PREA Facility Audit Report: Final

Name of Facility: ICCS Pueblo
Facility Type: Community Confinement
Date Interim Report Submitted: 10/14/2025
Date Final Report Submitted: 02/25/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Karen d. Murray	**Date of Signature:** 02/25/2026

AUDITOR INFORMATION	
Auditor name:	Murray, Karen
Email:	kdmconsults1@gmail.com
Start Date of On-Site Audit:	08/25/2025
End Date of On-Site Audit:	08/26/2025

FACILITY INFORMATION	
Facility name:	ICCS Pueblo
Facility physical address:	1901 North Hudson Avenue, Pueblo, Colorado - 81001
Facility mailing address:	Colorado

Primary Contact

Name:	Cecilia Kear
Email Address:	ckear@int-iccs.org
Telephone Number:	719-569-3044

Facility Director	
Name:	Cecilia Kear
Email Address:	ckear@int-iccs.org
Telephone Number:	719-569-3044

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	137
Current population of facility:	95
Average daily population for the past 12 months:	101
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18-70
Facility security levels/resident custody levels:	4
Number of staff currently employed at the	32

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	28
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 West Colfax Ave, Suite B-410, Lakewood, Colorado - 80215
Mailing Address:	
Telephone number:	303-450-6000

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:	Sierra Pagan	**Email Address:**	spagan@int-iccs.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
4	• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.231 - Employee training • 115.283 - Ongoing medical and mental health care for sexual abuse victims and abusers • 115.286 - Sexual abuse incident reviews

Number of standards met:
37

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-08-25
2. End date of the onsite portion of the audit:	2025-08-26

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Juniper Southern Colorado advocacy agency https://www.int-cjs.org/iccsprea - Third Party Reporting

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	135
15. Average daily population for the past 12 months:	91
16. Number of inmate/resident/detainee housing units:	3

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ◉ No ○ 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

23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	98
25. 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:	2
26. 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:	2
27. 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:	2
28. 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:	2

29. 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:	2
30. 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:	2
31. 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:	1
32. 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
33. 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:	4
34. 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
35. 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):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	17
37. 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
38. 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:	1
39. 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:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided rosters by targeted categories, gender, and living unit. Once the targeted categories were randomly selected by the auditor, individual clients were randomly chosen by gender and housing unit.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
44. 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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10

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".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ 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).	Based on specialized interviews, the facility tour and review of youth files, this category of youth did not appear to be residing at the facility during the on-site review.
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3

49. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ 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).	Based on specialized interviews, the facility tour and review of youth files, this category of youth did not appear to be residing at the facility during the on-site review.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ 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).	Based on specialized interviews, the facility tour and review of youth files, this category of youth did not appear to be residing at the facility during the on-site review.

51. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ 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).	Based on specialized interviews, the facility tour and review of youth files, this category of youth did not appear to be residing at the facility during the on-site review.
52. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ 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).	Based on specialized interviews, the facility tour and review of youth files, this category of youth did not appear to be residing at the facility during the on-site review.

53. 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:	1
54. 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:	■ 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. ☐ 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).	Based on specialized interviews, the facility tour and review of youth files, this category of youth did not appear to be residing at the facility during the on-site review.
55. 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:	4
56. 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:	☑ 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. ☐ 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).	This agency does not utilize segregation for their vulnerable populations.
57. 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	
58. Enter the total number of RANDOM STAFF who were interviewed:	11
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☐ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☑ Mental health/counseling ☐ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☑ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☑ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. 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)?	(●) Yes ( ) No
73. 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)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. 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.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

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.

79. 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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

80. 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	0	0	0	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	2	0	2	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.

81. 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

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

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

83. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility has not received a sexual abuse allegation within the past 12 months.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• 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: Exceeds Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #160 PREA Standards, Training & Screening, dated, 1.13.2025 3. ICCS Organizational Chart, not dated Interviews: 1. Random Clients 2. Targeted Clients 3. Community Correction Specialists

4. Administrative Personnel

5. PREA Coordinator / Technical Compliance Specialist

6. Program Manager

7. Executive Director / Head of Agency

Through interviews with clients and staff, review of client and personnel files, review of facility and agency protocols, and a facility tour, it is evident this facility integrates PREA requirements into daily operations. Both clients and staff could articulate PREA practices and protocols consistent with the agency's PREA Policy.

Client interviews resulted in the following unsolicited comments regarding the facility and personnel, including that mental health services are offered regardless of the outcome of risk screenings.100% stated they feel safe in the facility.

· 100% stated searches and urinalysis screenings are conducted professionally by staff

· 100% stated staff knock, announce, and wait for a response before entering rooms

· Male and female staff do not come down the hall when residents are changing

· Male and female staff do not enter opposite-gender bedrooms or bathrooms

· There are always two staff when entering rooms, one inside and one in the hallway

· Grievances are always available for residents to retrieve on their own

· None of the clients harass each other; residents stated they had never seen anything like that in the facility

Staff interviews resulted in the following unsolicited comments regarding clients and the agency:

· Staff reported they always try to be gentle and subtle when working with residents who have cognitive delays, and provide ADA accommodations as needed to ensure residents understand PREA education

· Staff stated they always have two staff present during counts, with one entering the room and one staying in the hallway under camera view

· Staff reported they respect all clients and do not judge residents

	· Staff stated they are fair, firm, consistent, and professional with all residents · Staff reported they talk with residents regularly, know them, and engage when they notice something is off · Staff stated they make sure residents feel comfortable enough to talk with them · Staff reported they provide a safe space to report and reinforce that they are there to protect residents · Staff stated they work to identify any resources needed to protect residents · Staff reported they work to identify any resources needed to assist residents Site Observation: During the tour, multiple formal and informal interviews were conducted with clients and personnel, demonstrating a clear awareness of the agency's zero-tolerance policy, internal and external reporting protocols, and an overall understanding of safety. Standardized PREA postings with internal and external reporting information were observed in hallways, client common areas, and visitation areas throughout the facility. (a) The ICCS Pueblo PAQ states the agency Safe Prisons/PREA Plan mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. ICCS Policy #160 PREA Standards, Training & Screening page 1, section A. 1. States, states, "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." (b) The ICCS Pueblo PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The position of the PREA Coordinator in the agency's organizational structure as the PREA/Technical Compliance Specialist who reports directly to the Director of Operations/Quality Assurance. The PAQ states,

	"The PREA Coordinator reports directly to the Operations Director who reports directly to the Executive Director." Through reviews of awareness postings, client and staff knowledge, and positive outcomes from interviews, the facility demonstrates it exceeds the standard requirements.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ Interviews: 1. PREA Coordinator / Technical Compliance Specialist The interview with the PREA Coordinator demonstrated the agency does not contract for confinement services. (a-b) The ICCS Pueblo PAQ states the agency does not contract for confinement services of their residents. Through such reviews, the facility meets the standard requirements.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Staffing Plan Development – ICCS Pueblo, dated 2024

Interviews:

1. Community Correction Specialists

2. Executive Director / Head of Agency

The interview with Community Correction Specialists demonstrated head counts are conducted at least twice during each shift. Staff reported counts are completed with both a male and female staff member when available.

The interview with the Executive Director demonstrated he provides input on the annual staffing plan analysis and applies a safety lens in general. He emphasized the importance of facility layout, stating he believes the agency aligns closely with legislative requirements. The Executive Director also reported the agency holds monthly meetings with all Program Managers to monitor compliance with all aspects of the PREA standards.

(a) The ICCS Pueblo PAQ states the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of clients is 96. The average daily number of clients on which the staffing plan was predicated is 141.

The facility provided an ICCS Staffing Plan Development – ICCS Pueblo The plan documents the following information.

1. Administrative Findings

2. Camera and Mirror Placements

3. Staff Schedules for three shifts

4. Facility Demographics – Both Male and Female Clients

5. Staffing Plan Review

(b) The ICCS Pueblo PAQ states each time the staffing plan is not complied with, the facility documents and justifies deviations.

	(c) The ICCS Pueblo PAQ states at least once every year the facility/agency, in collaboration with the PREA coordinator, reviews the staffing plan to whether adjustments are needed in (a) the staffing, (b) the deployment of monitoring technology, or (c) the allocation of agency/facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The facility completes an annual staffing plan review. Through such reviews, the facility meets the standard requirements.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #116 Contraband Detection, dated 1.13.2025 3. ICCS Policy #105 On-Grounds Surveillance, dated 6.26.2023 4. ICCS Policy # 100 Resident Counts, dated 8.28.2023 Interviews: 1. Random Clients 2. Targeted Clients 3. Community Correction Specialists Interviews with clients demonstrated that staff knock and announce before entering a bedroom or bathroom. Clients reported that staff do not enter if clients alert them they are dressing, and opposite-gender staff do not enter opposite-gender client bathrooms. One hundred percent of clients reported that searches and urinalysis screenings are completed professionally by staff. Interviews with Community Correction Specialists demonstrated that each staff member knocks and announces his or her presence before entering a dorm or bathroom. Staff reported they have been trained in cross-gender search protocols; however, only pat searches are conducted, and opposite-gender staff use only a

	wand when searching opposite-gender clients. Site Review Observation During the tour, searches were observed to take place near the security desk. These searches consisted of pat and wand searches, which were completed respectfully by staff. A designated restroom with a full door was observed for urinalysis testing; the restroom was out of the line of sight of cameras or others passing by. Bedroom doors and bathrooms had either a full door or a shower curtain at the entrance, and each shower had a shower curtain providing privacy while changing and showering. The facility was equipped with multiple cameras to alleviate blind spots outside of the testing area in the education area. Recommendation Place a mirror near the education testing area or open the blinds to ensure that a vulnerable client is not secluded with an aggressive clients. Facility response: This is now a library area where the curtains can stay open at all times and the testing is done in a different location. (a) ICCS Pueblo PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months, there were zero cross-gender strip or cross-gender visual body cavity searches of residents. ICCS Policy #116 Contraband Detection, page 1, section Policy, states, “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 lockups, 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 Manager will also serve as PREA Compliance Managers.” (b) ICCS Pueblo PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The number of pat-down searches of female residents that were conducted by male staff is zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s) was zero.

