

PREA Facility Audit Report: Final

Name of Facility: ICCS Boulder

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/03/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Natasha Mitchell	Date of Signature: 06/03/2022

AUDITOR INFORMATION	
Auditor name:	Mitchell, Natasha
Email:	nshaferdu@gmail.com
Start Date of On-Site Audit:	03/31/2022
End Date of On-Site Audit:	04/01/2022

FACILITY INFORMATION	
Facility name:	ICCS Boulder
Facility physical address:	1770 21st Street, Boulder, Colorado - 80302
Facility mailing address:	

Primary Contact	
Name:	Keri Casanova
Email Address:	kcasanova@int-iccs.org
Telephone Number:	3034492539x111

Facility Director	
Name:	Keri Casanova
Email Address:	kcasanova@int-iccs.org
Telephone Number:	3034492539x111

Facility PREA Compliance Manager	
Name:	Keri Casanova
Email Address:	kcasanova@int-iccs.org
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	45
Average daily population for the past 12 months:	55
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-99
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	116
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Intervention Community Corrections Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	12600 W. Colfax Ave, Suite B-410, Lakewood, Colorado - 80215
Mailing Address:	
Telephone number:	303-232-4002

Agency Chief Executive Officer Information:	
Name:	Brian Hulse
Email Address:	bhulse@int-iccs.org
Telephone Number:	720-544-5528

Agency-Wide PREA Coordinator Information

Name:	Evan Shelton	Email Address:	eshelton@int-iccs.org
--------------	--------------	-----------------------	-----------------------

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-31
2. End date of the onsite portion of the audit:	2022-04-01

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	45
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	54
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Except for one client who identified as LGBTQI, there were not other residents who self-reported or information was provided that they fit into any of the population characteristics. The auditor randomly selected ten clients to interview and used a visual and verbal assessment to determine if any fit into the characteristics and did not identify anyone who possibly or probably did.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	16
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	ICCS contracts with a local agency to provide client education and employment based training.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINÉES who were interviewed:	10

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The clients selected to participate in an interview was based on the clients who were in the facility at the time of the interviews. Since this is a community confinement program, a good majority of the clients were allowed to access employment and programming in the community and they were not available for an interview. Of the individuals in the facility at the time the auditor worked selected those individuals based on their length of stay, age, gender, and attempted to identify people with names associated with a variety of racial and ethnic groups.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>1</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PREA Coordinator, PREA Compliance Manager, and Case Manager Supervisor to determine if there were any clients residing in the facility at the time of the onsite audit phase.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PREA Coordinator, PREA Compliance Manager, and Case Manager Supervisor to determine if there were any clients residing in the facility at the time of the onsite audit phase.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PREA Coordinator, PREA Compliance Manager, and Case Manager Supervisor to determine if there were any clients residing in the facility at the time of the onsite audit phase.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PREA Coordinator, PREA Compliance Manager, and Case Manager Supervisor to determine if there were any clients residing in the facility at the time of the onsite audit phase.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PREA Coordinator, PREA Compliance Manager, and Case Manager Supervisor to determine if there were any clients residing in the facility at the time of the onsite audit phase.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PREA Coordinator, PREA Compliance Manager, and Case Manager Supervisor to determine if there were any clients residing in the facility at the time of the onsite audit phase.</p>

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor worked with the PREA Coordinator, PREA Compliance Manager, and Case Manager Supervisor to determine if there were any clients residing in the facility at the time of the onsite audit phase.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	7
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not have isolation or seclusion based programming in the facility. Additionally, there is no specific area for isolation or seclusion based housing.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	4

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The two contractors who provide services at the facility were not scheduled to work during the onsite audit.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

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

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
--	-------------------

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

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

The auditor was provided with the vulnerability assessments for the clients selected to interview. The facility also provided signed acknowledgments for the same clients to demonstrate the facility provides all new admissions with PREA information during intake.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
--	---

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
--	---

Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
--	----------

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
--	--

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
--	--

Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
---	----------

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
---	---

<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
---	---

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
---	--------------------------

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
---	---

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 373 297">115.211(a)-1</p> <p data-bbox="240 360 1414 423">The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.</p> <p data-bbox="240 486 336 512">POLICY:</p> <p data-bbox="240 517 1485 745">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. ICCS will maintain a PREA Coordinator, representing the entire agency. Within each residential facility, the Program Director will act as PREA Compliance Managers.</p> <p data-bbox="240 808 373 835">115.211(a)-3</p> <p data-bbox="240 898 1262 925">The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.</p> <p data-bbox="240 987 1390 1050">B. 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):</p> <ol data-bbox="240 1113 1485 2040" style="list-style-type: none"> 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. <p data-bbox="240 1883 1485 2040">Sexual contact on ICCS grounds is strictly prohibited. Any client who is found to have engaged in any sexual incident with another client may be issued a Class I Incident Report, even if the act was consensual and not coerced or forced. 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 residents with similar histories. A client's possible mental disabilities will also be considered when determining a sanction.</p> <p data-bbox="240 2107 1374 2134">ICCS and local law enforcement will aggressively pursue criminal charges against any client who is found to have</p>

participated in any criminal sexual act or harassment. In addition to administrative sanctions or criminal charges, ICCS reserves the right to terminate any client's placement that is found guilty of an allegation.

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.

The policy includes definitions for sexual abuse, and sexual harassment; as well as sanctions. Policy 160 related to zero-tolerance states explicitly the following, "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."

Disciplinary sanctions for clients can involve issuance of a Class I Incident Report. Discipline for a PREA violation 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.

ICCS has a comprehensive policy prohibiting sexual abuse and sexual harassment. The policy mandates zero tolerance of all forms of sexual abuse and sexual harassment. The policy contains definitions that are compliant and consistent with the PREA definitions in the PREA Definitions section. The policy further outlines the agency's prevention, detection, and response to sexual abuse and sexual harassment.

115.211(b)

The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

PROCEDURE:

A. Zero Tolerance Statement

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.

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. This commitment will include efforts to provide a safe environment and a staff that is prepared to respond to all allegations of client or staff sexual assault, sexual violence, sexual misconduct and sexual contact. It will be the practice of ICCS to provide appropriate treatment and counseling for any victims of sexual assault. It will be strictly forbidden for any ICCS employee, volunteer, contractor/vendor, other government employee or any other non-ICCS staff person who has access to the residential facility or clients in an official capacity, to engage in any act with a client that constitutes sexual assault, sexual violence, sexual misconduct or sexual contact. Background investigations on any potential employees will be conducted in accordance with ICCS Policy #220. Background investigations on ICCS volunteers or contract employees will be conducted in accordance with ICCS Policy #265.

Interviews:

- PREA Coordinator
- Facility Director

Intervention Inc., has designated a PREA Coordinator who indicated during his interview that he has sufficient time to fulfill his duties and has the necessary authority to oversee the various facilities compliance with the PREA standards that are applicable to community confinement facility's. He indicated each facility Program Director is designated as the PREA Compliance Manager. He stated he does not have supervisor responsibilities over the program directors but rather has a collaborative relationship as their colleague. The Program Director/ PREA Compliance Manager stated she has developed a relationship with the PREA Coordinator and they work together to address sexual abuse and sexual harassment allegations; as well as compliance with the standards. The PREA Coordinator stated he has ongoing communication with all the facility PREA Compliance Managers and convenes periodic meetings to address the standards.

The Program Director/ PREA Compliance Manager said she has sufficient time to oversee the facility's compliance with the standards. She stated since Intervention Inc. has already developed policies that provides guidance for compliance, once the

ICCS-Boulder facility began operating as a contract facility, the program easily adopted the procedures that were already in place at the ICCS facilities. The Program Director/PREA Compliance Manager is under the direct supervision of the Executive Director and she has direct supervision over all of the ICCS-Boulder employees.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">ICCS does not contract with other agencies for the confinement of clients sentenced to their program. In an instance that clients at ICCS-Boulder required removal or transfer from the facility, the client(s) would be transferred to the local jail holding jurisdiction or transferred to another ICCS facility.</p> <p data-bbox="229 367 1509 430">Interviews:</p> <ul data-bbox="229 430 1509 680" style="list-style-type: none"> <li data-bbox="229 430 1509 492">• Executive Director <li data-bbox="229 492 1509 555">• PREA Coordinator <li data-bbox="229 555 1509 680">• Program Director/PREA Compliance Manager <p data-bbox="229 680 1509 743">Conclusion:</p> <p data-bbox="229 743 1509 799">Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.213(a)-1 For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.</p> <p>Policy 150</p> <p>A. Staffing Plan</p> <p>1. Every calendar year, the Program Director, Community Corrections Specialist Supervisor, and PREA Coordinator, along with any other pertinent 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.</p> <p>2. Community Corrections Specialists will maintain an ongoing presence in the facility in accordance with policy #415.</p> <p>Policy 400</p> <p>PROCEDURE:</p> <p>A. The Security Supervisor will maintain and post a work schedule for Security staff in the Security Office. The schedule will be updated as needed, but evaluated at least once every thirty (30) days. The Security Staff Shift Leaders will assist the Security Supervisor in maintaining and updating the schedule.</p> <p>B. Annually, the Security 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.</p> <p>115.213(b)-1</p> <p>Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. 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.</p> <p>Colorado Community Corrections (Rev 2017) Organizational Management/Accountability (OMA) OMA-020: Milieu Management</p> <p>Residential programs shall provide an acceptable staffing pattern that ensures adequate client supervision and provision of services. At a minimum, at least two staff members, whose primary shift duties are client supervision, must be present in the facility at all times. At no time shall the central supervision office be left unattended unless there is an emergency, at which time the office must be locked. Staffing shall be increased as necessary during the facility's busiest hours to ensure sufficient coverage to adequately oversee clients and perform all required duties. Staff assigned these duties shall be on-site and trained in client supervision policies and procedures.</p> <p>Interviews:</p> <ul style="list-style-type: none"> • Executive Director • PREA Coordinator • Facility Director • Supervisors <p>ICCS acquired the contract for the Boulder facility within the past two years. During the pre-onsite phase of the audit the facility did not have a staffing plan that included all of the necessary considerations. The PREA Coordinator and the Facility Director worked together to develop a staffing plan to address the facility characteristics, staffing schedule, camera count, camera placement, and identified blind spots. During the review process the team will conduct a walk through to assess vulnerable areas and address the placement and installation of video monitoring equipment in the future. The facility does not deviate from the staffing plan and will hold someone over or request a staff member adjust their schedule and arrive early when necessary to meet staffing ratios. According to the Colorado Community Corrections standards the facility must have at a least two (2) staff members in the facility at all times, whose primary shift duties involve client supervision.</p>

The facility has developed a staffing plan that takes into account the number of residents and their programming activities throughout the day. Since the last PREA audit the average daily number of residents has been forty-seven (47) and the average daily number of residents on which the staffing plan was predicated is sixty (60). Documentation was provided to the auditor to demonstrate that the plan takes into consideration the 11 elements required by the standard. The program director reported that she checks for compliance with the staffing plan through unannounced rounds, personal observations, and shift logs. She also confirmed that all aspects of this provision of the standard are considered when assessing adequate staffing levels and the need for video monitoring.

The PREA Coordinator as well as the program director indicated ICCS-Boulder does not deviate from their established staffing plans except in exigent circumstances (i.e., staff or youth emergency). In such a case, the facility would enlist support from volunteer staff or identify a staff member to stay over to fulfill staffing needs. A deviation would be temporarily and would never extend an entire shift or day. Additionally, the program director confirmed the facility has the adequate number of direct care staff positions to meet the staffing ratios and mitigate possible deviations from the staffing plan.

Documentation was provided that demonstrated that the most recent staffing plan was reviewed on or around July 21, 2021. The review process covered all factors required according to the community confinement standards.

Documentation provided to the auditor indicates the facility has twenty-six (26) employees; seventeen (17) of the employees were hired in the 12 months preceding the audit. The facility has two (2) contract providers who provide education to the ICCS-Boulder clients.

Documentation reviewed during the onsite audit demonstrated that the intermediate-level and higher-level staff consistently conduct unannounced security checks (PREA Checks). A review of the log demonstrated that the unannounced rounds exceed policy and PREA expectations; the operating procedure requires documented checks at a minimum of three times per shift and the documentation is easily noticeable because the agency requires that checks are in red ink. They are conducted on all shifts and the policy prevents staff from alerting others by not stating the purpose of the round.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding supervision and monitoring. No corrective action required.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.215(a)-1</p> <p>The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>Policy 100</p> <p>7. 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.</p> <p>8. 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.</p> <p>Cavity Searches are not allowed under any circumstances.</p> <p>115.215(b)-1</p> <p>The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances.</p> <p>Policy 450</p> <p>PROCEDURE:</p> <p><u>A. Pat Search:</u></p> <p>1. Pat Searches of a specific resident's person shall be conducted when a resident is suspected of having contraband on his/her person, or as a scheduled, routine event to guard against contraband. All clothing, wallets, purses, and other items in the resident's possession should be searched. Staff should take special care to notice any hidden areas in the resident's clothing during the search.</p> <p>2. Only staff of the same sex as the resident will be allowed to conduct a Pat Search. Body cavity searches are not allowed.</p> <p>3. When conducting a Pat Search, staff will instruct the resident to enter the security office, remove secondary layers of clothing such as coats, shoes, hats, etc., and any items the resident may have in pockets or other concealed areas. Staff will also instruct the resident to turn all pockets inside out, stand with his/her arms extended to the sides and feet positioned shoulder width apart.</p> <p>4. Prior to the Pat Search, staff shall scan the resident with a wand type metal detector and examine any areas identified as concealing a metallic object. Staff is encouraged to wear Personal Protective Equipment (PPE), such as gloves when conducting Pat Searches.</p> <p>5. Pat searches will be conducted in a professional and respectful manner. Staff will begin the pat search from the neck and conclude at the ankles. Staff should be careful to not touch any genitals, but should be thorough to pat/inspect surrounding areas such as waist lines of pants, and undergarment material such as bras that may conceal contraband. All other areas of the resident's person must be pat down to detect possible contraband.</p> <p>115.215(c)-1</p> <p>Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.</p> <p>Policy 116</p> <p>If exigent circumstances arise where an emergency cross-gender pat or strip search must be completed for facility or resident safety purposes, the reasons why will be logged in resident's chronological notes to be printed and forwarded to the PREA Coordinator or designee for logging.</p> <p>115.215(d)-1</p>

The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

Policy 160

E. Housing

1. 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.

Interviews:

- Executive Director
- Facility Director
- Random Staff
- Random Residents

Staff and client interviews indicate staff are prohibited from conducting cross-gender pat searches. Interviews with the 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 facility pat search practices were modified during the pandemic, which did not require staff to physically touch a client. Since the pandemic restrictions have been lifted, same gender staff are conducting pat searches of clients during at random times per the facility program.

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 of the 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 assigned to the room before opening the door. When checking clients in the bathroom, the staff will knock and wait for the client to announce their names during security checks. The client's and staff indicate the staff will never enter the bathroom while it is being utilized. All clients report there is adequate privacy and they feel confident in the practices.

The clients also report they have the ability to use the restroom to complete their hygiene throughout the day; therefore, everyone has the ability to shower separately. Most clients report they have never seen more than one person in the bathroom at a time since it is a single person bathroom.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p><u>115.216(a)-1</u></p> <p>The agency has established procedures to provide disabled residents 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.</p> <p>Policy 160</p> <p>4. ICCS will take measures to ensure that all residents 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.</p> <p>Policy 235</p> <p>3. Staff shall ask the resident if he/she can speak, read, and understand English. If the resident does not speak and understand English, staff shall seek a bi-lingual individual to assist in the intake process. If the resident cannot read, staff will read any necessary information to the client. If the resident is deaf or hearing impaired, staff will seek an individual who can interpret the information effectively. Resident interpreters or assistants may not be used unless an extended delay in obtaining an effective interpreter could compromise the resident's safety. All materials will be provided in multiple formats to ensure effective communication with residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. These formats will include, but are not limited to, written material and verbal communication.</p> <p><u>115.216(b)-1</u></p> <p>The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Policy 160</p> <p>3. 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. 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. See ICCS Policy #600.</p> <p>Policy 600</p> <p>E. 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 resident's rights during their intake meeting. All Case Manager Supervisors will have a copy of PREA educational tools to assist Case Managers with this.</p> <p><u>115.216(c)-1</u></p> <p>Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations.</p> <p>Policy 161</p> <p>ICCS will not allow residents to act as interpreters, readers, or assistants in cases of sexual abuse allegations unless an extended delay may compromise a resident's safety, the performance of the first staff member on the scene, or the investigation of the resident's allegations.</p> <p>Policy 235</p> <p>3. Staff shall ask the resident if he/she can speak, read, and understand English. If the resident does not speak and understand English, staff shall seek a bi-lingual individual to assist in the intake process. If the resident cannot read, staff will read any necessary information to the client. If the resident is deaf or hearing impaired, staff will seek an individual who can interpret the information effectively. Resident interpreters or assistants may not be used unless an extended delay in obtaining an effective interpreter could compromise the resident's safety. All materials will be provided in multiple formats to ensure effective communication with residents who have intellectual disabilities, limited reading skills, or who are blind or</p>

have low vision. These formats will include, but are not limited to, written material and verbal communication.

Interviews:

- Executive Director

- PREA Coordinator

- * Random Staff

According to the PAQ and interviews with the Program Director/PREA Compliance Manager, PREA Coordinator, and random staff confirm that ICCS- Boulder has established procedures to provide disabled clients with 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.

ICCS-Boulder employees are qualified to assist clients who are identified as having an intellectual or speech disability; and any client presenting with a psychiatric need will be referred to the local behavioral health agencies. Clients with auxiliary aids will be allowed to have their support aids during the duration of their stay. Resources for deaf or hard of hearing clients is made available through visual aids.

According to the PAQ, the facility did not have any instances where client interpreters, readers, or other types of client assistants have been used in the 12 months preceding the audit. Staff interviews confirmed the agency would use a Spanish speaking staff member or a translator for interpretation services. Interviewed staff indicated the facility would not use a client interpreter, client reader, or any other type of client assistance when they have to deal with a client's allegation of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

115.217	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 376 300"><u>115.217(a)-1</u></p> <p data-bbox="240 331 1476 389">Agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <p data-bbox="240 398 1476 456">(1) 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);</p> <p data-bbox="240 488 1476 546">(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p data-bbox="240 577 1422 636">(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="240 667 349 694">Policy 220</p> <p data-bbox="240 725 336 752">POLICY:</p> <p data-bbox="240 784 1497 1043">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.</p> <p data-bbox="240 1075 1485 1169">G. Any employee applying for a promotion within the company will also be asked during the application or interview process about any previous misconduct described in the Policy above. Any incidents will be considered while determining whether or not to promote an employee.</p> <p data-bbox="240 1200 376 1227"><u>115.217(b)-1</u></p> <p data-bbox="240 1258 1453 1317">Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="240 1348 349 1375">Policy 220</p> <p data-bbox="240 1406 1457 1532">F. 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.</p> <p data-bbox="240 1563 376 1590"><u>115.217(c)-1</u></p> <p data-bbox="240 1621 1479 1747">Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.</p> <p data-bbox="240 1778 349 1805">Policy 220</p> <p data-bbox="240 1836 411 1863">PROCEDURES:</p> <p data-bbox="240 1895 1485 2020">A. 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.</p>

B. 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

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks:

Policy 220

D. 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)-1

Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Policy 220

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

115.217(f)-1

Policy 230

C. Employees will complete a written self-evaluation. The self-evaluation questions shall include questions about previous misconduct described in PREA Standard 115.217(a)(1-3).

115.217(g)-1

Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy 220

E. 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)-1

Policy 220

J. Unless prohibited by law, 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:

- PREA Coordinator
- Human Resources Representative

According to the facility PAQ, in the past 12 months the number of persons hired who may have contact with the clients who have had criminal background checks is one hundred sixteen (16). The auditor reviewed specific information in staff files for fourteen (14) staff members to verify the staff passed a background check upon hire. A review of background clearance documents included ICCS employees as well as contract staff, which the PAQ indicated there are two (2) contract staff providers covered under a contract who might have contact with residents completed a background check in the past 12 months. Interviews with the Human Resource staff member corroborated the background check process and reported that she maintains off staff members personnel file.

The ICCS policy prohibits hiring or promoting persons in the categories enumerated in this standard. The agencies practice is to obtain sexual harassment information when engaging the services of a contractor through the application process by providing potential candidates with supplemental questions during the application process. When a person is considered for employment, criminal background checks are conducted through the Colorado Bureau of Information background check. The

agency performs criminal background checks every 5 years on current employees and contractors who may have contact with clients.

The ICCS policy requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving prior consent from the former employee. Interviews with the Human Resources staff indicate the previous employer would need to sign a consent form to allow the agency to disclose information. Absent a signed consent the agency will not release any information.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding hiring and promotion decisions. No corrective action is required.

115.218	Upgrades to facilities and technology
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 328 300"><u>115.218</u></p> <p data-bbox="242 329 349 358">Policy 105</p> <p data-bbox="242 387 400 416">B. Staffing Plan</p> <p data-bbox="242 445 1477 604">1. Every calendar year, the Program Director, Community Corrections Specialist Supervisor, and PREA Coordinator, along with any other pertinent 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.</p> <p data-bbox="242 633 1414 663">2. Community Corrections Specialists will maintain an ongoing presence in the facility in accordance with policy #415.</p> <p data-bbox="242 692 574 721">C. Camera and mirror placement</p> <p data-bbox="242 750 1489 878">1. Cameras and mirrors shall never be placed inside any bathroom, shower room, residential room, or any other area where residents may be in a state of undress. They may also not be positioned to aim directly or indirectly into these areas that may cause incidental viewing of a client in a state of undress. In restrooms used solely for the purpose of monitoring urine sample submissions, mirrors may be used to enhance the ability of staff to appropriately observe the urine sample submission.</p> <p data-bbox="242 907 1477 969">2. If a new camera or mirror is needed for an area, it will be decided on a case-by-case basis by the Staff Plan group as well as the Executive Director and cost, effectiveness, and need will all be taken into account.</p> <p data-bbox="242 999 341 1028">D. Repair</p> <p data-bbox="242 1057 1485 1151">1. When staff observes that a camera is in need of repair, they should notify a supervisor so arrangements can be made to get it fixed in a reasonable amount of time. Because cameras and mirrors are only to be used to supplement and not replace staff, no other actions need to be taken to immediately rectify this situation.</p> <p data-bbox="242 1180 352 1209">Interviews:</p> <ul data-bbox="242 1216 414 1245" style="list-style-type: none"> • Facility Director <p data-bbox="242 1274 1493 1500">According to the PAQ, the facility has not made any substantial expansion or modification since the last PREA audit. The Facility Director and PREA Coordinator confirmed the facility has not made any substantial expansions or modifications in the past 12 months. The building was originally an apartment complex which required the removal of a full kitchen and opening the living and bedrooms to house multiple clients per room. During a previous interview with the Executive Director he stated that when designing, acquiring, or planning substantial modifications to facilities, the agency will consider the effects of such changes on its ability to protect clients from sexual abuse. Consideration is given to generally accepted practices with regards to staffing, identifying for blind spots and the client population being served.</p> <p data-bbox="242 1529 1489 1756">ICCS-Boulder has installed cameras throughout the facility in the interior and exterior parts of the facility. ICCS-Boulder has forty-two (42) cameras installed throughout the facility that is monitored from the front desk and where movement is also managed. Each facility program director and the staff assigned to the front desk are responsible to assess camera blind spots. When a facility camera is inoperable a request for camera repairs would be emailed by the program director to the IT specialist for repair or replacement. The PREA Coordinator as well as the program director indicated that camera repairs can sometimes take place with the specialist remoting in and repairs are always made in a timely manner. All of the documentation regarding camera repairs would be maintained by the facility administrators.</p> <p data-bbox="242 1785 363 1814">Conclusion:</p> <p data-bbox="242 1821 1437 1883">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 510 297"><u>115.221(a)-1 115.221(b)-1</u></p> <p data-bbox="242 329 1490 389">The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p data-bbox="242 421 1490 515">The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p data-bbox="242 546 349 573">Policy 161</p> <p data-bbox="242 604 1461 730">2. 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.</p> <p data-bbox="242 761 1485 954">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.</p> <p data-bbox="242 985 375 1012"><u>115.221(c)-1</u></p> <p data-bbox="242 1043 1284 1070">The facility offers to all residents who experience sexual abuse access to forensic medical examinations.</p> <p data-bbox="242 1102 349 1128">Policy 161</p> <p data-bbox="242 1160 1493 1420">2. 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. 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.</p> <p data-bbox="242 1451 375 1478"><u>115.221(c)-2</u></p> <p data-bbox="242 1509 1034 1536">2 Forensic medical examinations are offered without financial cost to the victim.</p> <p data-bbox="242 1568 349 1594">Policy 161</p> <p data-bbox="242 1626 1485 1850">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. All medical and mental health treatment provided to residents who are victims of sexual abuse will be conducted by qualified professionals. 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.</p> <p data-bbox="242 1881 375 1908"><u>115.221(d)-1</u></p> <p data-bbox="242 1939 1461 2000">The facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means.</p> <p data-bbox="242 2031 349 2058">Policy 161</p> <p data-bbox="242 2089 624 2116">D. Victim and Witness Considerations</p>

1. 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 gives them written consent, or the victim threatens harm to themselves or others.

Interviews:

- SANE Staff
- Random Staff

The facility PAQ indicates ICCS-Boulder investigators are responsible for conducting administrative sexual abuse investigations only. Criminal investigations are conducted by the Boulder Police Department. The police department follows a uniform evidence protocol consistent with law enforcement agencies sexual abuse crimes unit protocols. The agency follows a uniform evidence protocol for first responders that maximizes the potential for obtaining usable physical evidence for both

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.222(a)-1

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).

Policy 161

PROCEDURE:

A. Victim and Witness Reporting Procedures

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.

115.222(b)-1

The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

Policy 161

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. 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.

Interviews:

- Executive Director
- Investigative Staff

According to the policy all allegations of sexual misconduct will be taken seriously and investigated thoroughly by a trained administrative and criminal investigator. Investigations will be conducted in a timely manner and administrative investigators shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The standard for criminal investigations conducted by the Boulder Police Department would be based on Colorado state statute. A report made to the agency or any facility staff member would be documented on an incident report and the police department would be notified to initiate an investigation. The facility PAQ reports there were six (6) sexual abuse or sexual harassment allegations in the past 12 months.

The agency website has information that informs the public about the different methods for reporting allegations of abuse. The website states, "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." Interviews with administrators, specialized and direct care staff confirmed that they were knowledgeable of reporting requirements and procedures and all acknowledged they are mandated reporters.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 300"><u>115.231(a)-1</u></p> <p data-bbox="240 338 1437 400">The agency trains all employees who may have contact with residents on the following matters (check all that apply and indicate where in the training curriculum this information is covered):</p> <ol data-bbox="240 405 1485 801" style="list-style-type: none"> (1) Agency's zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) The right of residents to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="240 831 349 860">Policy 161</p> <p data-bbox="240 889 568 918">C. Staff Training and Orientation</p> <ol data-bbox="240 947 1493 1800" style="list-style-type: none"> 1. All newly hired ICCS employees will attend a training session specific to the issues surrounding sexual assault, sexual violence, sexual misconduct and sexual contact. At a minimum, this training will include: <ol data-bbox="240 1014 1493 1608" style="list-style-type: none"> a) Definition of the three client-on-client types of allegations listed above. b) Definition of the two staff-on-client types of allegations listed above. c) Clear directions and expectations that forbid sexual assault, sexual violence, sexual misconduct and sexual contact with clients, including the potential sanctions of engaging in such conduct. d) How to prevent client-on-client sexual assault, sexual violence, sexual misconduct and sexual contact. e) How to respond to cases of imminent risk of client-on-client sexual assault, sexual violence, sexual misconduct and sexual contact. f) How investigations of alleged inmate sexual assault, sexual violence, sexual misconduct and sexual contact are conducted. g) How to preserve evidence resulting from a client sexual assault, sexual violence, sexual misconduct or sexual contact incident. h) The importance of immediately securing a crime scene. i) Chain of command notification and reporting requirements. <p data-bbox="240 1451 842 1480">PREA Audit Report Page 47 of 127 Intervention, Inc. - Weld</p> <ol data-bbox="240 1485 1422 1608" style="list-style-type: none"> j) Proper incident documentation. k) Ensuring that client victim(s) receive medical and mental health assessments and treatment. l) Mandatory reporting requirements and potential sanctions for failing to report sexual assault, sexual violence, sexual misconduct and sexual contact perpetrated against clients. 2. Prior to being granted supervised or unsupervised access to the ICCS, the ICCS supervisor will ensure that all contractors, vendors, and volunteers are provided with an orientation detailing: <ol data-bbox="240 1709 1114 1800" style="list-style-type: none"> a) Definitions of sexual assault, sexual violence, sexual misconduct and sexual contact. b) Mandatory reporting requirements. c) Sanctions for failing to report. <p data-bbox="240 1830 349 1859">Policy 255</p> <p data-bbox="240 1888 1485 2013">G. All employees who may have contact with clients will be trained with the first 90 days of employment pursuant to PREA Standard 115.231(a)(1-10)(c). Employees will receive a full refresher training every two years and refresher information in years in which the full refresher training is not provided. All employees will sign a training form indicating they understand the training they have received. This form will be maintained in the employee's personnel file.</p> <p data-bbox="240 2042 376 2072"><u>115.231(b)-1</u></p> <p data-bbox="240 2101 863 2130">Training is tailored to the gender of the residents at the facility.</p>

Policy 255

H. Any staff who is reassigned from a facility that houses only one gender to a facility that houses another gender shall receive additional training specific to that gender.

I. Community Resources and reference services will be used for training sources to broaden the training and staff development program. Reference materials will be made available to staff.

J. ICCS staff is encouraged to continue their education and training. Continuing staff development is encouraged to improve the quality of service, provide new ideas and insight into the treatment and management of our clients. Upon approval, leave and/or reimbursement may be provided for attending approved educational programs, professional meetings, seminars, or similar work-related activities. Prior to scheduling any classes or training, staff must get approval from their supervisor.

115.231(c)-1

The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements enumerated above:

Policy 161

3. 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.

115.231(d)-1

The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Policy 255

K. Training will be documented in the employee's personnel file with the name of training, date, duration, trainer, participants, evaluation methods or results, and will include the employee and supervisor's signature. Any certificate of completion should be included and placed in the employee's personnel file.

L. To ensure training is documented as specified in I. of this procedure, the supervisor of the personnel participating in the training will record employee names, training name, and dates, on a centrally accessible electronic spreadsheet. Each employee will be responsible to complete an ICCS Training Memo, verifying attendance. Monthly, the ICCS Administrative Coordinator or designee will file completed Training Memo's to the employee's personnel file. Should a memo not be received by an employee listed on the spreadsheet, the Administrative Coordinator will notify the appropriate supervisor.

M. At least quarterly, the Administrative Coordinator will provide each supervisor with a list of accumulated training hours for each employee.

Interviews:

- PREA Coordinator
- Random Staff

ICCS-Boulder is a community confinement facility that provides services to both male and female clients. A review of the training curriculum indicates the training is tailored towards staff that work with both gender identities. The policies provide clear guidance for male and female staff that provide programming and are responsible for monitoring male and female programming.

The facility has twenty-six (26) staff currently employed by the facility, who may have contact with clients, who were trained and receive annual refresher training on the PREA requirements. The staff are kept abreast of the PREA requirements and any updates or changes through visual aids/posters that are strategically posted throughout the facility and through verbal communication during shift change and staff meetings. During the pandemic all of the refresher training was delivered to the staff through an online platform.

The auditor reviewed a sample of training records and logs with staff signatures for new and tenured staff. The staff signatures acknowledged attending and understanding the training provided. The forms are maintained in the employees training files, which was made available to the auditor for review.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with the standard regarding employee training. No corrective action is required.

115.232	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300"><u>115.232(a)-1</u></p> <p data-bbox="242 329 1485 389">All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.</p> <p data-bbox="242 421 355 450">Policy 265</p> <p data-bbox="242 479 336 508">POLICY:</p> <p data-bbox="242 535 1442 564">Interns and volunteers will receive formal orientation appropriate to their assignments and additional training, as needed.</p> <p data-bbox="242 593 397 622">PROCEDURE:</p> <p data-bbox="242 651 1003 680">A. The intern/volunteer orientation shall consist of the following components:</p> <ol data-bbox="242 707 732 1003" style="list-style-type: none"> 1. Introduction to ICCS 2. Tour of the facility 3. Overview of the Criminal Justice System 4. The Offender Profile 5. Role of the Intern/Volunteer 6. Legal Limitations/ICCS Rules and Regulations 7. Confidentiality 8. PREA Standards 9. The Intern/Volunteer Contract/Application <p data-bbox="242 1032 376 1061"><u>115.232(b)-2</u></p> <p data-bbox="242 1090 1422 1151">The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents.</p> <p data-bbox="242 1180 355 1209">Policy 265</p> <p data-bbox="242 1238 1493 1364">F. Each intern/volunteer or contractor will be trained on the ICCS Zero Tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Individual training will be based on the services they provide and level of contact they have with residents. Each individual will sign a training form indicating they understand the training they have received.</p> <p data-bbox="242 1395 352 1424">Interviews:</p> <ul data-bbox="242 1429 445 1489" style="list-style-type: none"> • PREA Coordinator • Contractors <p data-bbox="242 1520 1474 1682">ICCS-Boulder has three (3) interns/volunteers and two (2) contract providers. The contract policy indicates contractors will receive a formal orientation appropriate to their assignment and additional training, as needed. There are ten areas covered in the training and one of the training modules is PREA standards and reporting responsibilities. Individual training is based on the services the individual will provide and the level of contact they will have with the clients. Contractors are required to sign a training acknowledgement form indicating they understand the training they have received.</p> <p data-bbox="242 1720 1453 1780">A review of training acknowledgement forms shows the current contract staff and the interns have received PREA training consistent with the policy and PREA training.</p> <p data-bbox="242 1812 363 1841">Conclusion:</p> <p data-bbox="242 1845 1458 1906">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding volunteer and contractor training. No corrective action is required.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 531 297"><u>115.233(a)-1 & 115.233(b)-1</u></p> <p data-bbox="240 331 1477 423">Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p data-bbox="240 456 355 483">Policy 160</p> <p data-bbox="240 517 711 544">D. Client Orientation, Screening and Education</p> <p data-bbox="240 577 1477 703">1. 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 resident 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. See</p> <p data-bbox="240 736 427 763">ICCS Policy #405.</p> <p data-bbox="240 797 568 824">2. Orientation topics will include:</p> <p data-bbox="240 831 1485 1122">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.</p> <p data-bbox="240 1155 373 1182"><u>115.233(c)-1</u></p> <p data-bbox="240 1216 1246 1243">Resident PREA education is available in formats accessible to all residents, including those who are:</p> <ul data-bbox="240 1249 544 1406" style="list-style-type: none"> • Limited English proficient • Deaf • Visually impaired • Otherwise disabled • Limited in their reading skills <p data-bbox="240 1440 355 1467">Policy 160</p> <p data-bbox="240 1496 1485 1588">4. ICCS will take measures to ensure that all residents 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.</p> <p data-bbox="240 1621 373 1648"><u>115.233(d)-1</u></p> <p data-bbox="240 1682 1153 1709">The agency maintains documentation of resident participation in PREA education sessions.</p> <p data-bbox="240 1742 419 1769">Policy 235 & 405</p> <p data-bbox="240 1803 1485 1895">16. Have resident view Prison Rape Elimination Act (PREA) video issued by National Institute of Corrections (NIC). Following review of video material, the resident 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 resident.</p> <p data-bbox="240 1921 1485 2047">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 resident's rights during their intake. All Case Manager Supervisors will have a copy of PREA educational tools to assist Case Managers with this.</p> <p data-bbox="240 2080 355 2107">Interviews:</p> <ul data-bbox="240 2114 419 2163" style="list-style-type: none"> • Intake Staff • Random Clients

ICCS-Weld has a client handbook that will inform clients about the available reporting methods and an overview of PREA Standards and Definitions. The information is provided for all new intakes, even those transferring from another Intervention, Inc. facility or from the community. The orientation will be provided by Community Corrections Specialist (CCS) staff member during the intake process. The facility PAQ states there were two hundred thirty-four (134) clients admitted to the facility in the past 12 months. The facility serves Department of Corrections and work release clients from local jails, which accounts for the number of clients admitted to the facility over the year.

During the intake process, the clients will watch a PREA video. Client interviews confirm they watch the video almost immediately upon their admission to the facility. Clients sign an acknowledgement form after watching the video, which verifies they understand the information provided to them. The auditor reviewed the client files and verified they sign an acknowledgement.

In the instances where a client is limited English speaking, a Spanish speaking staff member will provide the client with PREA information. If a client is unable to read or write, the client's Case Manager will review the information with the client within 24 hours.

ICCS-Boulder has demonstrated a commitment to ensuring the program clients understand their rights to be free from sexual abuse and sexual harassment. Clients receive PREA information immediately upon 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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding resident education. No corrective action is required.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 373 297"><u>115.234(a-c)</u></p> <p data-bbox="242 329 1425 356">Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="242 387 355 414">Policy 116</p> <p data-bbox="242 445 1465 539">5. 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.</p> <p data-bbox="242 571 352 598">Interviews:</p> <ul data-bbox="242 607 443 665" style="list-style-type: none"> • PREA Coordinator • Investigative Staff <p data-bbox="242 696 1477 853">A review of investigator training records shows all agency investigators have received investigator training. The facility PAQ and interviews with the PREA Coordinator indicate there are three (3) facility investigators. The auditor interviewed all three (3) investigators. The interviews confirmed the investigators received the specialized training that covered; interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="242 884 1485 978">The PREA Coordinator explained that all client-on-client investigations will be conducted by an agency/facility investigator; and incidents that involve staff-on-client will be investigated by the PREA Coordinator. All allegations that involve criminal behavior will be referred to the Boulder Police Department who will work with the district attorney's office for filing of charges.</p> <p data-bbox="242 1010 363 1037">Conclusion:</p> <p data-bbox="242 1046 1461 1104">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for investigations. No corrective action is required.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.235(a)-1</u></p> <p>The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 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. All medical and mental health treatment provided to residents who are victims of sexual abuse will be conducted by qualified professionals. 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.</p> <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • Facility Director • Mental Health Staff <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for medical and mental health care. No corrective action is required.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 376 300"><u>115.241(a)-1</u></p> <p data-bbox="242 329 1469 389">The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p data-bbox="242 396 349 425">Policy 160</p> <p data-bbox="242 430 839 459">PREA Audit Report Page 62 of 127 Intervention, Inc. - Weld</p> <p data-bbox="242 463 1485 622">3. 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. 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. See ICCS Policy #600.</p> <p data-bbox="242 654 355 683">Policy 600</p> <p data-bbox="242 712 1425 772">D. The Case Manager will inform the resident of services provided by the program, community legal services, personal responsibility for medical and dental services and expenses.</p> <p data-bbox="242 801 1469 996">1. Within 72 hours of admission, the Case Manager will complete the PREA Risk Assessment. The resident will be reassessed within 30 days of intake based on any additional, relevant information received after the initial risk assessment. 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 resident's risk of sexual victimization or abusiveness. All assessment results will be entered into the Special Concerns section of E*trac. Residents shall not be disciplined for refusing to answer questions regarding the following:</p> <ul data-bbox="242 1003 1481 1131" style="list-style-type: none"> • Whether or not the resident has a mental, physical, or developmental disability • Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming • Whether or not the resident has previously experienced sexual victimization • The resident's own perception of vulnerability <p data-bbox="242 1160 352 1189">Interviews:</p> <ul data-bbox="242 1196 419 1256" style="list-style-type: none"> • Case Manager • Random Clients <p data-bbox="242 1285 1490 1514">According to the facility PAQ, two hundred (200) clients were admitted to the facility in the past 12 months whose length of stay in the facility was for 72 hours or more. All of the clients were screened for risk of victimization or risk of sexually abusing other residents within 24 hours of their intake using the agencies Screening for Risk of Sexual Victim Vulnerability/Abusiveness tool. Of those newly admitted residents one hundred forty-four (144) were reassessed for their risk of sexual victimization or of being sexually abusive within the 30 days of their admission. The facility bed manager has established an internal system using Outlook where he will create an email reminder to help the case managers meet the 30-day expectation.</p> <p data-bbox="242 1543 1485 1738">ICCS-Boulder intake staff is responsible for completing the initial screen and the resident's assigned case manager will complete additional screens. Once the risk assessment has been completed the information is used to complete the Housing Classification Assessment, which details the resident's room assignment and risk levels. Staff report they conduct and document an assessment of every resident at the time of intake or within 24 hours after a resident's arrival, as required per the agency policy. All staff and all residents interviewed confirmed this practice occurs. Residents are re-assessed at each new intake or return to the facility and any time circumstances dictate it is appropriate.</p> <p data-bbox="242 1767 1465 1865">Interviews with all of the clients indicate they were asked if they identify as lesbian, gay or bisexual; about their gender identity; if they had a history of sexual abuse; and if they felt safe in the facility during their admission. Each client indicated they understood the questions were asked because the facility had a need to know to protect them from harm.</p> <p data-bbox="242 1895 363 1924">Conclusion:</p> <p data-bbox="242 1928 1458 1989">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.</p>

115.242	Use of screening information
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 373 300"><u>115.242(a)-1</u></p> <p data-bbox="240 331 1469 423">The agency/facility uses information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="240 454 355 481">Policy 160</p> <p data-bbox="240 512 355 539">E. Housing</p> <ol data-bbox="240 571 1484 1081" style="list-style-type: none"> 1. 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. 2. 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. 3. 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 housed in the same room as those at high risk of being abusive. 4. ICCS will not have a special housing unit reserved for lesbian, gay, bisexual, transgender, or intersex residents. 5. Facility and housing assignments for transgender and intersex residents 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 residents and the community as a whole. At no time will housing be based solely on a resident's genital status or assigned gender at birth. 6. Residents who identify as transgender or intersex will be allowed to shower separately from other residents. <p data-bbox="240 1113 352 1140">Interviews:</p> <ul data-bbox="240 1149 560 1207" style="list-style-type: none"> • Case Managers • Client who identifies as LGBTI <p data-bbox="240 1238 1484 1464">The facility has established a policy that provides guidance to address the special needs for clients who identify as transgender. The policy states facility and housing assignments for transgender clients will be addressed on a case-by-case basis; however, during the random staff interviews it was communicated that clients will be housed according to their gender at birth as long as the client has not had a gender reassignment surgery. Given the discrepancy between the staff interviews and the agency policy the PREA Coordinator was asked to use the time between when the report was issued to address the discrepancy. The PREA Coordinator provided the auditor with the memo that was provided to the staff and each staff member signed an acknowledgement form which indicated their understanding.</p> <p data-bbox="240 1505 1484 1563">During the onsite audit there were zero (0) clients in the facility who identified as transgender. There were two residents who identified as gay or lesbian who agreed to sit for an interview and both individuals expresses feelings safe and accepted.</p> <p data-bbox="240 1599 1484 1691">Should a resident be identified as high risk of victimization that could not be monitored and at high risk of victimization with other clients, they will be assigned to a single-person sleeping room if it is determined that is the best interest of the client as well as the facility. If the facility could not protect the client from sexual victimization the client would be discharged.</p> <p data-bbox="240 1722 363 1749">Conclusion:</p> <p data-bbox="240 1758 1469 1816">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.</p>

115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>115.251(a)-1</u></p> <p>The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:</p> <ul style="list-style-type: none"> • Sexual abuse or sexual harassment; • Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and • Staff neglect or violation of responsibilities that may have contributed to such incidents. <p>Policy 160</p> <p>Staff shall be required to report any acts of retaliation by other staff members or residents against someone who reported, or is thought to have reported, an allegation.</p> <p><u>115.251(b)-1</u></p> <p>The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p>Policy 161 & Policy 165</p> <p>3. ICCS will only share information as required by law in order to protect the confidentiality of its clients.</p> <p><u>115.251(c)-1 & 115.251(d)-1</u></p> <p>The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.</p> <p>The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>Policy 160</p> <p>F. Mandatory Reporting Responsibilities</p> <p>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</p> <p>Executive Director and other supervisors if necessary. This mandate to report will be the responsibility of:</p> <ol style="list-style-type: none"> 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. <p>Staff shall also be required to accept allegations made verbally, in writing, anonymously, and from third parties and treat them all equally.</p> <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • Random Clients • Random Staff <p>ICCS-Boulder provides the clients with multiple internal methods to make a confidential private report of sexual abuse and sexual harassment. The internal reporting methods include making a verbal or written report to any staff member and file a grievance using the client database system. During client interviews they verified the different methods of reporting. Also, during client interviews they 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.</p> <p>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</p>

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.

Staff interviews provided a variety of responses when explaining the different reporting mechanisms available for them to make a private report sexual abuse. There is an understanding they can contact the agency Human Resource staff, make a report to their supervisor, the agency PREA Coordinator, the facility Program Director/PREA Compliance Manager. Additionally, the staff report they also have the ability to contact the DOC PREA hotline.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility meets this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy 340</p> <p>B. Sexual Abuse Complaints and Grievances:</p> <ol style="list-style-type: none"> 1. Emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse may be submitted directly to any staff member. Staff will then immediately notify the Program Director or On-Call Supervisor. Staff shall take immediate action to protect the resident. The resident filing the grievance will not be subject to any adverse action as a result of filing the report. 2. Third parties (fellow residents, staff members, family members, attorneys, or outside advocates) may assist residents in filing, or may file on behalf of a resident, a grievance that requests administrative remedies relating to allegations of sexual abuse. The alleged victim must agree to have a third party file the grievance on his/her behalf. The alleged victim must also agree to personally pursue any subsequent steps in the administrative remedy process. If the alleged victim declines third-party assistance, this must be documented in their chronological notes. 3. There is no time limit for submitting grievances regarding an allegation of sexual abuse. Supervisory staff will assist in the investigation of grievances. If the resident is filing a grievance of innocence it will be investigated immediately. Unless otherwise agreed upon with the resident, all grievances require a written response by the Program Director or designee within five (5) working days of the receipt of the grievance. Initial response to a grievance alleging a resident is subject to a substantial risk of imminent sexual abuse will be issued within 48 hours. A final decision will be issued in writing within five (5) calendar days. This response will address the determination of whether the resident is in substantial risk of imminent sexual abuse and the action taken. 4. Residents who wish to submit a grievance against a particular staff member, whether it alleges sexual abuse or misconduct or is a regular grievance, will not be made to submit the grievance to that staff member or have it referred to that staff member. 5. Appeals regarding alleged incidents of sexual abuse have no time limit. 6. A final decision on the merits of any grievance alleging sexual abuse will be issued within 90 days of the initial filing of the grievance. Computation of the 90-day period will not include time consumed by residents in preparing any administrative appeal. If more than 90 days is required to issue a final decision, the resident will be notified in writing that an extension of up to 70 days is required. The resident will be given a date by which a decision will be made. 7. If ICCS can demonstrate that a resident has filed a grievance alleging sexual abuse in bad faith, that resident may be subject to discipline up to and including termination from the program and/or criminal charges for filing a false report. <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator <p>The agency policy allows a client to submit a grievance alleging an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Clients are encouraged to resolve grievances directly with staff but are not required to do so. Also, they are not required to try to resolve a sexual abuse grievance with the staff member named in the grievance or with any other staff member.</p> <p>The facility received zero emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.</p> <p>The facility PAQ states there were zero (0) grievances alleging sexual abuse. Interviews with the residents indicate they had not written a grievance to allege sexual abuse, but a few had completed a grievance in the past with other concerns that was addressed by a supervisor. The residents reported they signed a form at the conclusion of the grievance and received a copy to retain for themselves.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.</p>

115.253	<p>Resident access to outside confidential support services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>115.253(a)-1</u></p> <p>The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ul style="list-style-type: none"> • Giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; • Enabling reasonable communication between residents and these organizations in as confidential a manner as possible. <p>Policy 161</p> <p>D. Victim and Witness Considerations</p> <p>1. 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.</p> <p>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.</p> <p>Interviewed:</p> <ul style="list-style-type: none"> • Facility Director • PREA Coordinator • Random Client <p>Clients are made aware of their right to access outside victim advocates for emotional support services related to sexual abuse during the orientation.</p> <p>According to the PAQ, and interviews with the PREA Coordinator residents would be informed prior to contacting a victim advocate the extent to which such communication would be monitored, the mandatory reporting rules, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocate; including any limits to confidentiality.</p> <p>The agency has established a memorandum of agreement with the Behavioral Treatment Services (BTS) to provide counseling and mentoring services to sexual assault victims.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.</p>
---------	---

115.254	Third party reporting
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">6. Email link from website.</p> <p data-bbox="240 331 1406 423">Clients should be encouraged to provide as much detail as possible when reporting acts against themselves or other inmates. At a minimum, the report should include name(s) of victim(s), date(s) of occurrence, location(s) where acts occurred, any known or potential witnesses and a brief description of the act that was perpetrated.</p> <p data-bbox="240 454 1417 515">Fellow residents, family members, attorneys, medical personal, or outside advocates will be encouraged to report any suspicions or allegations as well through any of the above avenues.</p> <p data-bbox="240 546 368 573">Interviewed:</p> <ul data-bbox="240 577 445 604" style="list-style-type: none"> • PREA Coordinator <p data-bbox="240 636 1469 728">Both the agency and the facility provide methods for third-party reporting. On the agency website at: https://www.int-cjs.org/iccsprea. The website lists the DOC reporting hotline as a reporting option. Another option is to file a grievance, talk to a staff member, the PREA Coordinator or submit report from the link on the agency website.</p> <p data-bbox="240 759 1142 786">Reporting information is also made available through posters and facility PREA brochures.</p> <p data-bbox="240 817 363 844">Conclusion:</p> <p data-bbox="240 848 1461 909">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding third-party reporting. No corrective action is required.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 375 300"><u>115.261(a)-1</u></p> <p data-bbox="242 329 1485 423">The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.</p> <p data-bbox="242 454 355 483">Policy 160</p> <p data-bbox="242 510 644 539">F. Mandatory Reporting Responsibilities</p> <p data-bbox="242 568 1473 730">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</p> <p data-bbox="242 759 1289 788">Executive Director and other supervisors if necessary. This mandate to report will be the responsibility of:</p> <ol data-bbox="242 792 1453 920" style="list-style-type: none"> 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. <p data-bbox="242 949 375 978"><u>115.261(b)-1</u></p> <p data-bbox="242 1008 1489 1102">Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="242 1131 355 1160">Policy 161</p> <ol data-bbox="242 1189 1270 1218" style="list-style-type: none"> 3. ICCS will only share information as required by law in order to protect the confidentiality of its clients. <p data-bbox="242 1247 375 1276"><u>115.261(d)-1</u></p> <p data-bbox="242 1305 496 1335">Policy 160 & Policy 165</p> <p data-bbox="242 1364 1441 1422">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.</p> <p data-bbox="242 1460 375 1489"><u>115.261(e)-1</u></p> <p data-bbox="242 1518 355 1547">Policy 160</p> <p data-bbox="242 1576 1430 1635">The staff member who receives the allegation must log it into the resident's chronological notes along with any relevant information.</p> <p data-bbox="242 1666 367 1695">Interviewed:</p> <ul data-bbox="242 1700 451 1794" style="list-style-type: none"> • Facility Director • Mental Health Staff • Random Staff <p data-bbox="242 1825 1485 1986">Staff interviews confirm they are required to immediately report to their supervisors or the staff member in charge when there is an allegation of sexual abuse. This expectation was evident throughout the agency hierarchy. All staff reported understanding that they are required to comply with the PREA reporting standard. In any case where an allegation of sexual abuse is reported, the first staff member to receive the report shall inform their supervisor, who will initiate the agencies required notifications.</p> <p data-bbox="242 2018 363 2047">Conclusion:</p> <p data-bbox="242 2051 1461 2110">Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding staff and agency reporting duties. No corrective action is required.</p>

115.262	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 340</p> <p>B. Sexual Abuse Complaints and Grievances:</p> <p>1. Emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse may be submitted directly to any staff member. Staff will then immediately notify the Program Director or On-Call Supervisor. Staff shall take immediate action to protect the resident. The resident filing the grievance will not be subject to any adverse action as a result of filing the report.</p> <p>Policy 419</p> <p>Policy</p> <p>In order to respond to emergencies and provide administrative support for Community Corrections Specialists and Case Managers, ICCS will have at least one staff member in a supervisory capacity on-call 24-hours a day, seven days a week.</p> <p>Interviewed:</p> <ul style="list-style-type: none"> • Executive Director • Facility Director • Random Staff <p>There were zero (0) allegations where the facility determined that a resident was subject to substantial risk of imminent sexual abuse.</p> <p>The Executive Director, Facility Program Manager and PREA Coordinator confirmed staff should respond “Immediately” to protect clients who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor. If the risk involves a staff member as the potential aggressor, the staff member will be limited or prohibited by either changing their assignment or the individual staff member on administrative leave.</p> <p>Staff interviews indicate if they were to receive a sexual abuse allegation report, they would immediately separate the alleged victim from the alleged perpetrator; inform their supervisor and make the appropriate notifications and finally document the information received.</p> <p>According to the PAQ there were zero (0) instances where the facility determined that a client was subject to substantial risk of imminent sexual abuse. Of the clients interviewed by the auditor none of them reported being at risk of imminent sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>
---------	--

115.263	<p>Reporting to other confinement facilities</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 160 PREA Standards, Training, & Screening; Client Supervision</p> <p>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 #165, any allegations brought to their attention by another facility about an incident that occurred at ICCS.</p> <p>Unless precluded by Federal, State, or local laws, all medical and mental health practitioners will be required to report any knowledge or suspicion of sexual misconduct, retaliation by staff or resident, or any staff neglect that may contribute to any of the above. Residents must also be informed of this reporting duty, and the limits of confidentiality, at the initiation of services.</p> <p>Interviewed:</p> <ul style="list-style-type: none"> • Executive Director • Facility Program Manager <p>The program director explained that the director to director notification is their responsibility and in their absence a designee is appointed according to the organizational structure. The program director communicated that she would also make the report directly to the law enforcement agency where the allegation occurred. Per the policy the program director has 72 hours to make the report; however, the superintendent reported they would make the report as soon as possible after receiving the information.</p> <p>Once the report has been made to the appropriate authorities the program director any staff with knowledge of the incident would fully cooperate with all investigations and would make the resident who made the allegation available to the investigator for an interview.</p> <p>The facility PAQ indicates there were zero (0) allegations received by the facility that a client was abused while confined at another facility; additionally, there have been zero (0) allegations of sexual abuse that the facility received from other facilities. Interviews with the Executive Director, Program Director and the PREA Coordinator indicated they have knowledge of this requirement and confirm that this policy will be strictly followed.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>
---------	---

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 376 297"><u>115.264(a)-1</u></p> <p data-bbox="240 331 1469 389">The agency has a first responder policy for allegations of sexual abuse. If YES, the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ol data-bbox="240 423 1490 680" style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and/or (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p data-bbox="240 714 496 741">Policy 161 & Policy 165</p> <p data-bbox="240 775 655 801">B. Crime Scene Evidence and Protection</p> <p data-bbox="240 835 1477 920">All ICCS employees will adhere to established policy and procedure to ensure that any and all crime scenes and any and all items of evidence are protected from contamination. 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</p> <ol data-bbox="240 954 1485 1883" style="list-style-type: none"> 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. <p data-bbox="240 1917 368 1944">Interviewed:</p> <ul data-bbox="240 1951 400 1977" style="list-style-type: none"> • Random Staff <p data-bbox="240 2011 1477 2161">The facility PAQ indicates there were one (1) allegation reported by a client to staff that they were sexually abused while being housed at the ICCS-Boulder facility for the past 12 months. The facility demonstrated through documentation that they provided documentation that a call was made to law enforcement, the client was transported for a SANE exam. Random staff interviews indicated it is the agency policy and facility procedure that they would accept an allegation and separate the alleged victim from the alleged perpetrator. The staff report if the alleged perpetrator is another client they would collaborate</p>

with their supervisor to determine the next appropriate steps to take to ensure the alleged victims safety. If the alleged perpetrator is a staff member the staff indicate they would keep the alleged victim in their vicinity until the on-call administrator determines the next appropriate steps to take and refer the client to one of the mental health professionals for crisis intervention care.

Interviews with contract staff members who are not designated as a security staff member are required to report the allegation to a facility supervisor as well as their department supervisor. The contract staff indicated they would wait for guidance from the security staff to determine their next steps to make sure they are not interfering with the investigation.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 480 297"><u>Policy 161 & Policy 165</u></p> <p data-bbox="242 331 336 358">POLICY:</p> <p data-bbox="242 387 1485 584">ICCS will adhere to a survivor-based approach to all allegations of sexual misconduct in its facilities. This will include multiple avenues for anyone to safely file a report of sexual misconduct without fear of apathy or retaliation. All ICCS contractors, vendors, interns, volunteers and staff, will take every allegation seriously. 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.</p> <p data-bbox="242 613 368 640">Interviewed:</p> <ul data-bbox="242 647 507 674" style="list-style-type: none"> • Facility Program Director <p data-bbox="242 703 1449 797">ICCS-Boulder 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.</p> <p data-bbox="242 828 363 855">Conclusion:</p> <p data-bbox="242 862 1458 922">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The agency is a private not for profit company and the employees do not enter into collective bargaining agreements.</p> <p>Interviewed:</p> <ul style="list-style-type: none"> • Executive Director <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers with the absence of a collective bargaining agreement. No corrective action is required.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 515 297"><u>115.267(a)-1, 115.267(c-e)</u></p> <p data-bbox="240 331 1461 389">The agency has 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.</p> <p data-bbox="240 432 1485 521">The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.</p> <p data-bbox="240 555 355 582">Policy 161</p> <p data-bbox="240 613 1493 739">4. 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.</p> <p data-bbox="240 770 1481 860">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.</p> <p data-bbox="240 893 375 920"><u>115.267(b)-1</u></p> <p data-bbox="240 952 355 978">Policy 161</p> <p data-bbox="240 1010 1485 1099">3. The protection of all client-victims and witnesses will be of paramount importance. Client-perpetrators will be kept separate from all client-victims and witnesses for the duration of their incarcerations in the ICCS facility to ensure that any further perpetrated acts are prevented.</p> <p data-bbox="240 1108 1461 1270">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.</p> <p data-bbox="240 1301 1481 1494">In the case of sexual assault, violence, misconduct or contact on an inmate where the perpetrator is alleged to be ICCS employee, contractor/vendor, ICCS volunteer or any other non-client person(s), all efforts to protect client-victims and/or witnesses from potential retaliation will be undertaken. The Program Director will individually assess each case and make a determination as to the most effective protective arrangements, to include moving client-victims and/or witnesses to a facility other than ICCS. This assessment will occur as soon after a reported event as possible, but no longer than four (4) hours after the report is made.</p> <p data-bbox="240 1525 1493 1753">In cases where ICCS employees or volunteers are identified as a target, witness, or complainant of threatened, suspected, or perpetrated sexual assault, violence, misconduct, or contact by or upon any inmate, the supervisor in charge of the incident will ensure that involved employees are counseled on the availability of, and referred to (if necessary), employee assistance programs. All ICCS employees will be sensitive to, and alert for, potential negative impacts upon other ICCS employees and volunteers who are a victim of, or witness or complainant to sexual assault, violence, misconduct or contact perpetrated by or upon inmates. Any observed or suspected indication of any negative impact being manifested in employee behavior or other interaction or conduct will be immediately reported to the employee's immediate supervisor.</p> <p data-bbox="240 1785 368 1812">Interviewed:</p> <ul data-bbox="240 1816 443 1910" style="list-style-type: none"> • Executive Director • Facility Director • PREA Coordinator <p data-bbox="240 1942 1461 2134">Interviews indicate the facility staff have the option of moving clients, changing room assignments, or 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</p>

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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding agency protection against retaliation. No corrective action is required.

115.271	Criminal and administrative agency investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 375 300"><u>115.271(a)-1</u></p> <p data-bbox="242 329 1155 358">The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="242 387 352 416">Policy 161</p> <p data-bbox="242 445 1477 506">C. Investigative Procedures 1. 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</p> <p data-bbox="242 535 1460 663">2. 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.</p> <p data-bbox="242 692 531 721"><u>115.271(b)-1 & 115.271(c)-1</u></p> <p data-bbox="242 750 496 779">Policy 160 & Policy 165</p> <p data-bbox="242 808 1465 902">5. 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.</p> <p data-bbox="242 931 531 960"><u>115.271(d)-1 & 115.271(h)-1</u></p> <p data-bbox="242 990 496 1019">Policy 161 & Policy 165</p> <p data-bbox="242 1048 1485 1344">2. 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. 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.</p> <p data-bbox="242 1379 1460 1440">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.</p> <p data-bbox="242 1469 526 1498"><u>115.271(f)-1 & 115.271(g)-1</u></p> <p data-bbox="242 1527 352 1556">Policy 161</p> <p data-bbox="242 1585 1490 1680">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.</p> <p data-bbox="242 1709 368 1738"><u>115.271(i)-1</u></p> <p data-bbox="242 1767 496 1796">Policy 161 & Policy 165</p> <p data-bbox="242 1825 1404 1886">6. The departure of an alleged abuser or victim from ICCS, whether an employee or client, shall not provide basis for terminating an investigation.</p> <p data-bbox="242 1915 295 1944">Also,</p> <p data-bbox="242 1973 1372 2033">3. 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.</p> <p data-bbox="242 2063 368 2092"><u>115.271(j)-1</u></p> <p data-bbox="242 2121 617 2150">Policy 161, Policy 165 & Policy 275</p>

B. Employees, Volunteers, and Contract Workers

1. 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.

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.

Interviews:

- Facility Program Director
- PREA Coordinator
- Investigative Staff

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.

Before conducting any administrative investigation, all ICCS Supervisors, Program Directors, and the PREA Coordinator will complete Investigator Training. 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.

This facility investigation 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.

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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>4. 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.</p> <p>Interviews:</p> <ul style="list-style-type: none"> • Investigative Staff <p>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 Boulder 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.</p> <p>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.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required</p>

115.273	<p>Reporting to residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Policy 161 & Policy 165</u></p> <p>F. Reporting to Residents</p> <ol style="list-style-type: none"> 1. 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. 2. 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. 3. 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. 4. 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. <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • Facility Director • Investigative Staff <p>The facility received one (0) allegations of sexual abuse. An administrative investigation was conducted by the Program Director/PREA Compliance Manager, who is also trained as an investigator. The allegation did not result in an investigation completed by an outside agency in the past 12 months.</p> <p>If a client alleges sexual abuse while residing at an ICCS facility, ICCS will inform the client-victim of the outcome of the investigation, whether it was conducted by ICCS or local law enforcement. 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. 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.</p> <p>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.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.</p>
---------	--

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>B. <u>Employees, Volunteers, and Contract Workers</u></p> <p>1. 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.</p> <p>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.</p> <p>The facility PAQ indicates in the past 12 months zero (0) staff members who violated the agency sexual abuse/sexual harassment policy.</p> <p>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.</p> <p>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.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p>

115.277	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 735 300">B. <u>Employees, Volunteers, and Contract Workers</u></p> <p data-bbox="242 329 1485 421">1. 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.</p> <p data-bbox="242 452 1394 544">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.</p> <p data-bbox="242 575 1489 667">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.</p> <p data-bbox="242 705 1481 768">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.</p> <p data-bbox="242 799 1474 891">2. Failure on the part of any ICCS employee to report any suspected or alleged incidents of sexual assault, sexual violence, sexual misconduct, or sexual contact on any client will subject that employee to disciplinary sanctions up to, and including, termination.</p> <p data-bbox="242 922 1469 1014">Failure on the part of any contractor, volunteer, or intern to report suspected or alleged incidents of sexual assault, sexual violence, sexual misconduct, or sexual contact on any client will result in that contractor, volunteer, or intern to immediately lose access to all ICCS facilities. Any licensing body will also be notified of the situation.</p> <p data-bbox="242 1046 1489 1173">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. ICCS-Boulder will take actions to prohibit further contact with clients by any volunteer or contract worker in any other cases of sexual contact or harassment.</p> <p data-bbox="242 1205 352 1234">Interviews:</p> <ul data-bbox="242 1238 445 1301" style="list-style-type: none"> <li data-bbox="242 1238 445 1267">• PREA Coordinator <li data-bbox="242 1272 445 1301">• Facility Director <p data-bbox="242 1332 363 1361">Conclusion:</p> <p data-bbox="242 1366 1466 1429">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 671 297"><u>115.278(a)-1, 115.278(b)-1 & 115.278(c)-1</u></p> <p data-bbox="242 329 1433 389">Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse.</p> <p data-bbox="242 421 496 448">Policy 162 & Policy 275</p> <p data-bbox="242 479 397 506">PROCEDURE:</p> <p data-bbox="242 537 1485 696">A. Clients 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. 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 residents with similar histories. A resident's possible mental disabilities shall also be considered when determining a sanction.</p> <p data-bbox="242 703 1422 797">ICCS and local law enforcement will aggressively pursue criminal charges against any clients who are found to have participated in any criminal sexual act or harassment. In addition to administrative sanctions or criminal charges, ICCS reserves the right to terminate any client's placement that is found guilty of an allegation.</p> <p data-bbox="242 828 375 855"><u>115.278(d)-1</u></p> <p data-bbox="242 887 1430 947">The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.</p> <p data-bbox="242 978 496 1005">Policy 162 & Policy 275</p> <p data-bbox="242 1037 1481 1131">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 resident to participate in such as a condition of placement.</p> <p data-bbox="242 1162 375 1189"><u>115.278(e)-1</u></p> <p data-bbox="242 1220 1489 1281">The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.</p> <p data-bbox="242 1312 496 1339">Policy 162 & Policy 275</p> <p data-bbox="242 1370 1485 1431">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.</p> <p data-bbox="242 1462 375 1489"><u>115.278(f)-1</u></p> <p data-bbox="242 1520 1477 1581">The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="242 1612 496 1639">Policy 162 & Policy 275</p> <p data-bbox="242 1671 1461 1765">Per ICCS Policy #340, a resident 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 resident may have had reasonable belief that the alleged conduct occurred.</p> <p data-bbox="242 1796 1334 1823">The facility PAQ indicates the facility did not receive any allegations of client-on-client sexual abuse incidents.</p> <p data-bbox="242 1830 1485 1924">Discipline for a sexual abuse 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 behavioral health issues will be considered when determining a sanction.</p> <p data-bbox="242 1955 1481 2049">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.</p> <p data-bbox="242 2056 1485 2116">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.</p>

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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

115.282	Access to emergency medical and mental health services
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 671 300"><u>115.282(a)-1, 115.282(b)-1 & 115.282(c)-1</u></p> <p data-bbox="240 336 1469 398">Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p data-bbox="240 407 1477 501">Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p data-bbox="240 528 496 555">Policy 161 & Policy 165</p> <p data-bbox="240 586 1493 846">2. 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. 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.</p> <p data-bbox="240 878 1458 972">Evidentiary factors will be considered, and when possible and practical the medical evaluation and assessment will be coordinated and conducted in conjunction with any evidentiary processing or collection activities. When possible, the case investigator will be notified of any impending medical procedures prior to conducting such procedures.</p> <p data-bbox="240 1003 376 1030"><u>115.282(d)-1</u></p> <p data-bbox="240 1061 1485 1124">Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 1151 496 1178">Policy 161 & Policy 165</p> <p data-bbox="240 1209 1485 1438">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. All medical and mental health treatment provided to residents who are victims of sexual abuse will be conducted by qualified professionals. 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.</p> <p data-bbox="240 1469 352 1496">Interviews:</p> <ul data-bbox="240 1505 451 1563" style="list-style-type: none"> • PREA Coordinator • Mental Health Staff <p data-bbox="240 1594 1469 1720">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 North Colorado Medical Center and advocacy support through the the Behavior Treatment Services (BTS), which is the local community rape crisis center.</p> <p data-bbox="240 1751 363 1778">Conclusion:</p> <p data-bbox="240 1787 1465 1850">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.</p>

115.283	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>3. 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. 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.</p> <p>Evidentiary factors will be considered, and when possible and practical the medical evaluation and assessment will be coordinated and conducted in conjunction with any evidentiary processing or collection activities. When possible, the case investigator will be notified of any impending medical procedures prior to conducting such procedures.</p> <p>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. All medical and mental health treatment provided to residents who are victims of sexual abuse will be conducted by qualified professionals. 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.</p> <p>ICCS shall attempt to refer all known resident-on-resident 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.</p> <p>Interviewed:</p> <ul style="list-style-type: none"> • PREA Coordinator • Mental Health Staff <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.</p>
---------	--

115.286	<p>Sexual abuse incident reviews</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>G. Administrative Review Procedures</p> <p>1. 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 residents, 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. All Administrative Reviews should happen within thirty (30) days of the conclusion of the investigation. The purpose of such a review is to:</p> <ol style="list-style-type: none"> Determine proper policy and procedure adherence. 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. 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. Examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. <p>PREA Audit Report Page 116 of 127 Intervention, Inc. - Weld</p> <ol style="list-style-type: none"> Assess adequacy of staffing levels in the area during different shifts. Assess whether monitoring technology is adequate in the area. <p>2. 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.</p> <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • Facility Program Director <p>Once an Administrative Review is complete, it shall be forwarded to the Program Director and the PREA Coordinator to ensure that all recommended improvements and changes are implemented. Any failure to implement the recommendations must be documented with a rationale.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding sexual abuse incident reviews. No corrective action is required.</p>
---------	--

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 376 297"><u>115.287(a)-1</u></p> <p data-bbox="242 329 1453 387">The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="242 418 355 445">Policy 160</p> <p data-bbox="242 486 1390 544">B. 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):</p> <ol data-bbox="242 575 1485 1135" style="list-style-type: none"> 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. <p data-bbox="242 1167 355 1193">Policy 161</p> <p data-bbox="242 1225 456 1252">E. Report of Findings</p> <p data-bbox="242 1283 1490 1377">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.</p> <p data-bbox="242 1408 935 1435"><u>115.287(a)-1, 115.287(b)-1, 115.287(c)-1, 115.287(d)-1, & 115.287(f)</u></p> <p data-bbox="242 1467 1474 1525">The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="242 1556 1197 1583">The agency provided Department of Justice data from the previous calendar year upon request.</p> <p data-bbox="242 1615 480 1641"><u>Policy 161 & Policy 165</u></p> <p data-bbox="242 1673 767 1700">H. Corrective Actions, Data Publication, and Storage</p> <ol data-bbox="242 1740 1490 2134" style="list-style-type: none"> 1. 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. 2. 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. 3. 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. <ol data-bbox="242 2107 927 2134" style="list-style-type: none"> 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

Interviewed:

- PREA Coordinator

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.

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.

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.

ICCS-Boulder did not receive a request from DOJ to provide data from the previous year.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data collection. No corrective action is required.

115.288	<p>Data review for corrective action</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 161 & Policy 165</p> <p>H. Corrective Actions, Data Publication, and Storage</p> <p>1. 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.</p> <p>2. 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.</p> <p>3. 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.</p> <p>a) before publishing this data, all personal identifiers will be removed</p> <p>b) data will consist of all information from the previous calendar year, and be published no later than June 30.</p> <p>c) this data will be maintained for a minimum of ten years</p> <p>Interviewed:</p> <ul style="list-style-type: none"> • Executive Director <p>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.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data review for corrective action. No corrective action is required.</p>
---------	--

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.289(a)-1</u></p> <p>The agency ensures that incident-based and aggregate data are securely retained.</p> <p>Policy 161 & Policy 165</p> <p>G. Administrative Review Procedures</p> <p>3. 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.</p> <p>H. Corrective Actions, Data Publication, and Storage</p> <p>3. 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.</p> <p>a) before publishing this data, all personal identifiers will be removed</p> <p>b) data will consist of all information from the previous calendar year, and be published no later than June 30.</p> <p>c) this data will be maintained for a minimum of ten years</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 557 297">https://www.int-cjs.org/iccsprea</p> <p data-bbox="242 304 469 331">Lakewood: West 2015</p> <p data-bbox="242 338 493 365">Lakewood: Kendall 2015</p> <p data-bbox="242 371 450 398">Pueblo County 2016</p> <p data-bbox="242 405 432 432">Weld County 2016</p> <p data-bbox="242 439 469 465">Lakewood: West 2017</p> <p data-bbox="242 472 493 499">Lakewood: Kendall 2017</p> <p data-bbox="242 506 437 533">Weld County: 2018</p> <p data-bbox="242 539 456 566">Pueblo County: 2019</p> <p data-bbox="242 573 469 600">Lakewood: West 2020</p> <p data-bbox="242 607 493 633">Lakewood: Kendall 2020</p> <p data-bbox="242 663 437 689">Weld County: 2021</p> <p data-bbox="242 723 1477 784">The auditor reviewed a sampling of relevant documents, records and information for the past 12 months. The auditor had access to, and observed, all areas of the audited facility. The auditor received all requested documents relevant to the audit.</p> <p data-bbox="242 813 1477 940">The auditor has retained all documentation relied upon in making audit determinations. The documentation will be provided to the Department of Justice upon request. The auditor interviewed a representative sample of residents, staff, supervisors, and administrators. Refer to the Interviews section of the Onsite Audit Phase of the Audit Narrative. The auditor conducted private interviews with residents.</p> <p data-bbox="242 969 1477 1030">Clients were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No correspondence was received.</p> <p data-bbox="242 1059 363 1086">Conclusion:</p> <p data-bbox="242 1093 1477 1153">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>ICCS PREA information, audit reports and annual data reports are accessible on the agency website at: https://www.int-cjs.org/iccpsrea</p> <p>The auditor certifies that no conflict of interest exists with respect to her ability to conduct an audit of the ICCS-Boulder community confinement facility.</p> <p>This is the first PREA audit for ICCS-Boulder under the ICCS contract.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	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.)	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.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility 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

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by 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.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	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
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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.	no
115.252 (b)	Exhaustion of administrative remedies	
	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
	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
115.252 (c)	Exhaustion of administrative remedies	
	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
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	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
115.252 (e)	Exhaustion of administrative remedies	
	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
	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
	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

115.252 (f)	Exhaustion of administrative remedies	
	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
	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
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	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
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that 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
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	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

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	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
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform 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
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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
115.278 (e)	Disciplinary sanctions for residents	
	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

115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	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
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes