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>			0
<b>Age Range of Population:</b>	<input checked="" type="checkbox"/> Adults 18-99	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
<b>Average length of stay or time under supervision:</b>			91 days
<b>Facility Security Level:</b>			Minimal
<b>Resident Custody Levels:</b>			Minimal
<b>Number of staff currently employed by the facility who may have contact with residents:</b>			35
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>			19
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>			Click or tap here to enter text.
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 2		<b>Number of Single Cell Housing Units:</b> 0	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		36	
<b>Number of Open Bay/Dorm Housing Units:</b>		0	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>			
Downstairs Building A: 10 cameras; Upstairs Building A: 8 cameras, Exterior Building A: 11 cameras; Downstairs Building B: 10 cameras; Upstairs Building B: 10 cameras; and Exterior Building B: 7 cameras.			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		N/A	
<b>Forensic sexual assault medical exams are conducted at:</b>		Parkview Medical Center	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>			0

<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	<b>4</b>
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# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The PREA audit of the ICCS-Pueblo Half-way house was conducted by Natasha Mitchell, Certified PREA auditor. The pending audit was communicated in advance to the staff and clients with the audit notices posted December 20, 2018. The notices were posted in areas throughout the facility, which were observed by the auditor during the on-site tour and verified by the clients during interviews. The notice provided contact information for the auditor and directed that any information shall be forwarded to the post office box listed on the notices. The auditor did not receive any information or disclosures from the facility prior to the on-site audit. The PREA Coordinator was contacted via email and asked by the auditor to instruct the facility to keep the notices posted until receipt of the final audit report.

Prior to the on-site audit, the facility provided policies, procedures and facility documentation for each standard on a USB flash drive, which was received by the auditor on January 16, 2019. The auditor completed a review of the documents on the flash drive and contacted the agency PREA Coordinator to make a request for a count of contractors who have contact with the clients; and to ask for the report for one (1) sexual abuse report.

The on-site audit was initiated on February 4, 2019 with a brief entrance with the agency PREA Coordinator, Program Director, Case Manager Supervisor and Security Supervisor. During the on-site audit, the auditor was positioned in the conference room and had access to the facility. All interviews with specialized staff, random staff and male clients were conducted in the conference room in B Building; all interviews with the female clients took place in the Security Supervisors office in A Building.

During the on-site portion of the audit, the auditor was allowed access to all areas of the facility, access to interview clients and to any documentation requested. On occasion the auditor was able to speak with random staff, which allowed the auditor to quickly build rapport and informally assess the facilities practices related to the PREA standards.

The on-site audit included a tour of the 2 facility buildings, which included the administrative area, rooms and hallways, laundry room, dayroom, courtyard, security office, group rooms, therapist office, classroom, case manager office space, dining room and kitchen.

Given the size of the facility and the thirty-five (35) staff who may have contact with the clients; many of the employees were tasked with more than one role as required by the specialized interview protocol. Interviews with specialized staff included the agency PREA Coordinator, PREA Compliance Manager, facility Program Director, Investigator, Contractor, Mental Health Staff, Staff involved in pat/wand searches, Human Resource Staff, Staff who perform screening for risk, staff members on the incident review team, staff member charged with monitoring retaliation, intake staff, and staff first responders.

The client interviews were randomly selected by the auditor; however, given the frequent movement of the clients checking out of the facility to conduct business in the community the auditor collaborated with the agency PREA Coordinator to identify the clients who were available throughout the day. Twenty (20) clients were interviewed; ten (10) female clients and ten (10) male clients. The client interviews included those who identify as transgender, intersex, gay, lesbian or bisexual, and those with an identified disability.

The exit meeting was held on February 5, 2019 with the PREA Coordinator, Program Director/PREA Compliance Manager, Case Manager Supervisor, and Security Supervisor. During the exit the auditor remarked on the good work and services provided in the program, and two standards not met by the facility; 1) 115.217(c), which requires agencies to make best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or harassment. The PREA Coordinator was going to work with the Program Director and Human Resource representative to put a plan of action in place. 2) 115.241 staff responsible for completing the risk screening tool. Based on the interviews it was unclear if the staff were completing the risk screening tool through conversations with the clients or if the clients were completing the paperwork and turning it in to their case manager. The facility was asked to address the concerns with their staff and to submit a memo indicating the steps taken.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

### **BUILDING A**

Pueblo facility is a co-ed residential facility. Total client population at the time of the on-site facility audit was 82; 22 female clients and 60 male clients.

#### **Female Client Housing:**

Building A houses the female clients upstairs and male client's downstairs. The main entrance to the building has 2 cameras installed that can be viewed by the staff in the Security Office, which is located to the left of the dayroom area and visible upon entrance. The Dayroom is located to the right as clients and guest enter the building, it serves as the day room and visiting room. The area is directly supervised by the Security Office staff and is covered by 3 cameras and mirrors for surveillance purposes. Security is manned by Security Specialist of both genders on all shifts. PREA hotline and education poster as well as the audit notices were visible throughout the common areas. PREA posters provides for limits to confidentiality and monitoring with regards to outside reporting and advocacy services. Visitors bathroom is attached to the visiting room. Female clients have access to outside recreation area, which is covered by a camera over the outside door. The recreation area is enclosed on all sides by cement walls. Access is from the day room area through a storeroom which is monitored by 2 cameras. The Security Office has 2 monitoring cameras for surveillance & building cameras are available for surveillance on Security Office monitors and through Management computer feeds. A locked grievance box is positioned in front of the security office along with a multitude of forms, which allows clients to obtain forms without making a request from staff. Only the Program Director, Case Manager Lead, Case Manager Supervisor and Security Supervisor has access. Security Office has an intake area, area for PREA education video and the Security Supervisor's office which is locked when

he is not on duty. Down the hall from the Security Office is the female clients sleeping rooms, laundry room, 2 case manager offices, locked employee bathroom and bathroom down a linear hallway with cameras at each end of the hallway. Client rooms have Zero Tolerance and PREA signs behind each entry door. All client rooms are similar in design. Auditor observed male staff conducting knock and announce during the facility review. Case Manager offices are locked when managers leave their offices for security purposes. Storage Room mop closet is locked with a Draw Key from security. Middle of the hallway is the laundry room, which is monitored by a camera. At the end of the hallway is an alarmed fire exit door. Before the door is a client bathroom. When male staff conduct count, they announce but do not enter the client rooms or bathroom area.

Access to Building A downstairs can be accessed through a stairwell across from the 1st floor Security area. The stairwell is monitored by cameras and motion sensors. PREA posters were in the stairwell area, and throughout client common areas. BTS Clinician offices and group counseling rooms are located at the bottom of the stairs. The hallway is monitored by cameras. Rooms are locked when clinicians leave the rooms unoccupied. Cameras monitor the counseling classrooms. After the BTS Clinician Offices, the CEO literacy labs and computer education room are located, monitored by hallway cameras. Monitoring camera is located in the computer room and testing room. A staff bathroom is locked when not in use by staff. PREA posters are in the CEO Area. Away from the BTS and CEO area is a long linear hallway that houses male clients; the hallway is covered by multiple cameras. Case Manager offices are located at the beginning of hallway and are locked when Case Managers are off duty and when they leave their offices. Day Room is monitored by camera and has PREA posters. All client rooms are similar in design and has Zero Tolerance and PREA posters behind each entry door. Boiler room has maintenance only keys for access. Men's shower and toilet rooms are PREA compliant.

## ***BUILDING B***

### **Male Client Housing**

Building B houses male clients only. The entry hallway is covered by cameras and leads to the Security Office, which houses security monitors for buildings A & B. A locked grievance box is in front of the security office along with a multitude of forms, which allows clients to access forms without making a request to staff. The Program Director, Case Manager Lead, Case Manager Supervisor and Security Supervisor are the only staff with access. To the right of the Security office are stairs leading to the basement floor and monitored with mirrors and cameras. An elevator is located across from the Security Office, providing direct supervision. Only one client is allowed in the elevator at a time and that information is posted. The elevator is used for food transport only as there are no client rooms in the basement. From the Security Office is a linear hallway that contains male client rooms, the hallway is monitored through multiple cameras. All client rooms are similar in design and has Zero Tolerance and PREA posters behind each entry door. Bathrooms on both sides of the hallway are PREA Compliant. The emergency exit door is at the end of the hallway has an alarm that can be heard by staff working in the security office.

### **Laundry**

Stairs lead to downstairs basement which has posted PREA Signage. Mirror located at bottom of stairs with hallway camera to entrance of dining room. C-22 and C-23 Storage rooms are covered by cameras as is the elevator access doors. Access keys are master Draw Keys. No clients are allowed in either room per Policy. Laundry room is monitored by camera and only one client is allowed to use the laundry at a time.

### **Dining Room**

The Dining area is covered by approximately 5 cameras. This area is used by the male clients for eating the evening meal and supervised visits. Clients are allowed in this area with approval by staff in the security office to obtain ice when feeding is not occurring.

### **Kitchen**

Chicken N Pasta is the food service provider who prepares the evening meal for the facility; breakfast and lunch are sack meals. The kitchen is only used for serving the evening meal, which is served by the clients under facility staff supervision. There is 1 camera over serving area, 1 camera over prep area.

### **Male Client Courtyard/Recreation**

The courtyard area between Building A and Building B is designated for the men in the facility and is monitored by 3 cameras on Building A and 3 cameras on Building B.

### **Female Client Courtyard/Recreation**

The courtyard area on the front side of Building A is designated for the women in the facility. The courtyard is monitored by 1 camera affixed to the building in the courtyard area, and 1 camera on the external of the building can view the outside of the courtyard.

### **Programs Offered at this Facility**

**Transition** - Transition clients are referred by the Department of Corrections (DOC) and are placed at ICCS prior to their sentence discharge, release to Parole, or release to the Inmate Intensive Supervision Program, under supervision of the Department of Corrections, Division of Adult Parole and Community Corrections.

**Diversion** - Diversion clients are placed in the program as a condition of their probation or as a direct sentence. Diversion clients who successfully complete the residential portion of the program move to non-residential supervision where they progress toward independent living utilizing community support and services.

**Non-Residential** - Diversion clients who successfully complete the terms and condition of the residential program progress to the ICCS non-residential program. On this level of supervision, clients have demonstrated an acceptable level of responsibility and ability to live independently in the community. Most non-residential clients continue in prescribed treatment on an aftercare basis and many continue to pay restitution and/or participate in other activities.

**Condition of Parole (COP)** - ICCS provides services to parolees either as a condition of their parole ordered by the State Parole Board, or as a new parolee lacking an appropriate residence in the community.

**START** - The Short Term Alternative Residential Treatment program (up to 90 days) is a collaborative program for the Seventh Judicial District Probation and Recovery Court clients suffering from severe and persistent mental illness and substance abuse disorders. The program is specifically designed to help those struggling with housing, mental health, and treatment options.

## Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 41

115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 15.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

**Number of Standards Not Met:** 0

## Summary of Corrective Action (if any)

### 115.217

**CORRECTIVE ACTION:** During the interview with the Human Resource representative it was evident the facility did not have a process in place or the expectation the either the HR rep or hiring manager would complete a PREA background check for applicants with prior institutional experience. The HR rep was certain they did not include a PREA check and since she manages the personnel file, she had never observed the information documented in any current employees file.

**CORRECTIVE ACTION STEPS:** The facility took the necessary steps to implement a plan of action to gather PREA information from prior institutional employers. The process will include ascertaining if the candidate had a substantiated finding for sexual abuse or sexual harassment during their employment with previous employers. The agency PREA Coordinator sent a memo to the facility director on February 21, 2019, explaining effective the date of the memo the facility’s hiring managers is required to complete a background check that includes contacting previous criminal justice agencies for potential employment candidates. The agency created two forms; 1) Authorization for the Release of Information that is signed by candidates granting ICCS-Pueblo to request previous information from previous employers, and 2) “PREA Background Check” which is the form the facility will document the verification. In an email to the PREA Coordinator and facility director on March 24, 2019 the auditor asked if the facility hired new staff since the

conclusion of the on-site audit where a PREA background check was completed. The PREA Coordinator indicated the facility hired 2 new staff, which neither had previous institutional experience.

**115.241**

**Corrective Action:** The facility had an inconsistent practice for obtaining information on the risk screening tool. Client interviews suggest some clients were handed a copy of the screening tool and asked to fill it out and others were asked the questions during a face to face interview with their Case Manager.

**Corrective Action Steps:** The facility addressed this area by sending an email to the team of Case Managers informing the team of the finding and instructing them to importance of completing the screen face to face. The team was instructed to complete the screen in private and with the client.

**PREVENTION PLANNING**

**Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

**115.211 (a)**

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

**115.211 (b)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 160 PREA Standards, Training, and Screening
- ICCS Policy 275 Discipline
- Organization Chart
- Mission Statement

115.211 (a)(1) The Prison Rape Elimination Act (PREA) of 2003 supports the elimination, reduction and prevention of sexual assault and rape (sexual violence) within corrections systems. The act applies to all federal, state and local prisons, jails, police lock-ups, private facilities and community settings such as residential facilities. Intervention Community Corrections Services will comply with the Prison Rape Elimination Act and has zero tolerance for any sexual conduct of any type among offenders or between offenders and staff members, regardless of whether such conduct is consensual.

115.211 (a)(2) The Program Director, PREA Coordinator, or designee will oversee compliance, training, and reporting efforts in each facility. ICCS will utilize a system-wide coordinated effort consisting of the PREA Coordinator, Program Director, Supervisors, Case Managers, and Community Corrections Specialists as well as outside law enforcement agencies, hospitals, mental health agencies, and rape crisis centers to prevent and reduce incidents of assault, sexual violence, sexual misconduct, and sexual contact.

#### 115.211 (a)(3) Definitions

The following are definitions of Sexual Abuse, Non-Consensual Acts, Sexual Misconduct, and Sexual Harassment, per Department of Justice (DOJ) Survey of Sexual Violence (SSV):

1. **Abusive Sexual Contact (Client-on-Client)** - Contact of any person without their consent or of a person unable to consent or refuse. Contact between the penis and vagina or penis and anus including penetration, however slight; or contact between mouth and penis, vagina, or anus; or penetration of the anus or genital opening of another person by a hand, finger, or other object.
2. **Nonconsensual Sexual Acts (Client-on-Client)** - Contact of any person without their consent or of a person unable to consent or refuse. Intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.

3. Sexual Harassment (Client-on-Client) - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.
4. Staff Sexual Misconduct (Staff-on-Client) - Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor, or agency representative. Romantic relationships between staff and inmates are included. Consensual or nonconsensual sexual acts include: intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire; or completed, attempted, threatened, or requested sexual acts; or occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.
5. Staff Sexual Harassment (Staff-on-Client) - Repeated verbal statements, comments, or gestures of a sexual nature to a client by an employee, volunteer, contractor, official visitor, or agency representative, including: demeaning references to gender or derogatory comments about body or clothing; or profane or obscene language or gestures.

115.211(a)(4) Any sexual contact on ICCS grounds is strictly prohibited. Any client who is found to have participated in any sexual incident with another client may be issued a Class I Incident Report for violation #112, even if the act was consensual and not coerced or forced.

115.211 (b) ICCS will maintain a PREA Coordinator, representing the entire agency. Within each residential facility, the Program Director will act as PREA Compliance Managers. In accordance with Colorado Revised Statutes, the *Colorado Community Corrections Standards* and the mandates of the Prison Rape Elimination Act of 2003, Intervention Community Corrections Services is committed to the establishment of a zero-tolerance standard of client sexual assault, sexual violence, sexual misconduct and sexual contact by other clients, staff or other non-ICCS staff persons. All substantiated violations of state statutes pertaining to sexual crimes will be aggressively pursued for prosecution. All established sanctions will also be pursued for violators as appropriate.

#### Interviews:

- PREA Coordinator
- Program Director/PREA Compliance Manager

Intervention Inc. has dedicated one agency-wide PREA Coordinator. Jeffrey Oats has been in the role for approximately one year and explained during the interview that he has sufficient time and authority to oversee the agencies efforts to comply with the PREA standards. The agency has four facilities across the state and each facility has a designated PREA Compliance Manager. ICCS-Pueblo has designated Alison Warren the Program Director as the facility PREA Compliance Manager who reports to the Executive Director. Both the PREA Coordinator and PREA Compliance Manager report they have the authority and time to coordinate and oversee the facilities compliance with the PREA standards, and frequently collaborate their efforts to achieve compliance.

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

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

### 115.212 (a)

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

### 115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".)  Yes  No  NA

### 115.212 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency/facility does not contract with other agencies or facilities for the confinement of clients.

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.213 (b)

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

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

### Auditor Overall Compliance Determination

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

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#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- 2017 Staffing Plan; from November 2018
- Staffing Plan Development
- ICCS Policy 415 – Milieu Management

115.213(a) Annually, the Community Corrections Specialist Supervisor along with the Program Director, PREA Coordinator, and any other relevant staff will meet to update the overall Staffing Plan and any possible changes to the video monitoring system, prevailing staffing patterns, and adequate staff presence and supervision. They shall consider the physical layout of the facility, the composition of the resident population, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

115.213(b) Instances where the previous year's staffing plan was not adhered to will also be discussed. Any deviations from this Staffing Plan will be documented and justified accordingly. The facility has approximately 54 cameras installed strategically on the interior and exterior of the facility.

#### Interviews:

- Program Director/PREA Compliance Manager
- PREA Coordinator

The PREA Coordinator and PREA Compliance Manager acknowledge there is collaboration in the development and review of the staffing plan. During the review the team will conduct a walk through to assess vulnerable areas and address the placement and future installation of video monitoring equipment. ICCS-Pueblo is a co-ed facility. The facility staffing plan, observations made during the tour and interviews with the clients indicate the males and females are separated by a courtyard, no common dayrooms, and have separate dining areas. The facility does not deviate from the staffing

plan and will hold someone over or request a staff member to adjust their schedule to arrive to early when necessary to meet staffing ratios.

## Standard 115.215: Limits to cross-gender viewing and searches

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

#### 115.215 (a)

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

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)   
Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents?  
 Yes  No

#### 115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  
 Yes  No

### 115.215 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 450 – Searches
- ICCS Policy 116 – Contraband Detection
- ICCS Policy 100 – Resident Counts
- Search documentation for January 2019-February 2019
- PREA Training Curriculum
- PREA Training Video

115.215(a) Upon the authorization of the Executive Director or the Program Director, private strip searches may be conducted. Strip searches will only be authorized if staff has cause to believe that contraband has been introduced to the facility, a significant danger to the facility exists, or the item of contraband is believed to be criminal in nature. Authorized strip searches require the presence of two same sex staff members, one of which must be a supervisor.

Additionally, every effort will be made to conduct the search in a manner that respects the dignity of the client.

115.215(b) Only staff of the same sex as the client will be allowed to conduct a Pat Search. Body cavity searches are not allowed.

115.215(c) If exigent circumstances arise where an emergency cross-gender pat or strip search must be completed for facility or client safety purposes; the reasons why will be logged in client's chronological notes to be printed and forwarded to the PREA Coordinator or designee for logging.

115.215 (d) While in rooms, clients are expected to maintain coverage of private body areas. Undergarments are not adequate for this purpose. Clients are expected to change clothing in a bathroom that affords them privacy.

When entering client rooms or restrooms where clients may be changing clothing, showering, performing bodily functions, staff will announce their presence using the "knock-and-announce" system.

115.215(e) If exigent circumstances arise where an emergency cross-gender pat or strip search must be completed for facility or client safety purposes; the reasons why will be logged in client's chronological notes to be printed and forwarded to the PREA Coordinator or designee for logging.

115.215(f) Before a transgender or intersex client has a Pat Search, they should be asked which gender of staff they would feel most comfortable conducting the search.

Interviews:

- Random clients
- Random staff/Community Corrections Specialist

Staff and client interviews indicate staff are prohibited from conducting cross-gender pat searches. Interviews with random clients indicated they have never been searched by a staff member of the opposite gender nor have they observed or heard another client being searched by a staff member of the opposite gender. The clients report they share rooms with other clients and per facility rules and expectations they are required to exit their rooms fully clothed and change their clothes in the bathroom. All interviewed clients report they consistently hear and observe staff announce their presence when conducting rounds and counts. Consistently the practice includes staff knocking, then announcing their presence and waiting for a verbal announcement from clients in the bathroom before opening the door. When checking client rooms, the staff will knock and announce, then open the door. All clients report there is adequate privacy and they feel confident in the practices.

## **Standard 115.216: Residents with disabilities and residents who are limited English proficient**

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

### **115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  
 Yes    No

### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  
 Yes    No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 160 - PREA Standards, Training, and Screening
- ICCS Policy 405 - Intake Paperwork and Procedures
- ICCS Policy 235 – Client Advisement
- ICCS Policy 600 – Case Management
- ICCS Policy 161 – PREA Reporting, Investigation, and Response
- Voiance Contract
- PREA Brochure in Spanish
- Policy 165 PREA Reporting, Investigation, and Response

115.216 (a) ICCS will take measures to ensure that all clients with limited English skills or with disabilities have an equal opportunity to participate in and benefit from all aspects of ICCS's efforts to prevent, detect, and respond to sexual assault, sexual, violence, sexual misconduct, and sexual contact.

115.216(a)(1) Community Corrections Specialist staff will complete the following during the first hour of orientation:

1. Staff shall ask the client if he/she can speak, read, and understand English. If the client does not speak and understand English, staff shall seek a bi-lingual individual to assist in the intake process. If the client cannot read, staff will read any necessary information to the client.

115.216 (b) It will be the responsibility of the case manager to ensure that the client understands policy, procedures, and processes, which will include arranging appropriate foreign language interpretation for foreign language speaking clients.

If a Case Manager is notified by Security that a client is unable to read and or write during their initial intake, the Case Manager must go over the basics of PREA and the clients's rights during their intake meeting. All Case Manager Supervisors will have a copy of PREA educational tools to assist Case Managers with this.

115.216(c) Client interpreters or assistants may not be used unless an extended delay in obtaining an effective interpreter could compromise the client's safety.

ICCS will not allow clients to act as interpreters, readers, or assistants in cases of sexual abuse allegations unless an extended delay may compromise a client's safety, the performance of the first staff member on the scene, or the investigation of the client's allegations.

**Interviews:**

- Random staff/Community Corrections Specialist
- Program Director/PREA Compliance Manager
- Clients with identified disability

During the on-site audit there were zero clients identified as limited English proficient; however, the interviewed staff indicate there are bilingual staff available to assist when necessary and they are aware of the translation and interpretation services provider. During interviews with clients with obvious disabilities the clients were able to communicate with the auditor their understanding of PREA and how to make a report to protect themselves. The clients appear to have been educated about PREA and continue to receive support understanding the expectations of the facility on a pretty consistent basis. The clients were able to provide a basic understanding of what PREA is and their right to be free from sexual abuse and sexual harassment. It was clear during the interviews that the facility has not had to utilize a client to translate or interpret for another client, since the facility has not admitted a client who did not speak and understand English.

## **Standard 115.217: Hiring and promotion decisions**

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

#### **115.217 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the

community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.217 (b)

- Does the agency consider 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?  Yes  No

#### 115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.217 (d)

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

#### 115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.217 (g)

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

#### 115.217 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 220 - Background Investigation Process on Employees
- Background Clearance for employees and contractors
- 5-year Background Clearance

115.217(a) Criminal history checks will be done on every applicant or contractor considered for a position with ICCS. No applicant or contractor with a felony conviction will be employed prior to notification to the local community corrections board, the Division of Criminal Justice and referral agencies, as applicable. No applicant or contractor will be hired who is under current supervision or jurisdiction for parole, probation, or other conditional release for felony or misdemeanor offense. No applicant or contractor will be hired who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or who has been convicted of or civilly or administratively adjudicated for engaging or attempting to engage in a 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.

115.217(b) The applicant will be asked about any previous misconduct described in Policy section above during the application or interview process. ICCS will consider any incidents of sexual misconduct or harassment in determining whether to hire an applicant or enlist the services of any contractor. ICCS will also impose a continuing affirmative duty to disclose any such misconduct.

115.217(c) Before applicants or contractors are hired, a background investigation is conducted. The investigation verifies compliance with job qualifications and work history. ICCS performs security checks on individuals being considered for certain sensitive positions. Included, but not limited to, positions involving the supervision of clients, handling of money or sensitive documents, computer data entry, etc.

Upon hire, each employee or contractor will complete a criminal history background check form. The form will include direct questions about previous sexual misconduct described in the above policy. The form information will be submitted to the Division of Criminal Justice (DCJ) via the Community Corrections Information and Billing (CCIB) system for a criminal history check through the Colorado Crime Information Center (CCIC) and National Crime Information Center (NCIC) databases.

115.217(c)(2) Before hiring and applicant or contractor, ICCS will 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.

115.217(e) Every five (5) years, ICCS will conduct subsequent criminal background checks on all employees and contractors.

115.217(g) Material omissions regarding an applicant, employee's background, or the provision of materially false information, shall be grounds not to hire the applicant or terminate the employee.

115.217(h) ICCS will provide information on substantiated allegations of sexual abuse or harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work.

#### Interviews:

- Random staff/Community Correction Specialist
- Administrative (Human Resources) Staff

The interview with the facility Human Resource representative indicated when hiring new staff the facility will make a conditional employment offer to an applicant, and once the criminal background check is complete will formally offer a position. The facility also conducts a 5-year background check for all employees.

**CORRECTIVE ACTION:** During the interview with the Human Resource representative it was evident the facility did not have a process in place or the expectation that either the HR rep or hiring manager would complete a PREA background check for applicants with prior institutional experience. The HR rep was certain they did not include a PREA check in the hiring process; and since she manages the personnel file, she had never observed the information documented in any current employees file.

**CORRECTIVE ACTION STEPS:** The facility took the necessary steps to implement a plan of action to gather PREA information from prior institutional employers. The process will include ascertaining if the candidate had a substantiated finding for sexual abuse or sexual harassment during their employment with previous employers. The agency PREA Coordinator sent a memo to the facility director on February 21, 2019, explaining effective the date of the memo the facility's hiring managers is required to complete a background check that includes contacting previous criminal justice agencies for potential employment candidates. The agency created two forms; 1) Authorization for the Release of Information that is signed by candidates granting ICCS-Pueblo to request previous information from previous employers, and 2) "PREA Background Check" which is the form the facility will document the verification. In an email to the PREA Coordinator and facility director on March 24, 2019 the auditor asked if the facility hired new staff since the conclusion of the on-site audit where a PREA background check was completed. The PREA Coordinator indicated the facility hired 2 new staff, which neither had previous institutional experience.

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

#### Documents Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- Facility Layout
- Camera Layout
- Staffing Plan; from November 2018

#### Interviews:

- Program Director/PREA Compliance Manager
- PREA Coordinator

The Program Director states there are no plans in the immediate future of expanding or modifying the facility; however, if there were plans the architects would consider the impact that the renovations would have on the facility's ability to protect the clients from sexual abuse. The goals would be to mitigate all risk and eliminate blind spots. The facility installed additional cameras in the facility in the three years since the last PREA audit. The camera installation addressed identified blind spots that were identified during the audit and areas the agency/facility identified. While conducting the facility tour the Program Director observed the additional cameras and mirrors that have been installed.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

#### 115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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  No  NA

### 115.221 (g)

- Auditor is not required to audit this provision.

### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- Pueblo Police Department MOU
- Parkview Medical Center MOU
- Pueblo Crisis Services MOU
- ICCS Policy 161 - PREA Reporting, Investigation, and Response

115.221(c)(1) All clients who report that they have been the victim of sexual assault, sexual violence, sexual misconduct or sexual contact will be receive timely, unimpeded access to emergency medical treatment and crisis intervention.

ICCS will ensure that any mental health professionals that are contracted to work in the facility will go through the same PREA training as employees and also be trained how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence or sexual abuse, and how to respond effectively and professionally to victims of sexual abuse and harassment. These services will

be free of charge to the client-victim, whether or not they name their abuser or cooperate with any investigation.

115.221(d) Client-victims are entitled to the same level of statutory victim advocate services as any other victim. For this reason, any perpetrated act that violates Colorado Revised Statutes where a victim is identified, the On-Call Supervisor, Program Director, PREA Coordinator or designee will immediately provide all identified victims of the incident with contact information for a local victim advocate.

Interviews:

- Random staff/Community Corrections Specialist
- PREA Coordinator

The Pueblo Police Department follows a uniform protocol for investigating allegations of sexual abuse that is consistent with the protocols followed in the community for the general public. The facility would collaborate with law enforcement to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Staff interviews indicate their role in separating a client from a staff or another client identified as the perpetrator in an allegation of sexual abuse. The separation will allow for the preservation of evidence, which will be collected by the police department.

## Standard 115.222: Policies to ensure referrals of allegations for investigations

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

### 115.222 (a)

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

### 115.222 (b)

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

### 115.222 (c)

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

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 161 - PREA Reporting, Investigation, and Response
- 4 investigation reports

115.222(a) All allegations or reports of actual or threatened sexual assault, sexual violence, sexual misconduct or sexual contact incidents on a client will be taken seriously and immediately addressed and investigated. The protection of victims, potential victims, witnesses and items of evidence, including the crime scene itself, will be of paramount importance when considering immediate responsive actions.

Clients will be made to feel free to immediately report any act, threatened act of sexual assault, sexual violence, sexual misconduct or sexual contact to any ICCS staff member, contractor, vendor, or volunteer. Although it is preferred that clients report such acts to an ICCS employee, the report may be made to any persons listed in this Policy. Mandatory reporting responsibilities will apply to all staff.

In each instance of a suspected or reported sexual assault involving a client or clients, the Program Director or designee, will immediately contact and consult with local law enforcement in determining the most expedient and effective course of action in the investigation of the crime. ICCS will not investigate

any criminal allegations and will instead allow and assist law enforcement to investigate. ICCS will ask of law enforcement that all PREA standards be adhered to while investigating any allegation, also that no alleged victim be required to submit to any polygraph or other truth-telling device to determine whether to proceed with an investigation.

115.222(b) All suspected, threatened or reported acts of sexual assault, sexual violence, sexual misconduct or sexual contact that occur in community corrections or any other location where clients are housed, work or are provided services, will be investigated in accordance with established local law enforcement agency's investigative standards and protocols dictated by the Criminal Investigations Division duty supervisor and case investigator.

115.222(d)(e) CRS 18-3-401 through 18-3-417 and 18-7-701 will govern determination of specific violations of Colorado law pertaining to unlawful sexual acts.

Interviews:

- Investigative staff
- PREA Coordinator

The ICCS-Pueblo PREA Coordinator and Program Director/PREA Compliance Manager will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the event a client alleges sexual abuse, staff are required to immediately notify their supervisor or person(s) in charge.

The PREA Coordinator confirmed that in the last 12 months there were zero incidents of sexual abuse requiring the collection of evidence or a crime requiring a criminal investigation.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.231 (b)

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

#### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 255 – Staff training
- ICCS PREA Training Outline
- PREA Right Training Video
- PREA Wrong Training Video
- Security Staff Training Checklist
- Policy 160 - PREA Standards, Training, and Screening
- Signed PREA Training Acknowledgment Forms

115.231 (c) At least once per calendar year, all ICCS employees will be provided in-service training that presents attendees with refresher training on the topics presented for newly hired employees.

Interviews indicate staff including the Client Account Case Manager, Security Specialist, and Caseload Aid received PREA training upon hire and annual training. The initial training included classroom face-to-face training as well as watching a video. Information included eliminating sexual abuse and sexual harassment, not only client to client but staff on client allegations. The training stressed the importance of paying attention to “red flags”, which could be an indicator of sexual abuse or sexual harassment; and reporting actual and suspected incidents of sexual abuse and sexual harassment. All staff were able to confidently communicate the steps they would take in the instance of a sexual abuse allegation that would require the collection of evidence. The staff understand the Pueblo Police Department would be responsible for conducting the criminal investigation and the PREA Coordinator and Program Director/PREA Compliance Manager are responsible for coordinating the efforts to conduct the administrative investigation. Facility documentation indicates the facility staff sign a training acknowledgement form indicating their understanding of the training they received.

## Standard 115.232: Volunteer and contractor training

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

#### 115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 265 – Intern/Volunteer Training

#### Interviews:

- Contractor who has contact with clients

During the on-site audit there were two contractors in the facility providing education program to the clients. During the tour the auditor observed the area of the building the services are provided and noticed both contractors were staffed together. The facility provided the auditor with training records demonstrating the contract staff completion of the same training as the facility staff. Interviews with one of the contractors indicate the facility provides PREA training annually and will provide a refresher as needed, typically after a reported allegation of sexual abuse and sexual harassment. The contractor mentioned the posters throughout the facility to remind everyone of the client's rights to be free from sexual abuse and sexual harassment, and reporting methods.

## Standard 115.233: Resident education

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

#### 115.233 (a)

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

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

#### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

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

## 115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 160 – PREA Standards, Training, and Screening
- ICCS Policy 161 – PREA Reporting, Investigation, and Response
- ICCS Policy 235 – Client Advisement
- ICCS Policy 405 – Intake Paperwork and Procedures
- PREA Brochure (English and Spanish)

115.233(a)(b) Upon arrival at ICCS, all new clients will be provided a pamphlet with the *Facts You Need to Know* that will give reporting methods and an overview of PREA Standards and Definitions. This will be provided regardless if a client is transferred from another ICCS facility, an outside facility, or this is their first time under confinement. This orientation will be provided by Community Corrections Specialist staff during the intake process.

115.233(d) Have client view Prison Rape Elimination Act (PREA) video issued by National Institute of Corrections (NIC). Following review of video material, the client will sign the PREA acknowledgement and information procedure form, verifying understanding of PREA. The form will be signed, dated, and time stamped by both staff and client.

This form will be provided in both English and Spanish. If a client is limited in their use of English, a translator will be used to verify they understand all the components of PREA and their rights. If a client is unable to read and or write, their Case Manager will go over the basics of PREA and the client's rights during their intake. All Case Manager Supervisors will have a copy of PREA educational tools to assist Case Managers with this.

1. Orientation topics will include:

- a. What behaviors are unacceptable related to client-on-client sexual assault, sexual violence, sexual misconduct and sexual contact.
- b. What behaviors are unacceptable related to staff or other non-ICCS staff sexual assault, sexual violence, sexual misconduct and sexual contact.
- c. What to do if a client believes they may become a victim of client-on-client or staff or other non-ICCS staff sexual assault, sexual violence, sexual misconduct or sexual contact.
- d. How to report incidents of sexual assault, sexual violence, sexual misconduct or sexual contact on themselves or other client, and safeguards against retaliation.
- e. The options or alternatives available for reporting these incidents.

115.233 (c) ICCS will take measures to ensure that all clients with limited English skills or with disabilities have an equal opportunity to participate in and benefit from all aspects of ICCS's efforts to prevent, detect, and respond to sexual assault, sexual, violence, sexual misconduct, and sexual contact.

Interviews:

- Random clients
- Random staff/Community Corrections Specialist

ICCS-Pueblo has demonstrated a commitment to ensuring the programs clients understand their rights to be free from sexual abuse and sexual harassment. The clients receive PREA information immediately upon their admission to the facility. All clients report they watched the PREA video, received PREA orientation and education within the first hour of their admission to the facility. The facility has posters visible throughout the facility that indicates the clients have the ability to call the DOC hotline to make a report of sexual abuse and sexual harassment.

## Standard 115.234: Specialized training: Investigations

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

#### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 160 – PREA Standards, Training, and Screening
- 4 NIC Investigation Training Certificates

115.234 (a-c) Before conducting any administrative investigation, all ICCS Supervisors, Program Directors, and the PREA Coordinator will complete Investigator Training as outlined in PREA Standard 115.234(a) through (c). Documentation of training will be maintained in the employee's personnel file.

Interviews:

- Investigative staff

ICCS has four training administrative investigators, one of which is the agency PREA Coordinator. In the instances the facility receives an allegation of sexual abuse or sexual harassment the Program Director/PREA Compliance Manager will coordinate with the PREA Coordinator to determine the next steps in the investigative process.

## Standard 115.235: Specialized training: Medical and mental health care

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

### 115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

### 115.235 (b)

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

### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 161 – PREA Reporting, Investigation, and Response
- One signed Volunteer/Intern/Contractor/Vendor PREA Acknowledgement forms. Dated October 15, 2018

115.235(a) ICCS will ensure that any mental health professionals that are contracted to work in the facility will go through the same PREA training as employees and also be trained how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence or sexual abuse, and how to respond effectively and professionally to victims of sexual abuse and harassment.

#### Interviews:

- Contractor/Clinical Therapist

The facility does not employ medical staff who would be responsible for conducting a forensic examination. The clients would be transported to the Parkview Medical Center in those instances where a SANE examination is necessary for evidence collection.

When interviewing the facility contract clinician, she acknowledged having received the facility training when hired to provide mental health services and annual refresher training. A review of the training acknowledgement indicates the most recent training she received was October 15, 2018.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.241: Screening for risk of victimization and abusiveness

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

### 115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No

### 115.241 (b)

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

### 115.241 (c)

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

### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  Yes  No

#### 115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS Pre-Audit Questionnaire
- ICCS Policy 160 – PREA Standards, Training, and Screening
- ICCS Policy 600 – Intake Paperwork and Procedures
- Risk Screening Instrument
- Risk Screening Instrument Sample (20 clients)

115.241 (a) The orientation will be provided in conjunction with the risk assessment screening used to determine the potentiality of a client being at risk for victimization or poses a risk of being a perpetrator of sexual assault, violence, misconduct or contact.

115.241 (a)(b)(c) Within 72 hours of admission, the Case Manager will complete the PREA Risk Assessment. The client will be reassessed within 30 days of intake based on any additional, relevant information received after the initial risk assessment.

115.241(d) Clients shall not be disciplined for refusing to answer questions regarding the following:

- Whether or not the client has a mental, physical, or developmental disability
- Whether or not the clients is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Whether or not the client has previously experienced sexual victimization

- The client's own perception of vulnerability

115.241(f) Future assessments will be conducted when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness.

Interviews:

- Random clients
- Case Managers
- PREA Coordinator

The facility Case Managers are responsible for administering the screening for risk of victimization and abusiveness tool. The Case Managers indicate the screening process is completed with 24 hours of the client's admission to the facility and a review of the screen is completed 30 days later. During the interviews with clients the process in which the screening tool is completed seemed to suggest there are two practices in which the facility ascertains the information. Interviews suggest some clients were hand delivered a packet of paper and instructed to complete the paperwork and turn it back in to their Case Manager. Other clients report their Case Manager asked the questions during a face to face interview. Case Manager interviews indicate the screening tool is maintained in the client's case file; however, the results of the screening tool are shared with the security staff to assist with room assignments.

**Corrective Action:** The facility had an inconsistent practice for obtaining information on the risk screening tool. Client interviews suggest some clients were handed a copy of the screening tool and asked to fill it out and others were asked the questions during a face to face interview with their Case Manager.

**Corrective Action Steps:** The facility addressed this area by sending an email to the team of Case Managers informing the team of the finding and instructing them to importance of completing the screen face to face. The team was instructed to complete the screen in private and with the client.

## Standard 115.242: Use of screening information

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

### 115.242 (a)

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

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

#### 115.242 (b)

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

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.242 (e)

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

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- 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?  Yes  No

- 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?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

- ICCS – Pueblo Pre-Audit Questionnaire
- ICCS - Pueblo Room Assignment PREA
- ICCS Policy 160 – PREA Standards, Training, and Screening

115.242 (a-c) The risk assessment screening results will only be disseminated to staff that need to know in order to determine appropriate housing needs for safety reasons.

The results of the assessment will be forwarded to the Community Corrections Specialist Supervisor or designee, who will use the information to make individualized determinations to ensure those at high risk of being sexually victimized are not assigned to the same room as those identified as risk of being abusive.

ICCS does not have a special housing unit reserved for clients who identify as lesbian, gay, bisexual, transgender, or intersex.

Facility and housing assignments for transgender and intersex clients will be made on a case-by-case basis. Their own view of their safety shall be given consideration as well as the safety of other clients and the community as a whole. At no time will housing be based solely on a client's genital status or assigned gender at birth.

Clients who identify as transgender or intersex will be allowed to shower separately from other clients.

Interviews:

- ICCS-Pueblo had three clients who identified as LGBTQI; one was available for an interview
- Case Managers
- Security Specialist Supervisor
- PREA Coordinator

An interview with the Case Managers and Security Specialist Supervisor indicate the risk screening information is shared to ensure appropriate housing assignments for the clients and identifying high risk clients to ensure there is appropriate supervision and monitoring of the client. There was no indication the facility has admitted any clients in the past 12 months who identify as transgender; therefore, special housing considerations were not a concern. An interview with a client who identifies as LGBTI indicate they were housed and programmed in the same manner as client who identify as heterosexual and the client did not feel their sexual orientation was an issue to accessing programming or to getting their individual needs met.

Interviews with staff and clients indicate the facility does not have a designated room or area to isolate clients. During the facility tour, the auditor did not see an area that would be utilized to isolate clients.

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

#### 115.251 (c)

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

#### 115.251 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 161 – PREA Reporting, Investigation, and Response
- PREA Brochure (English and Spanish)
- PREA Door Poster
- Pueblo Police Department MOU
- Behavioral Treatment Services MOU
- Policy 160 PREA Standards, Training, and Screening
- ICCS Rules of Conduct and House Policies
- PREA Training Curriculum

115.251(a) Staff shall be required to report any acts of retaliation by other staff members or clients against someone who reported, or is thought to have reported, an allegation.

115.251(a)(b) Clients may use any means at their disposal to report incidents of sexual assault, sexual violence, sexual misconduct or sexual contact when they are a victim of such acts upon themselves, or when they have direct knowledge that such acts have been perpetrated or are being planned to be perpetrated upon any other client. In an effort to provide clients with several reporting options, including outside agencies that accept reports, and options that would protect the reporting party's identity from being revealed to other clients, the following specific reporting options will be afforded:

1. Direct verbal report to any ICCS staff member, contractor/vendor, or ICCS volunteer.
2. Direct written report to any ICCS staff member, contractor/vendor, or ICCS volunteer.
3. May be completed through the use of U.S. Mail, kite, note, grievance or any other written method.
4. Through the DOC tip line (1-877-DOC-TIPS/1-877-362-8477).
5. Contacting local law enforcement by dialing 911 or a distributed non-emergency number.
6. Email link from website.

115.251(c) Staff shall also be required to accept allegations made verbally, in writing, anonymously, and from third parties and treat them all equally.

115.251(c)(d) It is recognized that effective prevention of sexual assault, violence, misconduct and contact against a client must include effective reporting requirements. To this end, all suspected or reported acts of sexual assault, violence, misconduct and contact alleged to be perpetrated by another client, ICCS employee or any other person, will be immediately reported to the Program Director or PREA Coordinator, either privately or openly, via phone or email, depending on the circumstances and allegations. The Program Director or PREA Coordinator will then immediately notify the Executive Director and other supervisors if necessary. This mandate to report will be the responsibility of:

1. All ICCS employees.
2. All contractors/vendors, to include mental health contractors, educational contractors, food service/vending contractors.
3. All volunteers and interns within the ICCS facility.
4. All clients.

#### Interviews:

- Random clients
- Random staff/Community Corrections Specialist
- PREA Coordinator

Staff interviews provided a variety of responses when reporting the different ways available to privately report sexual abuse. There is an understanding they can contact the agency Human Resource staff, supervisor, the agency PREA Coordinator, the facility Director/PREA Compliance Manage. A few staff understand contact the DOC PREA hotline is an option.

Client interviews consistently report they have the ability to contact the DOC PREA hotline, talk to their case manager, the facility Director, a trusted staff member, and have the ability to report directly to law enforcement.

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

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

#### 115.252 (b)

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

#### 115.252 (c)

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

#### 115.252 (d)

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

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

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

#### 115.252 (f)

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

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 340 Client Grievance, Complaints and Appeals

The facility did not have any clients make an allegation of sexual abuse in the past 12 months.

## Standard 115.253: Resident access to outside confidential support services

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

#### 115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 161 – PREA Reporting, Investigation, and Response
- PREA Brochure (English)
- Door Poster
- Pueblo Rape Crisis Services MOU

#### Interviews:

- Random clients

Client-victims are entitled to the same level of statutory victim advocate services as any other victim. For this reason, any perpetrated act that violates Colorado Revised Statutes where a victim is identified, the On-Call Supervisor, Program Director, PREA Coordinator or designee will immediately provide all identified victims of the incident with contact information for a local victim advocate. Client-victims will be allowed to speak to the victim advocate confidentially without staff monitoring. The victim advocate group will also not inform ICCS or law enforcement of this call unless the victim asks them to, or the victim threatens harm to themselves or others. All clients who report being threatened with, or

report being a victim of sexual assault, sexual violence, sexual misconduct, or sexual contact will be referred to mental health for an evaluation.

Interviews with clients indicate they can and do make contact with the professionals on their case and/or approved family members.

## Standard 115.254: Third-party reporting

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

#### 115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS PREA Website

115.254 <https://www.int-cjs.org/iccsprea>

ICCS has established methods to receive third-party reports of sexual abuse and sexual harassment and is required to distribute and post publicly information on how to report sexual abuse and sexual harassment on behalf of a client. Third-party reporters can call the DOC tip line, the PREA Staff Line and can send a letter to the DOC PREA Manager or DCJ Director. Third-party reporting information is available on the agency website PREA link.

# OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

## Standard 115.261: Staff and agency reporting duties

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

### 115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

### 115.261 (b)

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

### 115.261 (c)

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

### 115.261 (d)

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

### 115.261 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 160 – PREA Standards, Training, and Screening

115.261 (a) It is recognized that effective prevention of sexual assault, violence, misconduct and contact against a client must include effective reporting requirements. To this end, all suspected or reported acts of sexual assault, violence, misconduct and contact alleged to be perpetrated by another client, ICCS employee or any other person, will be immediately reported to the Program Director or PREA Coordinator, either privately or openly, via phone or email, depending on the circumstances and allegations. The Program Director or PREA Coordinator will then immediately notify the Executive Director and other supervisors if necessary. This mandate to report will be the responsibility of:

1. All ICCS employees.
2. All contractors/vendors, to include mental health contractors, educational contractors, food service/vending contractors.
3. All volunteers and interns within the ICCS facility.
4. All clients.

115.261(b) ICCS will only share information as required by law in order to protect the confidentiality of its clients.

115.261(d) If an alleged victim is considered a vulnerable adult under state or local vulnerable persons statutes, ICCS will report the allegation to the designated State or local services agency.

115.261(e) Staff shall also be required to accept allegations made verbally, in writing, anonymously, and from third parties and treat them all equally.

### Interviews:

- Random staff/Community Correction Specialist

- Program Director/PREA Compliance Manager
- PREA Coordinator

All staff interviews indicate everyone would report actual and suspicions related to sexual abuse and sexual harassment. The Security Specialist indicate they would report directly to their supervisor and in the absence of the supervisor they would report to the person in charge. The facility administrators explained they would immediately notify law enforcement and the agency PREA Coordinator if there is a sex abuse allegation that meets the standard of a possible crime.

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 340 – Client Grievance, Complaints and Appeals

#### Interviews:

- Random staff/Community Correction Specialist
- Program Director/PREA Compliance Manager

Interviews acknowledge clients in substantial risk of imminent sexual abuse can and will immediately be transferred to another community confinement facility. In the past 12 months, the facility did not receive information that deemed a client was in substantial risk of imminent sexual abuse.

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 160 – PREA Standards, Training, and Screening

115.263(a)(b)(c) Staff shall inform their Program Director or PREA Coordinator of all allegations they receive, even if the incident occurred at a facility not operated by ICCS. Upon receipt of such an allegation, the Program Director shall contact the head of the facility the incident occurred at within 72

hours and document this notification in the client's chronological notes. Likewise, ICCS will investigate, per ICCS Policy #161, any allegations brought to their attention by another facility about an incident that occurred at ICCS.

All medical and mental health practitioners will be required to report any knowledge or suspicion of sexual misconduct, retaliation by staff or client, or any staff neglect that may contribute to any of the above. Clients must also be informed of this reporting duty, and the limits of confidentiality, at the initiation of services.

Interviews:

- Program Director/PREA Compliance Manager

Staff shall inform their Program Director or PREA Coordinator of all allegations they receive, even if the incident occurred at a facility not operated by ICCS. Upon receipt of such an allegation, the Program Director shall contact the head of the facility the incident occurred within 72 hours and document this notification in the client's chronological notes. Likewise, ICCS will investigate any allegations brought to their attention by another facility about an incident that occurred at ICCS.

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Review:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 161 – PREA Reporting, Investigation, and Response

115.264(a) The following considerations will be the responsibility of the first staff member notified or arriving on scene of a reported sexual assault, violence or misconduct incident

1. Direct attention to life/safety matters and ensure that immediate and appropriate medical care is provided to any alleged victim(s), or suspect(s) as appropriate, keeping in mind the need to protect and possibly collect potential items of evidentiary value located on or in the bodies of all victims and suspects.
2. Notify the Main Office for assistance if non-Community Corrections Specialist is First Responder.
3. Immediately verify that the Program Director is aware of the nature of the incident.
4. The Program Director or designee will respond immediately, assess the situation and notify the local law enforcement agency.
5. The staff member will take control of the situation to prevent injury or additional injury to staff members or clients by the perpetrator(s).
6. Move the victim to a safe location and follow instructions of medical staff regarding disposition of alleged victim.
7. A staff member will be assigned to remain with the victim(s) at all times until notified by the Program Director or designee to do otherwise.
8. The suspected client(s) will be removed from the scene and kept separate from all other clients and constantly observed by a staff member at all times.
9. All victims will be separated from each other and remain so until advised otherwise by the Program Director or designee.
10. Secure areas where incident is alleged to have occurred and physical evidence exists (e.g. lock down clients, isolate them away from the scene, secure the area and treat as a crime scene).

11. If the alleged event occurred within a time period that allows for the collection of physical evidence, both the victim and suspect will be requested not to wash their body, brush their teeth, change clothes, urinate, defecate, smoke, eat or drink anything.
12. In the event that a client-victim is transported to a medical treatment facility, the staff member transporting the client-victim will obtain discharge orders from the physician and forward them to the case manager when the client returns to the facility.
13. The scene should be preserved exactly as found unless there is evidence that cannot be protected or secured without compromising the safety and security of the facility.
14. Take custody of physical evidence which cannot be secured and retain it in your possession until it can be transferred to an investigator.
15. Observe all conditions, events, and remarks and record them in a report.

**Interviews:**

- Random staff/Community Corrections Specialist

Staff consistently communicated their responsibility as the first responder and the steps they would take to protect a client disclosing sexual abuse. The staff indicate they would separate the client from the perpetrator, monitor them closely to ensure their safety, advise the client no to take steps that would destroy evidence, contact the supervisor or person in charge, and secure the area to prevent the destruction of evidence.

There were zero reports of sexual abuse involving in sexual contact; therefore, the Auditor could not interview anyone who would have acted as a first responder. Random staff interviews indicate if they were to receive a disclosure the staff would separate the perpetrator from the victim, secure the area, and initiate a documented report.

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- Facility Coordinated Response Plan

115.265 ICCS will adhere to a coordinated response working closely with community agencies like law enforcement, hospitals, mental health treatment providers, and rape crisis centers to provide victims with services that equal that of the community level of care. This will be accomplished while showing full transparency while still protecting victim anonymity.

Interviews:

- Program Directors/PREA Compliance Manager
- Random Staff

Most interviewed staff wore a business card size badge with the first responder steps printed on the card. The facility coordinated response plan is detailed and provided step-by-step staff response when dealing with a sexual abuse allegation.

## Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

#### 115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The agency is a private not for profit company and the employees do not enter into collective bargaining agreements.

## Standard 115.267: Agency protection against retaliation

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

#### 115.267 (a)

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

#### 115.267 (b)

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

#### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

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

#### 115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 161 – PREA Reporting, Investigation, and Response

115.267(a) Both the Program Director and PREA Coordinator, or designee, will act as the designated staff members to monitor possible retaliation, but it is the duty of all ICCS staff, volunteers, and contractors to report any possible retaliation of threats made towards victims and witnesses.

115.267(b) Consideration will also be given to the particular circumstances of each case to ensure that client-victims and/or witnesses are not exposed to potential dangers, such as retaliation, posed by friends and acquaintances of perpetrators. If possible, separation will be accomplished through housing assignments within the ICCS, however, if adequate separation is not possible within the facility, the Program Director will arrange for client-victims, witnesses or perpetrators to be contract housed at another county community corrections facility.

115.267(c)(e) Any client or staff who reports or is witness to any sexual abuse or sexual harassment or cooperates with any investigation into an allegation will be provided the same protection as any victim. They will be met with on a regular basis, for periodic status checks, to monitor for signs of retaliation from other clients or staff. These meetings will continue for a minimum of 90 days, longer if deemed necessary, and be documented in the client's notes or staff's personnel file.

Interviews:

- Program Director/PREA Compliance Manager
- PREA Coordinator

Interviews indicate the facility staff have the option of moving clients, room assignment, transferring clients to another agency facility, and terminating a client alleged to be a perpetrator from all agency facilities. The facility offers emotional support services for clients or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The responsibility to monitor a client and staff member is the responsibility of the PREA Coordinator, and the Program Director or designee. The policy states, all ICCS staff, volunteers, and contractors to report any possible retaliation of threats made towards victims and witness. The policy explicitly states retaliation monitoring will occur on a regular basis for periodic status checks, to monitor for signs of retaliation from other clients or staff. Retaliation will continue for a minimum of 90 days, longer if deemed necessary, and be documented in the client's notes or staff's personnel file. The facility reports zero (0) incidents of retaliation in the past 12 months.

## INVESTIGATIONS

## Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 161 – PREA Reporting, Investigation, and Response

115.271(a) All suspected, threatened or reported acts of sexual assault, sexual violence, sexual misconduct or sexual contact that occur in community corrections or any other location where clients are housed, work or are provided services, will be investigated in accordance with established local law enforcement agency's investigative standards and protocols dictated by the Criminal Investigations Division duty supervisor and case investigator.

115.271(b)(c) Before conducting any administrative investigation, all ICCS Supervisors, Program Directors, and the PREA Coordinator will complete Investigator Training as outlined in PREA Standard 115.234(a) through (c).

115.271(d) All potential legal considerations will be brought to the attention of the responsible law enforcement officer who may in turn consult with the District Attorney's office for legal guidance.

115.271(f) This report shall include an effort to determine if staff actions or failure to act contributed to the abuse. It shall also include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings.

115.271(i) A copy of the Administrative Review, documentation of any non-implemented recommendations, along with the Investigation Report, all data, video surveillance, etc., will be kept by the PREA Coordinator or designee.

115.271(j) All acts of sexual abuse by a staff member will result in their termination and reported to local law enforcement. Any employee who resigns during an investigation, or before their employment can be terminated, will not be a basis for terminating the investigation. All administrative and criminal investigations will continue until completion.

The departure of an alleged abuser or victim from ICCS, whether an employee or client, shall not provide basis for terminating an investigation.

#### Interviews:

- Investigative staff
- PREA Coordinator
- Program Director/PREA Compliance Manager

The agency PREA Coordinator as well as the information documented on the facility PAQ indicates the facility received zero allegations of staff sexual misconduct; therefore, there were zero allegations referred to law enforcement for a criminal investigation.

## Standard 115.272: Evidentiary standard for administrative investigations

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

#### 115.272 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 161 – PREA Reporting, Investigation, and Response

115.272 In cases where the incident was investigated by ICCS, and not law enforcement, a standard of “preponderance of the evidence” will be used in determining whether allegations are considered substantiated, unsubstantiated, or unfounded.

#### Interviews:

- Investigative staff

Upon receipt of a disclosure one of the agency/facility investigators would seek guidance from other stakeholders within the agency to collaborate on the course of action to initiate the investigation and determine if a crime was committed that would need to be referred to the Pueblo Police Department. Of the investigators interviewed all stated the agency/facility would cooperate fully with law enforcement

for all criminal investigations. The agency does not have the authority to determine a prosecutable crime; therefore, the investigators would support and cooperate with the decision of law enforcement.

## Standard 115.273: Reporting to residents

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

#### 115.273 (a)

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

#### 115.273 (b)

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

#### 115.273 (c)

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

#### 115.273 (d)

- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes    No
- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes    No

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 161 – PREA Reporting, Investigation, and Response
- Client Reporting Forms (1)

115.273(a)(b) If a client alleges sexual abuse while a resident of ICCS, ICCS will inform the client-victim of the outcome of the investigation, whether it was conducted by ICCS or local law enforcement.

115.273(c) If the allegation was against a staff member, and not deemed unfounded, ICCS will keep the client-victim apprised of that staff member’s employment status at ICCS and also inform the client-victim when/if the offending staff member is indicted or convicted on related criminal charges.

115.273(d) If the allegation was against another client, ICCS will inform the client-victim when/if their abuser is indicted or convicted of criminal charges related to sexual abuse in the facility.

115.273(e) ICCS will document in the client-victim's chronological notes all notifications, and attempts to notify, until such time as the client-victim is no longer a client of ICCS. At that time, ICCS's obligation to report to the client-victim about their abuser is fulfilled.

Interviews:

- Investigative staff

The facility received zero allegations of sexual abuse. The one allegation received by the facility would be alleged staff sexual misconduct absent sexual contact. An administrative investigation was conducted by the Program Director/PREA Compliance Manager, who is also trained as an investigator. There were zero allegations that resulted in an investigation completed by an outside agency in the past 12 months.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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### Documentation Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 162 – PREA Violation Sanctions

115.276(a) Any allegation against an ICCS employee that is substantiated or unsubstantiated will subject the employee to disciplinary sanctions up to, and including, termination. Discipline will be commensurate with the nature of the offense and circumstances.

115.276(b)(d) All acts of sexual abuse by a staff member will result in their termination and reported to local law enforcement. Any employee who resigns during an investigation, or before their employment can be terminated, will not be a basis for terminating the investigation. All administrative and criminal investigations will continue until completion.

The facility PAQ indicates in the past 12 months zero staff members, violated the agency sexual abuse/sexual harassment policy.

## Standard 115.277: Corrective action for contractors and volunteers

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

#### 115.277 (a)

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

### 115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 162 – PREA Violation Sanctions

115.277(a) Any allegation of sexual abuse or harassment against a volunteer or contract worker that is criminal in nature will be reported to local law enforcement for investigation. Any licensing body will also be notified of any substantiated or unsubstantiated allegation.

115.277(b) ICCS will take actions to prohibit further contact with clients by any volunteer or contract worker in any other cases of sexual contact or harassment.

#### Interviews:

- Program Director/PREA Compliance Manager

The facility PAQ and interview with the Program Director/PREA Compliance Manger indicates there were zero contractors or volunteers reported to law enforcement for violating the sexual abuse or sexual harassment policy.

## Standard 115.278: Interventions and disciplinary sanctions for residents

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

### 115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

#### 115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.278 (g)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Documentation Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 162 – PREA Violation Sanctions

115.278(a) Discipline for this offense will be commensurate with the nature and circumstances of the event, their disciplinary history, and sanctions imposed for comparable offenses by clients with similar histories. A client's possible mental disabilities shall also be considered when determining a sanction.

115.278(b)(c) Discipline for this offense will be commensurate with the nature and circumstances of the event, their disciplinary history, and sanctions imposed for comparable offenses by clients with similar histories. A client's possible mental disabilities shall also be considered when determining a sanction.

115.278(d) If there is available therapy, counseling, or other interventions designed to address and correct the underlying reason(s) and motivation(s) for the abuse, ICCS will consider whether to require the offending client to participate in such as a condition of placement.

115.278(e) A client may only be issued an Incident Report for having sexual contact with an employee, volunteer, or contractor worker if it is found that the employee, volunteer, or contract worker did not consent to such contact.

115.278(f) A client may be disciplined for filing a report of sexual abuse in bad faith. If an investigation does not establish sufficient evidence to substantiate an allegation, this will not constitute a false report or lying as the client may have had reasonable belief that the alleged conduct occurred.

#### Interviews:

- Program Director/PREA Compliance Manager

The facility PAQ indicates the facility did not receive any allegations of client-on-client sexual abuse incidents.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### Documentations Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 161 - PREA Reporting, Investigation, and Response

115.282(a)(c) All clients who report that they have been the victim of sexual assault, sexual violence, sexual misconduct or sexual contact will be receive timely, unimpeded access to emergency medical treatment and crisis intervention. The nature and scope of which will be determined by medical and mental health practitioners according to their professional judgment.

115.282(d) These services will be free of charge to the client-victim, whether or not they name their abuser or cooperate with any investigation.

Interviews:

- Random staff/Community Corrections Specialist

Interviews with clients and random staff suggest clients have easy and unimpeded access to emergency medical treatment and crisis intervention services if they are victims of sexual abuse. Clients can access medical services at Parkview Medical Center and advocacy support through the Pueblo Rape Crisis Services, which is the local community rape crisis center.

## **Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

### **115.283 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### **115.283 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### **115.283 (c)**

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

### **115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### **115.283 (e)**

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentations Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 161 - PREA Reporting, Investigation, and Response

115.283(a) ICCS will offer ongoing medical and mental health care to any client who has been victimized by sexual abuse in any facility, even if it was prior to their arrival at ICCS.

115.283(b) ICCS shall attempt to refer all known client-on-client abusers for a mental health evaluation within 60 days of learning of such abusive history. Treatment will be offered when deemed appropriate by mental health practitioners.

115.283(d) A full medical evaluation and assessment will be provided to the client-victim, which will include appropriate testing for communicable diseases of both the victim and the perpetrator. All client-victims will also be granted access to pregnancy test, emergency contraception, and sexually transmitted infection prophylaxis where applicable. If a pregnancy does result from the sexual assault, the victim shall receive timely and comprehensive information about, and timely access to, all pregnancy-related medical services.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentations Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 165 - PREA Reporting, Investigation, and Response
- 1 Administrative Review Report

115.286(a) In response to every substantiated or unsubstantiated case of sexual assault, sexual violence, sexual misconduct, or sexual contact on a client, there will be an Administrative Review initiated by a non-investigating supervisor with input from other administrators and any applicable staff. If the allegation involved only clients, this Administrative Review should occur during an All Staff Meeting (unless reason exists not to). If the allegation involved a staff member, the Administrative Review should occur in the monthly Administration Team Meeting.

115.286(d) All Administrative Reviews should happen within thirty (30) days of the conclusion of the investigation. The purpose of such a review is to:

- a) Determine proper policy and procedure adherence.
- b) Consider whether the allegation or investigation reveals a need to change, or improve, policy or procedure to better prevent, detect, or respond to sexual abuse.

- c) Consider whether the allegation or incident was motivated by race, ethnicity, gender identity (lesbian, gay, bisexual, transgender, or intersex), status, or perceived status, gang affiliation, or motivated/caused by any other facility dynamics.
- d) Examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- e) Assess adequacy of staffing levels in the area during different shifts.<sup>2</sup>
- f) Assess whether monitoring technology is adequate in the area.

Once the Administrative Review is complete, it shall be forwarded to the Program Director, PREA Coordinator, and Quality Assurance Director to ensure that all recommended improvements and changes are implemented. Any failure to implement the recommendations must be documented with the reasoning.

Interviews:

- Program Director/PREA Compliance Manager
- PREA Coordinator
- Case Manager Supervisor
- Community Corrections Specialist Supervisor

The facility did not receive any allegations of sexual abuse requiring a sexual abuse incident review.

## Standard 115.287: Data collection

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

#### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentations Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 160 – PREA Standards, Training, and Screening
- ICCS Policy 161 - PREA Reporting, Investigation, and Response

#### 115.287 (a) Definitions

The following are definitions of Sexual Abuse, Non-Consensual Acts, Sexual Misconduct, and Sexual Harassment, per Department of Justice (DOJ) Survey of Sexual Violence (SSV):

1. **Abusive Sexual Contact (Client-on-Client)** - Contact of any person without their consent or of a person unable to consent or refuse. Contact between the penis and vagina or penis and anus including penetration, however slight; or contact between mouth and penis, vagina, or anus; or penetration of the anus or genital opening of another person by a hand, finger, or other object.
2. **Nonconsensual Sexual Acts (Client-on-Client)** - Contact of any person without their consent or of a person unable to consent or refuse. Intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.
3. **Sexual Harassment (Client-on-Client)** - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or

offensive sexual nature by one inmate directed toward another.

4. Staff Sexual Misconduct (Staff-on-Client) - Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor, or agency representative. Romantic relationships between staff and inmates are included. Consensual or nonconsensual sexual acts include intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire; or completed, attempted, threatened, or requested sexual acts; or occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.
5. Staff Sexual Harassment (Staff-on-Client) - Repeated verbal statements, comments, or gestures of a sexual nature to a client by an employee, volunteer, contractor, official visitor, or agency representative, including demeaning references to gender or derogatory comments about body or clothing; or profane or obscene language or gestures.

115.287(a) The investigating supervisor will document their investigation and findings, regardless if law enforcement completes their own criminal investigation, in a standardized PREA Incident Reporting Form which will require uniform data collection for all investigations. This form is required for future data collection for website publication.

115.287(c) These findings will be documented in an annual report prepared by the PREA Coordinator comparing the previous year to years past and assess progress in addressing sexual misconduct in its facilities. ICCS will redact any information that would present a clear and specific threat to the safety and security of any facility but will indicate the nature of the material redacted.

115.287(d) Annually, the PREA Coordinator will meet with the Quality Assurance Director, the Executive Director, and all Program Directors to review the previous year's findings, any incidents from the previous year, and any other problem areas. Corrective action will be taken to improve the effectiveness of ICCS's prevention, detection, training, and response policy and procedure.

115.287(f) ICCS-Pueblo did not receive a request from DOJ to provide data from the previous year.

## Standard 115.288: Data review for corrective action

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

### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documentations Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire
- ICCS Policy 165 - PREA Reporting, Investigation, and Response
- ICCS PREA Website

115.288(a)(b) Annually, the PREA Coordinator will meet with the Quality Assurance Director, the Executive Director, and all Program Directors to review the previous year's findings, any incidents from the previous year, and any other problem areas. Corrective action will be taken to improve the effectiveness of ICCS's prevention, detection, training, and response policy and procedure.

## Standard 115.289: Data storage, publication, and destruction

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

### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

### 115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### Documentations Reviewed:

- ICCS-Pueblo Pre-Audit Questionnaire

- ICCS Policy 165 - PREA Reporting, Investigation, and Response

115.289(a) A copy of the Administrative Review, documentation of any non-implemented recommendations, along with the Investigation Report, all data, video surveillance, etc., will be kept by the PREA Coordinator or designee.

115.289(b) The PREA Coordinator will then collect all data needed to complete a Department of Justice (DOJ) Survey of Sexual Violence (SSV) Form for each facility and publish this information, for each facility, and for the aggregate information for all the facilities combined, along with the Corrective Action reports for each facility, on its website.

115.289(c)(d) The PREA Coordinator will then collect all data needed to complete a Department of Justice (DOJ) Survey of Sexual Violence (SSV) Form for each facility and publish this information, for each facility, and for the aggregate information for all the facilities combined, along with the Corrective Action reports for each facility, on its website.

- a) before publishing this data, all personal identifiers will be removed
- b) data will consist of all information from the previous calendar year and be published no later than June 30.
- c) this data will be maintained for a minimum of ten years

Interviews:

- PREA Coordinator

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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#### Instructions for Overall Compliance Determination Narrative

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ICCS has a total of four (4) facilities, all are currently operating and audited during the first audit cycle. ICCS contracted for one audit during the first year of the second audit cycle. The Auditor had full access to the facility, video monitoring equipment, and received all supporting documents requested. During the on-site audit the Auditor was positioned in a facility conference room and allowed to conduct all interviews in private.

### Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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### Instructions for Overall Compliance Determination Narrative

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#### Documentations Reviewed:

- ICCS PREA Website

The agency has a PREA report on the website for the following facilities:

1. Lakewood: West 2015
2. Lakewood: Kendall 2015
3. Pueblo County: 2016
4. Weld County: 2016
5. Lakewood: West 2017
6. Lakewood: Kendall 2017
7. Weld County: 2018

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Natasha Mitchell

March 30, 2019

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.