(c) ICCS Pueblo PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. The PAQ states, “Any cross-gender pat-down searches is prohibited.”

ICCS Policy #116 Contraband Detection, page 2, section H. states, “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 have 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 and staff members conducting the search.”

(d) ICCS Pueblo PAQ states 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). Policies and procedures 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.

ICCS Policy #105 On-Grounds Surveillance, page 1, section C. 1., states, “. 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.”

ICCS Policy # 100 Resident Counts, page 1, section K., states, “When entering client rooms or restrooms where clients may be changing clothing, showering, performing bodily functions, staff will announce their presence using the “knock-and-announce” system.”

	(e) The ICCS Pueblo PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Such searches have not occurred in the past 12 months. ICCS Policy #116 Contraband Detection, page 1, section C. 1., states, "At intake a transgender or intersex client will be asked which gender of staff they would feel most comfortable conducting Pat Searches while in the program. If same sex staff members conducting the search are not congruent with the preference of a transgender or intersex client, a modified pat search procedure will be followed, adhering to only pat search procedures D. and E. below. 1. Staff will not search or physically examine a transgender or intersex client for the sole purpose of determining the client's genital status. If genital status is unknown, it will be determined by reviewing medical records or as part of a broader medical examination conducted by a private medical practitioner." (f) The ICCS Pueblo PAQ states 100% of security staff at each facility receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner consistent with security needs. Through such reviews, the facility meets the standard requirements.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy # 160 PREA Standards, Training & Screening, dated, 1.13.2025 3. BIG Language Solutions Client Portal Instructions 4. ICCS Policy # 161 PREA Reporting, Investigation & Response, dated 11.1.2017

Interviews:

1. Targeted Clients

2. Community Correction Specialist

Interviews with four cognitively delayed clients demonstrated each was fully aware of the agency's zero-tolerance policy, their rights, internal and external reporting options, and available advocacy services.

The interview with the Community Correction Specialist demonstrated clients are invited to watch a video, provided information on the agency's zero tolerance policy, assured they will be given a safe space when reporting, reminded to report any incidents of acting out, and asked to sign an acknowledgment once PREA education has concluded. The Community Correction Specialist stated staff slow down on PREA steps when working with clients of lower cognitive levels to ensure understanding. Language line services or approved staff are used for interpretation when English is not a client's first language.

Site Observation:

During the tour, agency zero tolerance postings with internal and external reporting information and advocacy phone numbers and addresses were observed in both English and Spanish throughout the facility.

(a) The ICCS Pueblo PAQ states the agency has established procedures to provide disabled residents equal opportunities to be provided with and learn about the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

ICCS Policy # 160 PREA Standards, Training & Screening, page 4, section 4., states, "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."

(b) The ICCS Pueblo PAQ states the agency has established procedures to provide residents with limited English 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. Policy compliance can be found in provision (a) of this standard. The facility provided client portal instructions for BIG Language Solutions demonstrating the facility has access to language line services. (c) The ICCS Pueblo PAQ states the agency prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.64, or the investigation of the resident's allegations. In the last 12 months the facility has had zero instances where residents were used as interpreters. The PAQ states, “No instances; No documentation.” ICCS Policy # 161 PREA Reporting, Investigation & Response, page 2, section 6, fourth paragraph states, “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.” Through such reviews, the facility meets the standard requirements.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #406 Staff Background Check, dated 1.13.2025 3. ICCS Policy #412 Hiring Policies, dated 2.6.2025 4. ICCS Policy #630 Interns and Volunteers, dated 11.1.2019 5. ICCS Employee Handbook, dated 1.2024 Interviews:

1. Administrative Coordinator

The interview with the Administrative Coordinator demonstrated applicants and contractors complete administrative adjudication questions and a criminal background check before having access to clients and again during the promotion process. The Colorado Caregiver Background Check Bureau notifies agency personnel when criminal information is received on a staff member. The Administrative Coordinator stated employees are required to report any negative interactions with law enforcement, and institutional reference checks are completed by the PREA Coordinator.

Site Observation:
By utilizing the PREA Audit Community Confinement Facilities – Documentation Review Employee File/Records template, it was demonstrated that 18 of 18 employee files and four of four contractor files reviewed contained background checks completed upon hire. The facility also demonstrated administrative adjudication questions were asked during both the hiring and promotion processes, and institutional references were requested and completed for applicable applicants.

(a) The ICCS Pueblo PAQ states the 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: (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); (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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

ICCS Policy #412 Hiring Policies, page 2, section D., 1-3 states, “No Candidate will be hired if any of the following have occurred:

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);

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

3. Has been civilly or administratively adjudicated to have engaged in the activity described in this section.”

	(b) The ICCS Pueblo PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with residents. (c) The ICCS Pueblo PAQ states 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. In the past 12 months, the number of people hired who may have contact with residents who have had criminal background checks was twelve. ICCS Policy #406 Staff Background Check, page 1, section A., states, “If any applicant is being considered for employment, the hiring manager must conduct a reference check from at least one past employer. If the applicant has any work history in a criminal justice setting, best efforts will be made 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.” (d) The ICCS Pueblo PAQ states the agency policy requires that criminal background records be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months there was one contract for services where criminal background record checks were conducted on all contractors covered in the contract who might have contact with residents. ICCS Policy #630 Interns and Volunteers, page 2, section H. states, “Each intern/ volunteer will fill out an application, which includes consenting to a background investigation process as regular employees.” (e) The ICCS Pueblo PAQ states the agency requires background checks to be completed every five years. ICCS Policy #406 Staff Background Check, page 1, section C., states, “Each potential hire will be given a criminal history background check form to be completed and signed. The potential hire’s name, social security number, date of birth, gender and place of birth are entered in the Community Corrections Information & Billing (CCIB) system along with any arrests or conviction information.

	The OCC, using this information submitted in CCIB, will conduct an initial name, criminal history and warrants check through the Colorado Crime Information Center (CCIC) and National Crime Information Center (NCIC) databases. Every 5 years, CCIB will prompt Administrative Staff to have an updated background check completed." During the pre-audit phase the PREA Coordinator stated the ICCS Finance Manager receives notifications of employee criminal activity through the Colorado Central Investigation Bureau. (g) The ICCS Pueblo PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. ICCS Policy #406 Staff Background Check, page 2, section F., states, "Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination." Through such reviews, the facility meets the standard requirements.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. Camera Schematics Interviews: 1. Program Manager 2. Executive Director / Head of Agency The interview with the Program Manager demonstrated the only upgrade to the facility since the last PREA audit was the addition of exterior lighting for safety purposes.

	The interview with the agency Director demonstrated the agency has not acquired a new facility, and no modifications have been made to the existing facility since the last PREA audit. The Executive Director noted that additional cameras have been installed, and the use of technology has been a game changer; however, he emphasized that cameras are not a replacement for staff. (a) The ICCS Pueblo PAQ states the facility has not made substantial expansions or modifications to existing facilities since the last PREA audit. (a) The ICCS Pueblo PAQ states the facility has installed electronic surveillance system since the last PREA audit. Through such reviews, the facility meets the standard requirements.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161 PREA Reporting, Investigations, & Response, dated 11.1.2017 3. Memorandum of Understanding Juniper Southern Colorado, dated 7.2.2025 4. UC Health Information 5. Law Enforcement MOU Attempt, dated 8.1.2025 Interviews: 1. PREA Coordinator / Technical Compliance Specialist The interview with the PREA Coordinator demonstrated clients would be taken to the University of Colorado Health Hospital for forensic exams.

	(a) The ICCS Pueblo PAQ states the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility is the Pueblo Police Department. The PAQ states, “The local Police Department is responsible for conducting criminal investigations” ICCS Policy #161 PREA Reporting, Investigations, & Response, page 1, section Policy, states, “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.” (b) The ICCS Pueblo PAQ states the protocol is not developmentally appropriate for youth. 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. (c) The ICCS Pueblo PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. The number of forensic exams conducted during the past 12 months is zero. The facility provided information from UC Health demonstrating the facility has the following: · Comprehensive Sexual Assault Examiner Program · Sexual Assault Forensic Examiner (SAFE) · Caring for the Sexually Assaulted Patient When There is No SANE

	· Advanced Forensic Nurse Examiner (d) The ICCS Pueblo PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff or community member. (e) The ICCS Pueblo PAQ states qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. The facility provided a Memorandum of Understanding between Juniper Southern Colorado and Intervention Community Corrections Services (ICCS). The memorandum is current and expires one year after the signature date. The memorandum is signed and dated by the ICCS Executive Director and the Juniper Southern Colorado Executive Director. (f, g, h) The ICCS Pueblo PAQ states the agency is responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency requested that the responsible agency follows the requirements of paragraphs §115.21 (a) through (e) of the standards. The facility provided an email communication to the Chief of the Pueblo Police Department from the agency Executive Director requesting a memorandum of understanding for the purposes of compliance with the Prison Rape Elimination Act. Through such reviews, the facility meets the standard requirements.

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

1. ICCS Pueblo PAQ

2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017

Interviews:

1. Community Correction Specialists

2. Community Corrections Supervisor / Investigator

Interviews with all staff demonstrated each would contact their immediate supervisor with any information regarding sexual harassment or sexual abuse, regardless of how the allegation was received.

Interviews with the PREA Coordinator demonstrated all allegations of sexual harassment and sexual abuse are investigated, and she maintains a detailed spreadsheet of investigations.

Site Observation:
The facility had two sexual abuse investigations in the past 12 months. The sources of the allegations were reports submitted through the grievance system and a verbal report from a client.

(a) The ICCS Pueblo PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had two allegations of sexual misconduct. Both investigations resulted in an administrative investigation, and zero allegations were referred for criminal investigation.

ICCS Policy #161 PREA Reporting, Investigation, & Response page 1, section Policy, states, “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.”

	(b) The ICCS Pueblo PAQ states 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. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website at via the organizations website at https://www.int--cjs.org/iccsprea ICCS Policy #161 PREA Reporting, Investigation, & Response page 2, section B. 4., states, "The Program Director or designee will respond immediately, assess the situation and notify the local law enforcement agency." ICCS Policy #161 PREA Reporting, Investigation, & Response page 3, section C. 2., states, "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. 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." Through such reviews, the facility meets standard requirements.

115.231	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #160 PREA Standards, Training, & Screening, dated, 1.13.2025 3. ICCS PREA PowerPoint Presentation, dated 4.30.2025 4. ICCS Policy #625 Staff Training and Development, dated 1.22.2024 5. ICCS Staff PREA Acknowledgment Form, not dated Interviews: 1. Community Correction Specialists Interviews with staff demonstrated each was aware of and had received initial and multiple PREA education sessions throughout the year, either in person, through online meetings with the PREA Coordinator, or through the agency's Paylocity learning management system. Site Observation: Utilization of the PREA Audit Community Confinement Documentation Review Employee File/Records Review template demonstrated that 18 of 18 employee training files reviewed contained documentation of both initial and refresher training completed within the past two years. (a) The ICCS Pueblo PAQ states the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. ICCS Policy #160 PREA Standards, Training, & Screening, page 2-3, section C. Staff Training and Orientation, 1. States, "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: 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. 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” The facility provided an ICCS PREA PowerPoint Presentation. Training objectives include the following. · History of PREA · Who is Protected · Prevention of Assault/Abuse/Harassment · First Responder Responsibilities · Pat Searches and Strip Searches: Rights and Wrongs · Recognizing Red Flags · ICCS Mission Statement · ICCS Core Values · What is PREA · What does this mean to ICCS? · How is ICCS meeting these goals? · Definitions

	· LGBTQIA+ and Gender Non-Conforming Offenders · Client Rights · Who can accept allegations? · How can clients report? · Who Investigates Allegations? · What does not fall under PREA? · Outcomes · First Responder Duties · Coordinated Response · Staff First Responder Duties · Pat/Property Searches · ICCS Policy on Pat Searches · Transgender/Intersex Pat Searches · Strip Searches · Red Flags – Recognizing Staff Sexual Misconduct · How can you protect yourself? · Questions and Answers (b) The ICCS Pueblo PAQ states training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. (c) The ICCS Pueblo PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements annually. (d) The ICCS Pueblo PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification

	ICCS Policy #625 Staff Training and Development, page 1, section B., states, “Each employee will complete an initial training packet which documents training on all essential responsibilities associated with the employee’s job description. The training packet will be signed by the employee and the employee’s primary trainer. The employee’s supervisor will also sign the training packet, verifying the employee has demonstrated proper practice of the skills documented in the training packet.” The facility provided an ICCS Staff PREA Acknowledgment form. Employees attest to the following, after receiving education on the agency Employee Handbook. “I, acknowledge that I understand the ICCS Zero Tolerance Policy and my duty to immediately report any forbidden acts to the Program Director, PREA Coordinator, or Security. I further understand that if I do not report any violation, or suspicion, of which I have knowledge, I will no longer be permitted access to any ICCS facility.” Through reviews of multiple PREA education sessions conducted over the past two years, the facility demonstrates it exceeds the standard requirements.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. Volunteer / Intern / Contractor / Vendor PREA Acknowledgement, not dated 3. Post Audit: ICCS Memorandum, RE: 115.232, dated 9.4.2025 4. Post Audit: Volunteers/Vendor Sign In Sheet Interviews: 1. Contractors – Education (3) 2. Contractor – Mental Health (1) 3. Volunteer – Drug Al-Anon Interviews with contractors and a volunteer demonstrated each were educated on

	the agency’s zero-tolerance policy during onboarding. Each was made aware of the requirement to report any information or suspicion of sexual harassment or sexual abuse to a Case Manager, the Program Manager, and their supervisor. Site Observation: Utilization of the PREA Audit Community Confinement Documentation Review Employee File/Records Review template demonstrated that contractors had not received documented education on the agency’s zero-tolerance policy. Corrective Action Plan: · The PREA Compliance Manager shall ensure all volunteers and contractors who have contact with residents complete required PREA training prior to beginning work in the facility. · Each volunteer and contractor shall sign a training acknowledgment form confirming their understanding of the training received. · The facility shall maintain training documentation in individual contractor and volunteer files, and the PREA Compliance Manager shall keep a master log of all trainings completed. · Written confirmation of implementation and copies of completed training logs shall be submitted to the DOJ PREA Auditor. · Appropriate facility personnel shall provide a memorandum with a sustainable action plan that identifies which facility position will be responsible for ensuring all volunteers and contractors who have contact with residents complete PREA training prior to beginning work in the facility. The memorandum shall be addressed to the DOJ PREA Auditor, include the date, author, and the standard in question. · Upload all required information to this standard in the OAS. Post audit the facility provided a memorandum for the PREA Coordinator addressed to the DOJ PREA Auditor with the following corrective action plan. · The Program Manager will be responsible for all volunteers and contractors that have contact with residents to ensure PREA training and training forms are completed before they are approved to work in the facility. · The Program Manager will keep an updated list of all approved contractors and volunteers that are on site and share with the PREA Coordinator. · Approved contractor and volunteers will sign an acknowledgement form for confirming their understanding of the Zero Tolerance before entering the facility or

	at the main office upon arrival. · The Program Manager will keep a record of all the forms electronically in a shared folder with the PREA Coordinator. · The PREA Coordinator will conduct a quarterly audit of all contractors and volunteers to ensure that all PREA forms are signed and background checks are up to date by cross-referencing the list of approved contractors and volunteers and the forms in the shared folder from the Program Manager. Post audit, the facility provided a Volunteer/Vendors Sign in sheet demonstrating each volunteer or vendor signs the sheet attesting to the following. ICS has zero tolerance for sexual abuse and sexual harassment. ICCS adheres to the Prison Rape Elimination Act (PREA) standards. As a contractor, intern, or volunteer, you have an obligation to maintain clear boundaries with clients and to maintain an ethical supervision relationship with objectively and professionalism. You must not allow the development of personal, unduly familiar, emotional, or sexual relationship to occur with clients. Any sexual contact between a client and a contractor, volunteer, or intern is sexual abuse. All forms of sexual contact and sexual harassment between clients and employees/volunteers/contractors/interns are prohibited by ICCS and my against the law. If you are aware of any such incidents, you have a duty to report them. By signing the below, I acknowledge and understand the above zero tolerance policy." (a) The ICCS Pueblo PAQ states 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 and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is four. The facility provided a Volunteer / Intern / Contractor / Vendor PREA Acknowledgement demonstrating each are educated on the following. · PREA Compliance and Agency Zero Tolerance Policy · Forbidden engagement of any kind · No such thing as consensual sexual contact · Reporting · Failure to Report

	· Retaliation Protections (b) The ICCS Pueblo PAQ states 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. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (c) The ICCS Pueblo PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. The PAQ states, "Through completed PREA acknowledgement forms." The facility provided a Volunteer / Intern / Contractor / Vendor PREA Acknowledgement demonstrating each attest to the following. I, acknowledge that I understand the 'CCS Zero Tolerance Policy and my duty to immediately report any forbidden acts to the Program Director, PREA Coordinator, or Security. I further understand that if I do not report any violation, or suspicion, of which I have knowledge, I will no longer be permitted access to any ICCS facility. The acknowledgement is signed by the volunteer, intern and or contractor and agency personnel. Through such reviews, the facility meets standard requirements.

115.233	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #160 PREA Standards, Training, & Screening, dated, 1.13.2025 3. Prison Rape Elimination Act Orientation Information Acknowledgment Form, not dated 4. PREA Brochure for Residents: Facts You Should Know, English and Spanish, not dated

5. Pueblo Door Poster, English and Spanish

Interviews:

1. Random Clients
2. Targeted Clients
3. Community Corrections Specialist

Interviews with 20 clients demonstrated each had been educated on the agency's zero-tolerance policy and the internal and external reporting requirements. Clients consistently articulated multiple reporting avenues, including directly to staff, to a trusted adult in the community, reporting anonymously, submitting a written letter, filing a grievance, or calling the PREA hotline posted throughout the facility.

The interview with Community Corrections Specialists demonstrated clients are invited to watch a PREA video, provided a pamphlet, and required to sign an acknowledgment form during intake. The Specialists further stated that, within one week, clients complete the Coping with Community Corrections video, which also includes PREA education. At that point, each client receives the agency rule book, which outlines the agency's zero-tolerance stance regarding sexual harassment, sexual abuse, and retaliation.

Site Observation:

Review of client files using the PREA Audit – Community Confinement Facilities Documentation Review – Resident Files/Records template demonstrated that 15 of the 20 clients interviewed had been admitted within the past 12 months. Each of those files contained documentation verifying that PREA education was provided on the same day as admission.

(a) The ICCS Pueblo PAQ states 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. The number of residents admitted during the past 12 months who were given this information at intake was 131.

ICCS Policy #160 PREA Standards, Training, & Screening, page 3-4, section D.

	1-2., states, “Client Orientation, Screening and Education 1. PREA orientation will be provided by Community Corrections Specialist staff during the intake process. See ICCS Policy #235. 2. Orientation topics will include: a. What behaviors are unacceptable related to client-on-client sexual assault, sexual violence, sexual misconduct and sexual contact. b. What behaviors are unacceptable related to staff or other non-ICCS staff sexual assault, sexual violence, sexual misconduct and sexual contact. c. What to do if a client believes they may become a victim of client-on-client or staff or other non-ICCS staff sexual assault, sexual violence, sexual misconduct or sexual contact. d. How to report incidents of sexual assault, sexual violence, sexual misconduct or sexual contact on themselves or other client, and safeguards against retaliation. e. The options or alternatives available for reporting these incidents.” The facility provided a PREA Brochure for Residents: Facts You Should Know. The brochure includes the following information. · Community Corrections Program Zero-Tolerance Policy · Reporting Procedures for Prohibited Sexual Behavior · Self-Protection, to include the right to be safe from sexual assault and unwanted sexual advances. · Prevention/Intervention · Treatment and Counseling services · Seeking Relief for Retaliation · Disciplinary Actions for Making False Allegations (b) The ICCS Pueblo PAQ states the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months was 131. During the past 12 months, the number of residents transferred from a different community confinement facility who received refresher information was 131. The PAQ states, “A resident being transferred from a different facility is still considered a 'new intake' and will go through the same processes as any new client which includes a PREA

	orientation.” (c) The ICCS Pueblo PAQ states Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled and those who have limited reading skills. ICCS Policy #160 PREA Standards, Training, & Screening, page 4, section D. 3-4, state, 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 #702. 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.” (d) The ICCS Pueblo PAQ states the agency maintains documentation of resident participation in PREA education sessions. The facility provided a Prison Rape Elimination Act Orientation Information Acknowledgement form demonstrating clients were educated on the following. Intervention Community Corrections Services (ICCS) has a zero tolerance towards sexual assault, sexual misconduct, staff sexual misconduct and sexual harassment. This includes any sexual act, touching, comments or gestures. If you are a victim of sexual assault, sexual misconduct, sexual harassment, or staff sexual misconduct, you can report it in one of the following ways: · Notify a staff member · Tell your case manager or community parole officer · Contact the CDOC PREA Coordinator at 2862 South Circle Drive, Colorado Springs, CO 80906

	· Report the incident directly to the police If you are in need of rape crisis counseling, please notify staff so that they can assist you. If you want to receive confidential counseling, you can refer to the PREA Resource Guide (to be released in the near future). If you need this information explained to you in a different language or format, please notify staff. I have been provided with an orientation and written information (“Facts You Should Know” brochure) regarding policies and procedures for reporting sexual assault, sexual misconduct and sexual harassment and how to access rape crisis counseling. Acknowledgments are affirmed through client printed name, signature, date and staff signature, title and date. (e) The ICCS Pueblo PAQ states the agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The facility provided a Pueblo PREA Door Poster in English and Spanish which speaks to the following. · Zero Tolerance Policy · Reporting information, internal and external · Blue Bench Center contact telephone information Through such reviews, the facility meets standard requirements.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #160 PREA Standards, Training, & Screening, dated, 1.13.2025 3. PREA Coordinator and Technical Compliance Specialist Training Checklist, dated 9.18.2023 4. (3) NIC Certificates of Completion PREA: Investigating Sexual Abuse in a Confinement Setting 5. NIC Transcripts PREA: Investigating Sexual Abuse in A confinement Setting: Advanced Investigations Interviews: 1. Community Corrections Supervisor / Investigator The interview with the Investigator demonstrated he had completed specialized training for investigators through the National Institution of Corrections website. Site Observation: During the pre-audit phase certificates of completion were uploaded to the online audit system. (a) The ICCS Pueblo PAQ states agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. ICCS Policy #160 PREA Standards, Training, & Screening, page 3, section 5., states, “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.” (b) The ICCS Pueblo PAQ states the agency maintains documentation showing that investigators have completed the required training. Documentation is maintained by the PREA Coordinator. The number of investigators currently employed who have completed the required training is three.

	The facility provided three NIC Certificates of Completion PREA: Investigating Sexual Abuse in a Confinement Setting demonstrating each of the facility investigators have completed specialized training for investigators. The facility provided a NIC Transcripts PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations demonstrating the agency investigator who completes a majority of the facility PREA investigations completed the required specialized training. Through such reviews the facility meets standard requirements.

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. (4) NIC Training Certificates PREA 201 for Medical and Mental Health Practitioners Interviews: 1. Contract Mental Health Provider 2. PREA Coordinator / Technical Compliance Specialist The interview with the mental health provider demonstrated he had completed education on the agency zero tolerance policy and specialized training for medical and mental health providers through the National Institute of Corrections web site. The interview with the PREA Coordinator demonstrated that the facility does not employ medical personnel. Site Observation: During the pre-audit phase certificates of completion were uploaded to the online

	audit system. (a) The ICCS Pueblo PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is four. (b) The ICCS Pueblo PAQ states the facility medical staff do not conduct forensic exams. (c) The ICCS Pueblo PAQ states the agency maintains documentation showing that mental health practitioners have completed the required training, if applicable. The facility provided four training certificates for PREA 201 for Medical and Mental Health Providers from the NIC Learning Center for each of the facility's mental health providers. Through such reviews the facility meets the standard requirements.

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #702, Treatment Matching, Dosage, Risk Reduction, and Client Responsibility, dated 2.24.2025 3. Colorado Division of Criminal Justice – Office of Community Confinement Screening for Risk of Sexual Victim Vulnerability/Abusiveness, dated 6.14.16 4. Post Audit: 30-Day Risk Screening Data 5. Post Audit: ICCS Memorandum, RE: PREA Standard 115.241 (f), dated 9.4.2025 6. Post Audit: Risk Assessment Tracking Form, dated 8.26.2025 – 12.26.2025

Interviews:

1. Random Clients
2. Targeted Clients
3. Case Manager

Interviews with 10 random and 10 targeted clients demonstrated each could attest to answering questions regarding their criminal history, prior sexual abuse, and safety concerns during the intake process. Vulnerable and gay or bisexual clients stated they were content with their dorm assignments and were respected by staff and other clients.

The interview with the Case Manager demonstrated clients are assessed on the first day of admission and again within 30 days or when warranted, privately in the case manager's office. The Case Manager stated clients are assessed for history of vulnerability, aggression, criminal history, and a review of client records.

Site Observation:
File review demonstrated fifteen of 20 clients entered the facility within the last 12 months. Ten of 15 clients did not have a completed risk assessment or the risk assessment was completed outside of the 72-hour requirement. Six of 15 clients did not have a 30-day risk assessment completed, and four of 15 did not have the 30-day risk assessment completed within the 30-day requirement.

Corrective Action Plan:

· Provide documentation demonstrating 30-day risk assessments have been completed for all applicable residents.

· Monitor risk assessments for 60 days and provide documentation demonstrating all applicable 30-day assessments have been completed. Time frame is 8.26–10.26.2025.

· Appropriate facility personnel shall develop and submit a memorandum outlining a sustainable action plan that specifies which facility position is responsible for monitoring the 30-day risk assessments to ensure ongoing compliance. The memorandum shall be addressed to the DOJ PREA Auditor and include the date, author, and the standard in question.

· Upload all required documentation to this provision in the OAS.

Post audit the facility provided a database report demonstrating the 30-day risk screening had been completed for applicable clients.

Post audit the facility provided a memorandum from the PREA Coordinator addressed to the DOJ PREA Auditor with the following corrective action plan.

· Within the next 60 days, administration will review the process with Case Managers to ensure all risk assessments are completed within the 30-day timeframe.

· The Case Manager Supervisor will meet with Case Managers to review the risk assessment process and reinforce the importance of completing assessments within the required deadlines.

· The Case Manager Supervisor will clarify where Case Managers must record both the 72-hour and 30-day risk assessment results to ensure consistency.

· The Case Manager Supervisor will utilize the Timeline function in the database to know when a 30-day risk assessment is due by looking at the color of the name and event in this function. Black indicates it was completed, yellow indicates it is nearing the due date, red indicates it is late and not completed, purple indicates it was completed late.

· ICCS will provide documentation verifying that all 30-day risk assessments have been completed.

· The documentation period will cover assessments completed between August 26, 2025, and October 26, 2025.

Post audit, the facility provided documentation demonstrating that risk assessments are consistently completed within 72 hours of admission and reassessed within 90 days of admission.

(a) The ICCS Pueblo PAQ states 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.

ICCS Policy #702, Treatment Matching, Dosage, Risk Reduction, and Client Responsibility, page 1, section A., states, “Case Management Staff will meet with intakes within 24 hours of arrival to introduce themselves and to conduct the following:

	1. Prison Rape Elimination Act (PREA) Risk Assessment for Sexual Victim Vulnerability/Abusiveness 2. Colorado Criminal Justice Mental Health Screen-Adult (CCJMHS-A) 3. Issue the Simple Screening Instrument-Revised (SSI-R) for the client to complete. 4. The Case Manager will set an appointment with the client within 72 hours of intake to complete the LSI interview and offense specific assessments if applicable." (b) The ICCS Pueblo PAQ states the agency policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 120. Policy compliance can be found in provision (a) of this standard. (c-e) The ICCS Pueblo PAQ states the risk assessment is conducted using an objective screening instrument. The facility provided a Colorado Division of Criminal Justice – Office of Community Confinement Screening for Risk of Sexual Victim Vulnerability/Abusiveness which is inclusive of the following information. · Victim/Vulnerability Factors · Victim Vulnerability o Non victim; known victim, possible victim · Aggressive/Abusiveness Factors · Aggressive/Abusiveness o Non victim; known victim, possible victim · Risk factor information forwarded to staff responsible for room, work, education and programming assignments. · Name · Age · Physical stature

	· Mental or developmental disability · Physical disability · First incarceration · History of sex offense convictions – against an adult or child · Lesbian/Gay/Bi-sexual/Transgender/Gender non-conforming or Intersex · History of sexual victimization – consider juvenile and adult experiences · Offender's perception of vulnerability · History of institutional violence or sexual abuse · Gang affiliation · Other factors not addressed that may influence risk (e) The ICCS Pueblo PAQ states the agency policy requires that the facility reassesses each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 102. The PAQ, "At the bottom of the form is where the 30-day reassessment findings are recorded." ICCS Policy #702, Treatment Matching, Dosage, Risk Reduction, and Client Responsibility, page 1, section B., states, "Within 30 days of the client's intake, the Case Manager will conduct a reassessment of the PREA Risk Assessment for Sexual Victim Vulnerability/Abusiveness. Results will be recorded in ETRAC2 under the Assessments tab in the client section. If at any time during the client's residential program, there is a referral, request, incident of sexual abuse, or receipt of additional information that impacts the clients risk level of sexual victimization or abusiveness, the Case Manager will conduct a reassessment of the PREA Risk Assessment for Sexual Victim Vulnerability/Abusiveness. Results will be recorded in ETRAC2 under the assessments tab." (f) The ICCS Pueblo PAQ states the agency policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual

	victimization or abusiveness. (g) The ICCS Pueblo PAQ states the agency policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the residents own perception of vulnerability. The PAQ states, “This is not specifically stated within policy but is the approach that we act under when providing the assessment.” Through such reviews, the facility meets standard requirements.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #160 PREA Standards, Training & Screening, dated, 1.13.2025 3. Room Assignment Cheat Sheet, not dated 4. Post Audit: ICCS Memorandum, RE: PREA Standard 115.242 (a), dated 9.4.2025 5. Post Audit: Etrac Report Interviews: 1. Targeted Clients 2. Correctional Case Manager 3. PREA Coordinator / Technical Compliance Specialist 4. Program Manager Interviews with four vulnerable, three cognitively delayed, and two gay clients demonstrated each were content with their housing assignments, were made to feel

	safe in the facility, and reported that staff checked on them often to ensure they continued to feel safe and were doing “okay” throughout their stay. The interview with the Case Manager demonstrated she sends out emails to her supervisor and the Security Supervisor any time a client screens as a known victim or known aggressor to ensure awareness of placement in the facility. The interview with the PREA Compliance Manager demonstrated known victims and known aggressors are never placed in the same room. Lower-level clients are housed together, and the Security Supervisor maintains a spreadsheet that is shared with Community Correction Specialists for their awareness. Site Observation: During the tour, it was noted that clients working in the kitchen may serve as both potential perpetrators and victims. Additionally, doors to closets and bathrooms in the kitchen area were unlocked, creating opportunities for aggressive residents to place vulnerable residents at risk. Corrective Action Plan: · The facility shall provide documentation on how residents are assigned to work and program assignments. · Appropriate facility personnel shall provide a memorandum with a sustainable action plan that identifies which facility position will monitor the implementation of risk assessment information to ensure ongoing compliance. The memorandum shall be addressed to the DOJ PREA Auditor and include the date, author, and the standard in question. · The facility shall upload all required documentation to this provision in the OAS. Post-audit, the facility provided an Etrac Report identifying which Clients were flagged as Known Victims and Known Abusers. Facility staff will reference this report prior to assigning work assignments to Clients. Post audit the facility provided a memorandum from the PREA Coordinator, addressed to the DOJ PREA Auditor with the following sustainable action plan.

	· Community Corrections Specialists will utilize the PREA risk assessment for each client they are assigning the kitchen chore to ensure residents that are at high risk of being victimized are not working with residents that are at high risk of being sexually abusive. · Community Corrections Specialists or the contracted staff will be in the kitchen during the chores to monitor the residents. · The Community Corrections Specialist Supervisor will review and confirm that all clients that are working in the kitchen are matched with their risk assessments, and a victim is not working with an abuser. (a) The ICCS Pueblo PAQ states 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. ICCS Policy #160 PREA Standards, Training & Screening, page 5, section E. 3., states, “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.” The facility provided a Room Assignment Cheat sheet demonstrating offenders are color coded in the following manner. · Red: Do Not: Known Abuser/Known Victim · Yellow: Okay: o Known Abuser/Possible Victim o Possible Abuser/Possible Victim o Possible Abuser/Known Victim o Possible Abuser/Known Abuser · Green: Preferred: o Known Abuser/Known Abuser o Known Abuser/Non Victim o Known Victim/Known Victim

	o Non Abuser/Non Victim o Non Abuser/Known Victim o Non Abuser/Possible Vitim o Possible Abuser/Non Victim o Possible Abuser/Possible Abuser (b) The ICCS Pueblo PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident. Policy compliance can be found in provision (a) of this standard. The PAQ states, “In general, based on the clients results from the sexual victimization screening form they are then assigned according to what is safest and according to the attached chart” (c) The ICCS Pueblo PAQ states the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. The PAQ states, “Not specified in policy but this is the approach that we generally take.” ICCS Policy #160 PREA Standards, Training & Screening, page 5, section E. 5., states, “ 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.” Through such reviews, the facility meets standard requirements.

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ

	2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 3. PREA Brochure for Residents: Facts You Should Know, English and Spanish, not dated 4. ICCS Policy #160 PREA Standards, Training and Screening, dated, 1.13.2025 5. PREA Brochure for Employees/Contract Workers/Volunteers, not dated Interviews: 1. Random Clients 2. Targeted Clients Interviews with clients demonstrated each client was aware of internal and external reporting requirements, including reporting directly to staff, reporting to a trusted adult in the community, filing a grievance, or calling the PREA hotline. Site Observations: During the tour, PREA postings were observed throughout the facility containing information on sexual harassment, sexual abuse, internal and external reporting options, and contact information for the external advocate, including phone number and address. (a) The ICCS Pueblo PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. ICCS Policy #161 PREA Reporting, Investigation, & Response, page 1-2, section A., states, “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 person listed in this Policy. Mandatory reporting responsibilities will apply to all staff. Clients may use any means at their disposal to report incidents of sexual assault, sexual violence, sexual misconduct or sexual contact when they are a victim of such acts upon themselves, or when they have direct knowledge that such acts have been perpetrated or are being planned to be perpetrated upon any other client. In an effort to provide clients with several reporting options, including outside agencies

	that accept reports, and options that would protect the reporting party's identity from being revealed to other clients, the following specific reporting options will be afforded: 1. Direct verbal report to any ICCS staff member, contractor/vendor, or ICCS volunteer. 2. Direct written report to any ICCS staff member, contractor/vendor, or ICCS volunteer. 3. May be completed through the use of U.S. Mail, kite, note, grievance or any other written method. 4. Through the DOC reporting line at 1.877.362.8477 5. Contacting local law enforcement by dialing 911 or a distributed non-emergency number. 6. Email link from website. 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. Fellow residents, family members, attorneys, medical personnel, or outside advocates will be encouraged to report any suspicions or allegations as well through any of the above avenues.” (b) The ICCS Pueblo PAQ states 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. Procedure compliance can be found in provision (a) of this standard. The facility provided a PREA Brochure for Residents: Facts You Should Know in English and Spanish. The brochure provides the following information. You may report incidents of prohibited sexual behavior or seek relief against retaliation by: · Contacting local law enforcement

	· Reporting the incident to the community corrections PREA Coordinator or Program Director: · You may report incidents of prohibited sexual behavior or seek relief against retaliation by: o Calling the toll-free Colorado PREA Hotline o Contacting local law enforcement o Reporting the incident to the community corrections PREA Coordinator or Program Director: Sierra Pagan (PREA Coordinator) 1101 H. Street Greely, CO 80631 970-584-1558 Cecilia Kear (Program Director) 1901 N. Hudson Pueblo, CO 81003 719.569.3020 On August 18, 2025, at 10:27 a.m., the Auditor phoned the Colorado PREA Reporting Center at 1-855-855-0611. After introductions and explanation of the purpose of the call, the operator stated she would inform the caller that they could remain anonymous, collect client information, and ask whether the incident involved sexual abuse, sexual harassment, or sexual misconduct. The operator further explained she would document the facility where the abuse occurred, ask the caller whether they wanted the incident reported to anyone outside the facility, and advise that the incident would be reported to a facility investigator. (c) The ICCS Pueblo PAQ states 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.

	ICCS Policy #160 PREA Standards, Training and Screening, page 5, section F. Mandatory Reporting Responsibilities, 1., states, “It is recognized that effective prevention of sexual assault, violence, misconduct and contact against a client must include effective reporting requirements. To this end, all suspected or reported acts of sexual assault, violence, misconduct and contact alleged to be perpetrated by another client, ICCS employee or any other person, will be immediately reported to the Program Director or PREA Coordinator, either privately or openly, via phone or email, depending on the circumstances and allegations. The Program Director or PREA Coordinator will then immediately notify the Executive Director and other supervisors if necessary. This mandate to report will be the responsibility of: a. All ICCS employees. b. All contractors/vendors, to include mental health contractors, educational contractors, food service/vending contractors. c. All volunteers and interns within the ICCS facility. d. All clients” (d) The ICCS Pueblo PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Policy compliance can be found in provision (c) of this standard. The facility provided a PREA Brochure for Employees/Contract Workers/Volunteers with reporting information as described in provision (c) of this standard. Through such reviews, the facility meets standard requirements.

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017

	3. Post Audit: Memorandum, RE: 115.252, dated 9.4.2025 4. Post Audit: Grievance Box Photos Interviews: 1. Random Clients 2. Targeted Clients 3. PREA Coordinator / Technical Compliance Specialist Interviews with clients demonstrated most were aware they could file a grievance regarding sexual harassment or sexual abuse. Clients reported they could retrieve grievance forms on their own, as they were always available ‘on the wall’. The interview with the PREA Coordinator demonstrated all grievances received were immediately investigated; however, grievances were only checked on weekdays. Site Observation: The grievance box was observed near an exit in the facility, and grievance forms were observed to be on the wall with many facility client forms. Corrective Action Plan: · Appropriate facility personnel shall develop and submit a memorandum with a sustainable action plan that identifies which facility position is responsible for ensuring grievance boxes are checked throughout the week, including weekends and holidays, to maintain ongoing compliance. The memorandum shall be addressed to the DOJ PREA Auditor and include the date, author, and the standard in question. · The facility shall upload all required documentation to this provision in the OAS. Post audit the facility provided a memorandum from the PREA Coordinator, addressed to the DOJ PREA Auditor with the following corrective action plan. · ICCS will post signs on all grievance boxes stating that the boxes will not be checked on weekends or holidays and will include alternative ways to report a PREA allegation. · ICCS staff will ensure that all residents are informed of this change.

	Post audit the facility provided a photo posted on facility grievance boxes with the following information. “Attention Residents – Administration does not check the grievance boxes on weekends and holidays. If your grievance is a PREA allegation during these times, please call the DOC Reporting Line 1-855-855-0611.” (a) The ICCS Pueblo PAQ states the agency does have an administrative procedure for dealing with resident grievances regarding sexual abuse. ICCS Policy #161 PREA Reporting, Investigation, & Response, page 3-4, section C. 2., second paragraph, 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, 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. 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.” Through such reviews, the facility meets standard requirements.

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 3. PREA Brochure for: Residents – Facts You Should Know, in English and Spanish, dated 4. Memorandum of Understanding Juniper Southern Colorado, dated 7.2.2025

	Interviews: 1. Random Clients 2. Targeted Clients Interviews with clients demonstrated awareness of the Juniper Southern Colorado sexual abuse advocate and the services available through the agency. Site Observation: During the tour, advocate information was observed to be posted on bulletin boards in both the female and male dorms. The Juniper Southern Colorado advocacy agency was contacted using a resident phone. After introductions and an explanation of the call, the advocate confirmed the agency provides assistance with reporting, is contacted by hospitals when a victim requests support during a forensic exam, and schedules appointments for ongoing emotional support services. (a) The ICCS Pueblo PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by 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. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. ICCS Policy #161 PREA Reporting, Investigation, & Response page 4, section D. Victim and Witness Considerations, 1., states, “. Client-victims are entitled to the same level of statutory victim advocate services as any other victim. For this reason, any perpetrated act that violates Colorado Revised Statutes where a victim is identified, the On-Call Supervisor, Program Director, PREA Coordinator or designee will immediately provide all identified victims of the incident with contact information for a local victim advocate. Client-victims will be allowed to speak to the victim advocate confidentially without staff monitoring. The victim advocate group will also not inform ICCS or law enforcement of this call unless the victim asks them to, or the victim threatens harm to themselves or others. All clients who report being threatened with, or report being a victim of sexual assault, sexual violence, sexual misconduct or sexual contact will be referred to mental health for an evaluation.” The facility provided a PREA Brochure for: Residents – Facts You Should Know. Section E. Treatment and Counseling provide clients with the phone number and address of the Juniper Southern Colorado Advocacy Agency.

	(b) The ICCS Pueblo PAQ states the facility the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. (c) The ICCS Pueblo PAQ states the agency, or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse. The facility provided a Memorandum of Understanding between Juniper Southern Colorado and Intervention Community Corrections Services (ICCS). The memorandum is current and expires one year after the signature date. The memorandum is signed and dated by the ICCS Executive Director and the Juniper Southern Colorado Executive Director. Through such reviews, the facility meets standard requirements.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ Interviews: 1. Random Clients 2. Targeted Clients 3. Community Correction Specialists 4. PREA Coordinator / Technical Compliance Specialist Interviews with clients demonstrated an awareness of third-party reporting options, including reporting to a family member, an attorney, or another client.

	Interviews with staff Interviews with staff demonstrated each would accept any type of report regarding allegations received through a third party. Site Observation: During the facility tour, PREA informational postings outlining facility third-party reporting options, including both internal and external reporting methods, were observed in visitation areas. (a) The ICCS Pueblo PAQ states the agency, or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The PAQ states, “Third party reports are submitted through the DOC PREA hotline and third party individuals are encouraged to report the information through the organization's website section on PREA procedures: https://www.int-cjs.org/iccsprea.�� During the pre-audit phase, the agency PREA Coordinator responded to the Auditor request for information on filing third party reports. “When accessing https://www.int-cjs.org/iccsprea and I could not locate an area where I could make a third-party report. Could you please direct me to where a report can be filed? Currently, the website states “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 following avenues.” And then lists each facility contact information so anyone could call the facility to submit an allegation or send a letter. We do occasionally receive calls to a facility from either an anonymous source or a family member submitting a PREA report on behalf of a resident. The website does not have a designated box or field where the report can be submitted electronically. The third-party individuals are encouraged to either submit the report by either a phone call, in person or by mail through the facility phone numbers and addresses provided. I was able to review standard 115.54 for community corrections and it states that ‘there is an easily accessible mechanism’ for third parties to report the information. Do you take that to mean specifically that there’s a way to ‘electronically’ submit the information.” Through such reviews, the facility meets standard requirements.

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #160 Standards, Training and Screening, dated 4.24.2023 Interviews: 1. Community Correction Specialists 2. PREA Coordinator / Technical Compliance Specialist Interviews with staff demonstrated each actively practices and understands the importance of immediately reporting all allegations of sexual abuse and sexual harassment to supervisory personnel or through the DOC PREA Hotline. Site Observation: The facility has had two sexual abuse allegations in the past 12 months, with sources of allegations reported through the grievance process or directly to a staff member. (a) The ICCS Pueblo PAQ states 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. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The PAQ states, “All suspected or reported acts or 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 PD or PREA coordinator will then immediately notify the Executive Director and other supervisors if necessary.” ICCS Policy #160 Standards, Training and Screening, page 5-6, section F. 1-2., states, 1. It is recognized that effective prevention of sexual assault, violence, misconduct and contact against a client must include effective reporting requirements. To this

	end, all suspected or reported acts of sexual assault, violence, misconduct and contact alleged to be perpetrated by another client, ICCS employee or any other person, will be immediately reported to the Program Director or PREA Coordinator, either privately or openly, via phone or email, depending on the circumstances and allegations. The Program Director or PREA Coordinator will then immediately notify the Executive Director and other supervisors if necessary. This mandate to report will be the responsibility of: b. All ICCS employees. c. All contractors/vendors, to include mental health contractors, educational contractors, food service/vending contractors. d. All volunteers and interns within the ICCS facility. e. All clients 1. 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." (a) The ICCS Pueblo PAQ states, 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. Through such reviews, the facility meets standard requirements.

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 Interviews:

	1. Community Correction Specialists Interviews with staff demonstrated that victims would be immediately separated from aggressors and placed in a safe location until administrative personnel or law enforcement arrived. (a) The ICCS Pueblo PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero. ICCS Policy #161 PREA Reporting, Investigation, & Response page 3, section C. 2., states, “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.” Through such reviews the facility meets standard requirements.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #160 PREA Standards, Training and Screening, dated 4.26.2023 Interviews: 1. Program Manager The interview with the Program Manager demonstrated she was aware that upon receiving an allegation that a client was sexually abused while confined at another facility, she is responsible for notifying the head of that facility within 72 hours,

	though she indicated she would make the notification immediately. The Program Manager further stated the PREA Coordinator maintains records of all outgoing and incoming allegations and investigations. (a-b) The ICCS Pueblo PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero. ICCS Policy #160 PREA Standards, Training and Screening, page 6, section F.5., states, “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 #162, any allegations brought to their attention by another facility about an incident that occurred at ICCS.” (c) The ICCS Pueblo PAQ states the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy compliance can be found in provision (a/b) of this standard. (d) The ICCS Pueblo PAQ states the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero. The PAQ states, “ICCS will investigate any allegations brought to their attention by another facility about an incident that occurred at ICCS.” Through such reviews, the facility meets the standard requirements.

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161 PREA Reporting, Investigation & Response, dated 11.1.2017 Interviews: 1. Community Correction Specialists Interviews with Community Correction Specialists demonstrated each would separate the victim from the aggressor, ensure the safety of both, provide immediate medical access if needed, assign a staff member to remain with each individual involved, restrict access to water or food, and ensure the incident area was monitored until supervisory or law enforcement personnel arrived. (a) The ICCS Pueblo PAQ states the agency has a first responder policy for allegations of sexual abuse. 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 separate the alleged victim and abuser. 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 preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, zero allegations occurred where a resident was sexually abused. ICCS Policy #161 PREA Reporting, Investigation & Response, page 3, section B. 11., states, “. 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.”

	(b) The ICCS Pueblo PAQ states the facility's' policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero. ICCS Policy #161 PREA Reporting, Investigation & Response, page 2, section B., first paragraph states, "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." Through such reviews, the facility meets standard requirements.

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. PREA Allegation Response Steps, not dated Interviews: 1. Program Manager The interview with the Program Manager demonstrated the PREA Allegation Response is posted in the breakroom, administrative area, Case Manager offices, and the Community Corrections Supervisor office. Site Observation: During the tour, the PREA Allegation Response was observed posted throughout the facility. (a) The ICCS Pueblo PAQ states the facility has developed a written institutional

	plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility provided a PREA Allegation Response document providing response directions for the following departments. · Administration · Community Correction Specialists · Case Manager Through such reviews, the facility meets standard requirements.

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ Interviews: 1. Executive Director / Head of Agency The interview with the Executive Director demonstrated the agency has not entered into collective bargaining agreements of any kind. (a) The ICCS Pueblo PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Through such reviews, the facility meets standard requirements.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 3. Memorandum, RE: PREA Corrective Action Plan Memo and Steps, dated 2.7.2025 4. Training Email Notification for Retaliation Monitoring Instruction, dated 1.16.2025 Interviews: 1. Community Corrections Specialist Supervisor The interview with the PREA Coordinator demonstrated retaliation is not tolerated. Clients are informed they may report to her or any trusted staff member, who will monitor the victims' safety. The PREA Coordinator stated she monitors increases in incident reports and client behaviors such as avoidance or depression, consults with staff for additional information, and completes weekly documentation for 90 days or longer if necessary throughout retaliation monitoring. Site Observation: Review of investigations demonstrated the staff member termed employment after the allegation was received therefore retaliation monitoring was not completed. (a) The ICCS Pueblo PAQ states 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. The PREA Coordinator is the designated staff completing retaliation monitoring. ICCS Policy #161 PREA Reporting, Investigation, & Response, page 5, section D. 4., states, "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 personnel file. 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." (c) The ICCS Pueblo PAQ states the 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 ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. The number of times an incident of retaliation occurred in the past 12 months was zero. Policy compliance can be found in provision (b) of this standard. Through such reviews, the facility meets standard requirements.

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 3. ICCS Investigations (2) 4. Post Audit: ICCS Memorandum, RE: 115.271 (a), dated 9.4.2025 5. Post Audit: Investigation Corrective Action 6. Post Audit: PREA Investigation Template, dated 2025 7. Post Audit: Administrative Review to PREA Allegation Form, dated 9.11.2025 8. Post Audit: Training Sign-In Sheet, dated 12.5.2025

	Interviews: 1. Community Corrections Supervisor / Investigator The interview with the Investigator demonstrated he begins investigations immediately upon receipt of a sexual harassment or sexual abuse allegation. The Investigator stated he always contacts the main office and has a staff member to assist him with reviewing video, timeframes, PREA scores, past histories, and conducting interviews of all parties involved or who witnessed the incident. Site Observation: The onsite review demonstrated the facility does not consistently conduct investigations promptly, thoroughly, and objectively for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. Investigative files reviewed did not consistently show that investigators gathered and preserved direct or circumstantial evidence such as physical evidence, DNA, electronic monitoring data, or prior complaint history. Interviews indicated that not all alleged victims, suspected perpetrators, and witnesses were consistently interviewed, and documentation did not reflect individualized credibility assessments. Administrative investigations did not consistently document whether staff actions or inactions contributed to the abuse, nor did they consistently include detailed written reports summarizing physical and testimonial evidence, the basis for credibility assessments, or investigative facts and findings. Corrective Action Plan: · Reopen the investigation completed in July and interview the witness who was in the room when the event took place. · Ensure all investigations into allegations of sexual abuse and sexual harassment are conducted promptly, thoroughly, and objectively, including third-party and anonymous reports. · Provide documented training to all investigators on evidence-gathering requirements, including the preservation of physical and DNA evidence, electronic monitoring data, and review of prior complaints or reports involving the suspected perpetrator. · Require investigators to interview all alleged victims, suspected perpetrators, and witnesses, and document individualized credibility assessments. · Revise investigative protocols to include a determination of whether staff actions or inactions contributed to the abuse and document such determinations in all administrative investigations.

	Require that written investigative reports include: · A description of physical and testimonial evidence collected · The reasoning behind credibility assessments · Appropriate facility personnel provide a memorandum with a sustainable action plan stating which facility position will monitor investigations to ensure evidence is gathered, credibility assessments are documented, and written reports consistently meet the requirements of the standard. The memorandum shall be addressed to the DOJ PREA Auditor, include the date, author, and the standard in question. · Upload all required documentation to this provision in the OAS. Post audit the facility provided a memorandum from the PREA Coordinator to the DOJ PREA Auditor with the following corrective action plan. · “ICCS has reopened the investigation and interviewed the witness who was present in the room at the time of the incident. · ICCS does not conduct criminal investigations; however, staff will be trained on how to properly secure areas containing potential evidence and wait for law enforcement to respond · ICCS will revise the investigation form to align with a standardized format for all investigations. · The updated form will include a designated conclusion section specifying whether the incident was due to staff action or inaction. · All investigators will receive retraining on the updated investigation form. · Investigators will be required to interview all individuals involved, as well as any potential witnesses.” Post audit the facility reopened the investigation demonstrating all parties involved in the incident were interviewed. Post audit, the agency provided a revised PREA Investigation template demonstrating the document now prompts investigators to complete the following information. · Date · Facility

	· Report Completed By / Position Title · Persons Involved – Client on Client / Staff on Client · Nature of Allegation · Law Enforcement Contacted · Final Disposition · Prior Complaints against the Suspect? · Has Victim made other PREA complaints against someone while in the program? · Summary of events · Victim, suspect, witness or other interviews completed · Date of Allegation · Date of Information Received · Other information to be documented · List of People Interviewed – Staff / Clients · Documents reviewed · Standards Used · Conclusion · Final Disposition Post audit, the facility provided a revised Administrative Review to PREA Allegation Form. The form prompts reviewers to complete the following information. · Date of Investigation Report · Date of Administrative Review · Facility · Complainant's Name · Investigation Report Completed By · Persons Involved · Nature of Allegation

	· Investigator's Findings 1. Was proper policy and procedure followed during the investigation? 2. Did the allegation or investigation reveal a need to change, or improve, policy or procedure to better prevent, detect, or respond to sexual abuse? 3. Was the allegation or incident motivated by reface, ethnicity, gender identity status or perceived status, gang affiliation, or motivated/caused by any other facility dynamics? 4. Examine the area where the incident allegedly occurred. Where there physical barriers in the area that enable abuse? 5. Are staffing levels in the area adequate during different shifts? 6. Is the video monitoring system adequate in this area? 7. Any other recommendations for improvement? 8. Administrative Review completed / position Post audit, the agency provided a training sign-in sheet demonstrating 20 facility staff members completed PREA Investigation refresher training. (a) The ICCS Pueblo PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. ICCS Policy #161 PREA Reporting, Investigation, & Response page 3-4 states, section C. Investigative Procedures, 1-3., state, 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. 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. 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. 3. ICCS will only share information as required by law in order to protect the confidentiality of its clients. (h) The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later was two. Through such reviews, the facility meets standard requirements.

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 Interviews: 1. Community Corrections Supervisor / Investigator The interview with the Investigator demonstrated he applies a preponderance of the evidence standard when determining outcomes for substantiated or unsubstantiated sexual abuse investigations. (a) The ICCS Pueblo PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. ICCS Policy #161 PREA Reporting, Investigation, & Response page 3-4 states,

	section C. Investigative Procedures, 4., states, “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.” Through such reviews, the facility meets standard requirements.

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 3. ICCS Notice of Findings Form, not dated Interviews: 1. Targeted Client 2. Community Corrections Supervisor / Investigator The interview with a targeted client demonstrated he had filed a grievance, and the Investigator addressed the complaint the same day. Interviews with the Investigator demonstrated the facility Investigator or members of the facility Administrative Team personally notify victims of the outcome of all sexual abuse investigations. Site Observation: The facility had two sexual abuse investigations in the past 12 months. In each case, notification was provided to the victim within 30 days of the report. (a) The ICCS Pueblo PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility

	is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was two. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was one. ICCS Policy #161 PREA Reporting, Investigation, & Response, page 6, section F. 1., states, “Reporting to Residents 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.” The facility provided a Notice of Findings form demonstrating the facility has a mechanism to inform clients of the outcome of investigations by informing them of who completed the investigation, if the outcome was Substantiated, Unsubstantiated or Unfound. The notification is signed and dated by the ‘Resident’ and staff member. (b) The ICCS Pueblo PAQ states an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero. (c) The ICCS Pueblo PAQ states following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident’s unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There have been two substantiated and unsubstantiated complaints in the past 12 months. ICCS Policy #161 PREA Reporting, Investigation, & Response, page 6, section F. 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.

	(d) The ICCS Pueblo PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. ICCS Policy #161 PREA Reporting, Investigation, & Response, page 6, section F. 3., states, "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." (e) The ICCS Pueblo PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there have been two notifications to a resident, pursuant to this standard. Through such reviews, the facility meets the standards requirements.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #162 PREA Violations Sanctions, dated 10.25.2018 Interviews: 1. Program Manager Interviews with the Program Manager demonstrated the facility has had no staff disciplined for violations of agency sexual abuse or sexual harassment policies in the past 12 months. The Program Manager stated staff involved in a substantiated sexual abuse investigation are terminated from employment, reported to appropriate licensing agencies and law enforcement, and are prohibited from future

	employment with the agency. (a) The ICCS Pueblo PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. ICCS Policy #162 PREA Violations Sanctions, page 2, section B. Employees, Volunteers, and Contract Workers, first paragraph, states, “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.” (b) The ICCS Pueblo PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero. ICCS Policy #162 PREA Violations Sanctions, page 2, section B., third paragraph, states, “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.” (c) The ICCS Pueblo PAQ states the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months there has been zero staff requiring discipline for sexual abuse or sexual harassment. (d) The ICCS Pueblo PAQ states 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff members have been terminated for sexual abuse or

	harassment. Through such reviews, the facility meets standard requirements.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #162 PREA Violations Sanctions, dated 10.25.2018 Interviews: 1. Program Manager Interviews with the Program Manager demonstrated the facility has had no contractors disciplined for violations of the agency's zero-tolerance policy in the past 12 months. The Program Manager stated contractors or volunteers involved in a substantiated sexual abuse incident would be permanently barred from the facility, and the agency for which they work, appropriate licensing agencies, and law enforcement would be notified. (a) The ICCS Pueblo PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, two contractors have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero. ICCS Policy #162 PREA Violations Sanctions, page 2, section B., third paragraph, states, "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.” (b) The ICCS Pueblo PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Through such reviews, the facility meets standard requirements.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #162 PREA Violations Sanctions, dated 10.25.2018 Interviews: 1. Program Manager The interview with the Program Manager demonstrated no clients have been involved in a substantiated sexual abuse incident. The Program Manager stated clients identified as aggressors in a sexual abuse incident are typically terminated from the program and reported to law enforcement for possible criminal charges. (a-b) The ICCS Pueblo PAQ states 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. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero. In the past 12 months, the number of criminal findings guilty of resident-on-resident sexual abuse that have occurred at the facility was zero.

	ICCS Policy #162 PREA Violations Sanctions, page 1-2, section A. Clients, states, “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.” (c) The ICCS Pueblo PAQ states, “The facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. (d) The ICCS Pueblo PAQ states the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. ICCS Policy #162 PREA Violations Sanctions, page 1-2, section A. Clients, states, “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.” (e) ICCS Pueblo PAQ states 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 sufficient evidence to substantiate the allegation. (f) ICCS Pueblo PAQ states the agency prohibits all sexual activity between residents. Through such reviews, the facility meets standard requirements.

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161, PREA Reporting, Investigation, & Response, dated 11.1.2017 Interviews: 1. PREA Coordinator / Technical Compliance Specialist The interview with the PREA Coordinator demonstrated clients would be transported to UC Health for forensic exams. (a) The ICCS Pueblo PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The facility would always refer to local mental health or the emergency room for medical and mental health emergency situations. ICCS Policy #161, PREA Reporting, Investigation, & Response, page 4, section D.2., first paragraph, states, “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 tests, 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.” (c) The ICCS Pueblo PAQ states, 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. Policy compliance can be found in provision (a) of this standard. (d) The ICCS Pueblo PAQ states 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. ICCS Policy #161, PREA Reporting, Investigation, & Response, page 4, section D.2., third paragraph, states, “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.” Through such reviews, the facility meets standard requirements.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ Interviews: 1. Contract – LACSW Candidate Interviews with the LACSW Candidate demonstrated that victims and perpetrators of sexual abuse are evaluated within 12 hours for a continuum of care, regardless of when the event takes place. The LACSW stated contract personnel maintain an office at the facility and are able to provide crisis response quickly. (a) The ICCS Pueblo PAQ states the facility offers 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. The PAQ states, “Only therapeutic and behavioral health therapy. No medical services.” (d) The ICCS Pueblo PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. (c) The ICCS Pueblo PAQ states If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. (f) The ICCS Pueblo PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. (h) This ICCS Pueblo PAQ states the facility does not attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Through reviews of practitioners providing crisis response evaluations within 12 hours, the facility demonstrates it exceeds the standard requirements.

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Review, dated 11.1.2017 3. Administrative Review to PREA Allegation Form Interviews: 1. Program Manager

	The Program Manager stated members of the Incident Review Team include herself, the Case Management Supervisor, Community Corrections Supervisor, Operational Director, Human Resources, the Finance Director, the Executive Director, and the PREA Coordinator. The team reviews each investigation to ensure it was completed accurately, determines whether the findings represent the best outcome, explores opportunities for improvement, assesses whether staff actions contributed to the abuse, and considers group dynamics as well as the involvement of vulnerable or aggressive populations in past incidents. Reviews are conducted within 30 days of the close of the investigation, and the PREA Coordinator follows up on the sustainment and implementation of each recommendation. Site Observation: Investigation file review demonstrated that both sexual abuse investigations had a completed sexual abuse incident review within 30 days of the close of the investigation. (a) The ICCS Pueblo PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there have been zero criminal and two administrative investigations of alleged sexual abuse completed at the facility, ICCS Policy #161 PREA Reporting, Investigation, & Review, page 6, section G. Administrative Review Process, 1. a-f, states, “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 involves 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: a) Determine proper policy and procedure adherence. b) Consider whether the allegation or investigation reveals a need to change, or improve, policy or procedure to better prevent, detect, or respond to sexual abuse. c) Consider whether the allegation or incident was motivated by race, ethnicity, gender identity (lesbian, gay, bisexual, transgender, or intersex), status, or perceived status, gang affiliation, or motivated/caused by any other facility dynamics.

d) Examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

e) Assess adequacy of staffing levels in the area during different shifts.

f) Assess whether monitoring technology is adequate in the area."

The facility provided an Administrative Review to PREA Allegation Form, demonstrating the following information is documented within 30 days.

Date of Investigation Report:

Date of Administrative Review:

Facility: Select One

Complainant's Name:

Investigation Report Completed By:

Persons Involved: Client-on-Client, Staff-on-Client

Nature of Allegation: Select One

Investigator's Findings: Select One

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 incident review initiated by a non-investigating supervisor with input from the investigating supervisor and applicable staff. This review should occur within thirty (30) days of the conclusion of the investigation. The purpose of this review is to answer the following questions.

Please complete this form and forward it to the Program Director and PREA Coordinator. The PREA Coordinator, along with the Quality Assurance Director and Executive Director will work to ensure that all recommended facility and staffing improvements or changes are completed, or document the reason they weren't.

1. Was proper policy and procedure followed during the investigation?

2. Did the allegation or investigation reveal a need to change, or improve, policy or procedure to better prevent, detect, or respond to sexual abuse?

3. Was the allegation or incident motivated by race, ethnicity, gender identity status or perceived status, gang affiliation, or motivated/caused by any other facility

	dynamics? 4. Examine the area where the incident allegedly occurred. Were there physical barriers in the area that enable abuse? 5. Are staffing levels in the area adequate during different shifts? 6. Is the video monitoring system adequate in this area? 7. Any other recommendations for improvement? Administrative Review completed by: Name Title (b) The ICCS Pueblo PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was four. (c) The ICCS Pueblo PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Policy compliance can be found in provision (a) of this standard. (d) The ICCS Pueblo PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator. (e) The ICCS Pueblo PAQ states the facility implements recommendations for improvement or documents its reasons for not doing so. Through reviews of the entire agency administrative team addressing all sexual abuse incidents as they arise, the facility demonstrates it exceeds the standard requirements.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Policy #161 Reporting, Investigations and Response, dated 11.1.2017 (a) The ICCS Pueblo PAQ states 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. ICCS Policy #161 Reporting, Investigations and Response, page 6, section H. Corrective Actions, Data Publication, and Storage, 1-2, state, 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. 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" (b) The ICCS Pueblo PAQ states the agency aggregates incident-based sexual abuse at least annually.

	(c) The ICCS Pueblo PAQ states the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. (d) The ICCS Pueblo PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (e) This provision is not applicable as ICCS Pueblo does not have private facilities. (f) The ICCS Pueblo PAQ states the agency did not provide the Department of Justice (DOJ) with data from the previous calendar year upon request. Through such reviews, the facility meets the standard requirements.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ 2. ICCS Annual PREA Report (a) The ICCS Pueblo PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. ICCS Policy #161 Reporting, Investigations and Response, page 6, section H. Corrective Actions, Data Publication, and Storage, 3, states, “The PREA Coordinator

	will then collect all data needed to complete a Department of Justice (DOJ) Survey of Sexual Violence (SSV) Form for each facility and publish this information, for each facility, and for the aggregate information for all the facilities combined, along with the Corrective Action reports for each facility, on its website. a. before publishing this data, all personal identifiers will be removed b. data will consist of all information from the previous calendar year, and be published no later than June 30. c. this data will be maintained for a minimum of ten years” The facility provided an annual report outlining the following information. · Three years of investigation outcomes by each of the agency facilities. · Trends · Outcomes by unfounded, unsubstantiated, substantiated · Recommendations · Action Plans · Signature by the Agency Executive Director (b) The ICCS Pueblo PAQ states the annual report includes a comparison of the current year’s data and corrective actions to those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse. The annual report compares data for 2022 through 2024. The annual report provides progress in addressing sexual abuse. (c) The ICCS Pueblo PAQ states the agency makes its annual report readily available to the public, at least annually, through its website at https://www.int-cjs.-org/iccsprea (d) The ICCS Pueblo PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Through such reviews, the facility meets standard requirements.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Pueblo PAQ (a) The ICCS Pueblo PAQ states the agency ensures that incident-based and aggregate data are securely retained. The PAQ states, “All materials related to PREA investigations are stored in a secure digital folder, with access restricted to the PREA Coordinator, Operations Director, and Executive Director. These records are kept for a minimum of 10 years” (b) The ICCS Pueblo PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. (c) The ICCS Pueblo PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Through such reviews, the facility meets standard requirements.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once. (b) This is the fifth audit cycle for ICCS Pueblo and the first year of the fifth audit cycle.

	(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility. (i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). (m) The Auditor was permitted to conduct private interviews with residents. (n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. Through such reviews, the facility meets the standard requirements.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(b) The agency has posted the current 2022 PREA audit report, on their website. Through such reviews, the facility meets the standard requirements.

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	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
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	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
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,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	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	yes

	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?	
	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	yes

	expressively, using any necessary specialized vocabulary?	
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	yes

	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?	
	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.)	yes
115.221	**Evidence protocol and forensic medical examinations**	

(a)		
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
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	yes

	advocate from a rape crisis center?	
	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	yes

	investigation is completed for all allegations of sexual harassment?	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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	yes

	resident is transferred to a different facility?	
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	yes

	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and	yes

	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.)	
	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.)	yes
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.)	yes
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.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
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	yes

	toward other residents?	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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	**Screening for risk of victimization and abusiveness**	

(h)		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.242 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	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.	yes
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.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
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.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

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

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
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,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
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	**Criminal and administrative agency investigations**	

(h)		
	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	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
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	yes

	condition of access to programming and other benefits?	
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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	yes

	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
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.)	yes
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.)	yes
	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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	**Audit contents and findings**	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes