

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

Interim Final

Date of Report 3/16/18

Auditor Information

Name: Natasha Mitchell (Shafer)	Email: NShaferdu@gmail.com
Company Name: Click or tap here to enter text.	
Mailing Address: PO Box 110993	City, State, Zip: Aurora, CO 80042-0993
Telephone: 720-371-2172	Date of Facility Visit: January 29-31, 2018

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Intervention Communication Corrections Services		Intervention, Inc	
Physical Address: 1101 H. Street		City, State, Zip: Greeley, CO 80631	
Mailing Address: Same as above		City, State, Zip: Click or tap here to enter text.	
Telephone: 970-584-2520		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: To enhance client success and public safety through quality integrated services and collaboration with community partners.			
Agency Website with PREA Information: https://www.int-cjs.org/iccsprea			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Joe Clark	Title: PREA Coordinator
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Email: jclark@int-iccs.org	Telephone: 720-544-5559
PREA Coordinator Reports to: Brian Hulse	Number of Compliance Managers who report to the PREA Coordinator N/A

Facility Information

Name of Facility: ICCS-Weld	
Physical Address: 1101 H. Street, Greeley, CO 80631	
Mailing Address (if different than above): Click or tap here to enter text.	
Telephone Number: 970-584-2520	
The Facility Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center <input checked="" type="checkbox"/> Halfway house <input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility <input type="checkbox"/> Alcohol or drug rehabilitation center
	<input type="checkbox"/> Other community correctional facility
Facility Mission: Click or tap here to enter text.	
Facility Website with PREA Information: www.int-iccs.org	
Have there been any internal or external audits of and/or accreditations by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Director

Name: Raquel DeNaeyer	Title: Program Director
Email: rdenaeyer@int-iccs.org	Telephone: 970-584-2520

Facility PREA Compliance Manager

Name: N/A	Title: N/A
Email: N/A	Telephone: N/A

Facility Health Service Administrator

Name: N/A	Title: N/A
Email: N/A	Telephone: N/A

Facility Characteristics

Designated Facility Capacity: 202		Current Population of Facility: 175	
Number of residents admitted to facility during the past 12 months			363
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			314
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			358
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults Click or tap here to enter text.	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			114 Days
Facility Security Level:			Minimum
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			37
Number of staff hired by the facility during the past 12 months who may have contact with residents:			19
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		34	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
The facility has a total of 46 cameras strategically placed internal and external, which covers most of the facility's blind spots. The facility installed 8 cameras after their last PREA audit which identified blind spots and vulnerable areas.			
Medical			
Type of Medical Facility:		N/A	
Forensic sexual assault medical exams are conducted at:		North Colorado Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			14

Number of investigators the agency currently employs to investigate allegations of sexual abuse:	5
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Audit Findings

Audit Narrative

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

Intervention Community Corrections Services contacted Natasha Mitchell (Shafer) a U.S. Department of Justice Certified PREA Auditor to conduct one of their four facilities Prison Rape Elimination Act (PREA) audit for their Weld facility; the auditor conducted the PREA audit for two of their other facilities in 2017. The auditor received and signed the contract to conduct the audit on December 18, 2017 and began working with the facility to prep for the on-site audit for the Weld facility. The on-site audit was scheduled with the agency PREA Coordinator for January 29-31, 2018. The auditor and PREA Coordinator agreed to conduct the on-site audit, which is not consistent with the way the order typically conducts audits. The documentation review will be conducted after the on-site audit. During the on-site audit the auditor received a copy of employee applications, proof of background clearance forms, and PREA Acknowledgment forms for all random staff interviewed during the on-site visit.

The on-site audit began with a very informal meeting intended to inform the facility leadership about the audit process and to answer any questions. The following representatives were present for the introductions: Joe Clark, PREA Coordinator, Raquel DeNaeyer, Program Director, Dawn Jones, Case Manager Supervisor, and Mike Uphaus, Community Corrections Specialist Supervisor.

The auditor was escorted on a tour with the facility Program Director and agency PREA Coordinator. The tour consisted of walking the entire internal area of the facility and accessing the common recreation areas for the male and female clients. During the tour the auditor observed the strategic locations of the facility cameras and mirrors, client rooms, classrooms, restrooms, mechanical closets, storage space, client lounge rooms, administration area, control area, dining room, office space, and facility entrance. Upon entering the facility, the auditor observed the PREA audit notices. During the tour the auditor observed female staff members "knock and announce" their presence prior to opening client's bedroom doors or entering client bathrooms. The auditor noted the shower stalls provide client privacy with shower curtains and all toilet areas have doors. The auditor had access to all levels of the facility unescorted at any time, when accessing other areas, the auditor would engage with clients to primarily assess their knowledge of PREA.

During the two and a half days of the on-site audit, the auditor was provided with a private room to conduct all interviews, a key to access the facility. The auditor did not interview the agency Director, PREA Coordinator or Human Resource staff since all have been interviewed during the agencies 2017 audits and all of the responsible parties are still in their positions. Interviews with the facility Program Director, Contract staff, Investigative staff (Program Director), staff who perform screening for risk of victimization and abusiveness (Case Manager), staff on the incident review team (Program Director), designated staff member charged with monitoring retaliation (Program Director), and Intake staff (Community Corrections Specialist). Random interviews were conducted, which included staff from the Community Corrections Specialist job class. The random staff included staff covering 3pm-11pm and 11pm-3pm. The auditor interviewed 20 clients; 10 female clients and 10 male clients. Of the 20 clients interviewed, 1 reported an

allegation of staff sexual misconduct; 1 had a physical disability; 2 had cognitive disabilities; and 2 were possible offenders. All interviews were conducted using the DOJ interview protocols to ascertain the staff and client's knowledge of the agency's zero tolerance policy, PREA knowledge, and agency and facility reporting methods.

The Auditor completed a review of the PAQ and documents submitted on the flash drive on February 26, 2018; and sent an email request of additional documentation to the PREA Coordinator. The following documents were requested to demonstrate compliance:

1. 115.218 A memo explaining the location of the cameras installed after the last PREA audit
2. 115.231 Training logs/sign-in sheet for PREA training
3. 115.232 Training logs, sign-in sheet, certificate or documentation for contractors and volunteers
4. 115.234 NIC Investigator training certificate for the facility Program Director
5. 115.235 PREA Training logs, sign-in sheet, certificate, or documentation for the mental wellness contractors (can be the same supporting documents listed in 115.232)
6. 115.252 A grievance log or sheet detailing all (PREA and non-PREA) grievances received for the past 12 months

The Auditor received the following documents from the PREA Coordinator on February 27, 2018:

1. 115.218 – A memo dated April 25, 2016 that was submitted to the Director of Justice Services. The memo was titled, "Adherence to PREA Standards Request (Building Modifications). The memo listed ten requests to mitigate blind spots and enhance video monitoring.
2. 115.231 – PREA Training Sign-In logs for a total of 71 employees, contractors, and volunteers. All logs were dated for January 2018 and February 2017
3. 115.232 & 115.235 – Seven signed Volunteer/Intern/Contractor/Vendor PREA Acknowledgement forms. All were dated in January 2016.
4. 115.234 - NIC Investigator Certificate for the Program Director. The certificate had a completion date of March 10, 2016.

The Auditor received an email from the agency PREA Coordinator to inform me of their departure from the agency, and their commitment to fulfilling all audit expectations until the end.

The Auditor sent an email to the Executive Director on March 13, 2018 in the absence of the PREA Coordinator stating the following, "Just wanted to update you on the status of the report. It is completed and being reviewed by my partner, I hope to have it back by the end of the week. There is one item that needs to be addressed, 115.289 requires the agency/facility to post the annual comparison data report on the website. The last posted report is from 2015. I will accept a posted report for 2016 to submit a final compliant report. If you have the 2017 data report complete I will accept that as well, but a 2017 report is not required. I just wanted to provide the information just in case you have the data report and want to submit it." ICCS submitted the 2016 data report on March 16, 2018, the report was also posted on the agency website.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special

housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

ICCS-Weld is located at 1101 H Street, Greeley, Colorado; serving both male and female residents. The facility is positioned within walking distance to public transportation (one stop being directly in front of the facility). Greeley/Evans Transit (GET) bus service is currently available to serve ICCS clients.

North Range Behavioral Health, an approved treatment provider for substance abuse and mental health is located 4 blocks northwest of the facility. A parking lot is located on the ICCS sight with sufficient parking for services and populations served. The facility is just north of employment and service opportunities for the clients.

The two-story building (35,750 sq. ft.) was built in 2010 and with client rooms on the first and second floor along with handicap accessibility to the entryway, toilets, and showers. Adequate ingress and egress is available for handicapped individuals. An elevator provides access to all levels of the building. Handicap accessible restrooms are available on all floors. In addition, each residential floor has rooms that provide handicap accessible showers. The facility follows the Colorado Community Corrections Standards.

Clients are afforded roommate style living arrangements in sleeping rooms accommodating two to eight clients. While not specified in ACA Standards, ICCS follows Colorado Community Corrections Standards and Community Return to Custody Facility Standards regarding floor space for clients (40 sq. ft. per client).

Staff accompanying Auditor during facility tour:

Agency PREA Coordinator
Facility Director

The Weld facility is a co-ed residential facility built to house 202 clients. The total resident population at the time of the on-site audit was 175. 30 female clients and 145 male clients; at the time of the audit the facility employed 37 staff. The female client's unit is located downstairs on the main level of the facility, on the east side of the building. Male IRT clients are on the west side of the building; the Security Office and Dining Hall separate the male and female clients. The male clients are housed on the 2nd floor of the building. The second floor is comprised completely of male transition and diversion residents with a Case Manager Hallway in the middle of the second floor. There is a total of 46 cameras throughout the facility; strategically positioned to mitigate risk in areas identified as blind spots. 8 cameras were installed after the 2016 PREA audit. The staffing pattern to achieve appropriate supervision of the clients are 2 staff from 11pm-3pm, and 3 staff from 3pm-11pm.

Facility Entrance – The facility has a door that leads from the outside into a small vestibule and another door which leads into the facility lobby/waiting area. There is 1 camera in the vestibule and another camera positioned on the westside of the lobby/waiting area. There are 3 visitation rooms within the area that are utilized for the non-residential clients.

Administration Area – The area has a staff restroom and 4 offices. The area is off-limit to clients and can be monitored by the 1 camera in the hallway.

Security Office – The main security office is the check-in desk for clients entering the facility. 2 staff members (one male, one female) staff the office at all times. The video monitors are in the security office and can be viewed at any time. The office has a male client restroom and a restroom for the female clients, which is where the facility conducts urinalysis. On the northwest wall of the security office are the client

mailboxes; clients have access to their mailbox on the opposite side of the wall. A camera monitors the mailboxes.

Dining Room – On the westside of the security office is the dining room, which has 3 cameras that cover the entire dining area and hallways leading to and from the dining area. One of the doorways on the southwest side of the dining area lead from the dining room to the classroom and a computer room, which has a camera and PREA posters. The classroom doors are locked when not in use. Another doorway on the northwest side of the dining area is a storage room, which all staff have access and is not monitored by camera on the inside. Video monitoring equipment can monitor the entrance and exit of anyone into the storage area. There is another door which leads to the storage area for the facility vendor Aramark. The door has a window which allows unobstructed visibility into the room.

Male Clients Unit (IRT)- The area is comprised of 5 client rooms with a capacity of 6 client per room. The facility installed 2 cameras in the hallway, and 1 in the client dayroom. At the end of the client hallway is a clinical office, which is always locked and is located near a hallway camera. There is a door that leads to the outside courtyard, which is covered by cameras. The facility identified a blind spot on the northwest side of the building.

The facility tour began on the 2nd floor, which is where the Auditor was stationed in the Group Room to conduct private interviews. The group room does not have a camera in the room but has a camera in the hallway the can view the entrance door.

Female Client Unit – A hallway leads from the dining room to the female client unit and is monitored by cameras. A locked grievance box is in the hallway, which is can only be accessed by the Program Director, PREA Coordinator and the facility Security Supervisor. Access through female entrance is an entry hallway with a dayroom. Past the entry hallway is the main client hallway, which accesses the client rooms. The female resident unit contains 6 client sleeping rooms. During the tour the auditor did not witness male staff enter the female client unit to observe if the cross-gender announcement is institutionalized in the facility. The facility rule mandates clients change their clothing in the bathroom. The client bathroom is in the middle of the hallway that is monitored by a camera. The showers and toilet stalls provide adequate privacy from other clients and staff. There is a large janitor closet in the hallway where the door is always open and easily accessible to clients, a camera covers the area. To the south of the female client unit is the administrative offices, a camera monitors the hallway.

Second Floor

Case Manager Office – Main door entrance and hallway are at the top of the stairs coming from the 1st floor. There are 9 office space areas with 1 camera which captures both directions of the hallway, with the only blind spot the view under the camera. When a case manager meets with a client the facility practice is another case manager should be in the vicinity for safety reasons.

Male Client Unit – The facility has an elevator which can access the 1st and 2nd floor. The elevator is only allowed to be utilized by clients with a physical limitation that does not allow them to climb the stairs. The Auditor did not observe any client or staff member utilize the elevator during the on-site audit. There is a stairwell parallel to the elevator and cameras monitor the areas. Female clients have access to the 2nd floor to attend group counseling sessions in the staff training office and to meet with their Case Manager. Hallways for clients sleeping rooms travel completely around the building, with cameras installed strategically to capture most of the area. Cameras are in the client dayrooms and staff training/client group counseling room. There are 24 resident rooms with a capacity of 6 clients per room. The bathrooms, showers and stalls provide adequate privacy for the clients. There are cameras positioned to view the entrance/exit of the bathrooms, there are no cameras located in the bathroom. During the tour the Auditor observed female staff members make cross-gender announcement by knocking and announcing.

The facility had PREA posters with the hotline number posted throughout the facility.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

Number of Standards Met: 40

115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

PREVENTION PLANNING

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

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

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual

abuse and sexual harassment? Yes No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:

- Policy 160 PREA Standards, Training, and Screening
- Policy 275 Discipline
- Organization Chart
- Mission Statement
- Client Handbook

115.211 (a)-1 Intervention, Inc.-Weld has a zero-tolerance policy for all forms of sexual abuse and sexual harassment. The policy 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." The Client Handbook provides valuable PREA information,

including prohibited behavior. The facility has posters throughout the facility to communicate the zero-tolerance message.

115.211 (a)-3 PREA definitions were detailed within the policy. The definitions are as follows:

- Abusive Sexual Contact (Client-on-Client) - Contact of any person without their consent or of a person unable to consent or refuse. Contact between the penis and vagina or penis and anus including penetration, however slight; or contact between mouth and penis, vagina, or anus; or penetration of the anus or genital opening of another person by a hand, finger, or other object.
- Nonconsensual Sexual Acts (Client-on-Client) - Contact of any person without their consent or of a person unable to consent or refuse. Intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.
- Sexual Harassment (Client-on-Client) - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.
- Staff Sexual Misconduct (Staff-on-Client) - Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor, or agency representative. Romantic relationships between staff and inmates are included. Consensual or nonconsensual sexual acts include: intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire; or completed, attempted, threatened, or requested sexual acts; or occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.
- Staff Sexual Harassment (Staff-on-Client) - Repeated verbal statements, comments, or gestures of a sexual nature to a client by an employee, volunteer, contractor, official visitor, or agency representative, including: demeaning references to gender or derogatory comments about body or clothing; or profane or obscene language or gestures.

115.211 (a)-4 The policy 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.

ICCS and local law enforcement will aggressively pursue criminal charges against any clients who are found to have participated in any criminal sexual act or harassment. In addition to administrative sanctions or criminal charges, ICCS reserves the right to terminate any client's placement that is found guilty of an allegation."

Interviews:

- PREA Coordinator

115.211 (b)-1 Joe Clark, PREA Coordinator states he has sufficient time to perform his duties. He is supervised and reports directly to the Executive Director Brian Hulse.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency/facility does not contract with other facilities for the placement of clients.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:

- 2017 Staffing Plan; dated June 16, 2017
- Staffing Plan Development

115.213 (a)-1 A staffing plan dated June 16, 2017 was provided to the Auditor to demonstrate 11 content areas covered. The staffing plan was developed for a capacity of 120 males and 40 females. The plan indicates there was 2 allegations in the past year; both involving staff. The facility has a total of 32 cameras strategically placed throughout the facility; all blind spots were mitigated through the placement of cameras and mirrors.

115213 (b)-1 The facility indicated on the PAQ there were zero incidents of deviations from the staffing plan during the last 12 months.

Interviews:

- Program Directors
- PREA Coordinator

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:

- Policy 450 Searches
- Search documentation for January 2018
- PREA Training Curriculum
- PREA Training Video

115.215 (a)-1 Staff interviews consistently demonstrate female staff are prohibited from and have never conducted physical pat searches; however, they can conduct property searches, a wand search of a client’s physical body without physically touching the client. The interviews also indicate male staff have never conducted a pat search on female clients. The policy 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 has cause to believe that contraband has been introduced to the facility, a significant danger to the facility exists, or the item of contraband is believed to be criminal in nature. Authorized strip searches require the presence of two same sex staff members, one of which must be a supervisor. Staff are not allowed to conduct pat searches in resident rooms or bathrooms. All searches should only be conducted in view of a camera for both staff and client safety. If circumstances arise where a search cannot be performed in front of a camera, another staff member should be present to witness the search.

115.215 (b)-1 The policy indicates, “If exigent circumstances arise where an emergency cross-gender pat or strip search must be completed for facility or resident safety purposes, the reasons why will be

logged in resident's chronological notes to be printed and forwarded to the PREA Coordinator or designee for logging."

115.215 (d)-1 The facility is a co-ed facility and all interviews indicated both male and female staff knock and announce their presence when conducting counts and security checks. All interviewed clients report the staff provide adequate privacy and they are never in the nude in full view of staff or other clients. None of the clients reported feeling their right to privacy is invaded and had zero complaints about the practice. The policy 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. Staff does not have to wait for an acknowledgement from clients before entering the room."

115.215 (e)-1 The agency policy explicitly states, "Staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident'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." The facility has not had a client admitted to the facility who identifies as transgender in the past 12 months; however, should the facility admit a client who identifies as transgender the policy allows the client to identify which gender of staff they would feel most comfortable conducting the search.

Interviews:

- Random clients
- Random staff/Community Corrections Specialist

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

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

115.216 (a)

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

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

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.264, or the investigation of the resident's allegations?

Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Review:

- Policy 160 PREA Standards, Training, and Screening
- Policy 405 Intake Paperwork and Procedures
- Voiance Contract
- PREA Brochure in Spanish
- Policy 165 PREA Reporting, Investigation, and Response

115.216 (a)-1 The agency policy indicates, "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." During interviews with staff and clients it the auditor is comfortable with the services provided by staff to communicate with Spanish speaking clients through the Voiance contract, Spanish speaking staff members, and material printed in Spanish. This Auditor interviewed 2 clients who were identified as clients with traumatic brain injuries resulting in a cognitive disability.

Interviews:

- 2 clients who fell into this category were interviewed
- Random staff/Community Corrections Specialist
- Program Director

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Review:

- Policy 220 Background Investigation Process on Employees
- Background Clearance for employees and contractors
- 5 year Background Clearance

115.217 (a)-1 The agency policy statement states, “Criminal history checks will be done on every applicant or contractor considered for a position with ICCS. No applicant or contractor with a felony conviction will be employed prior to notification to the local community corrections board, the Division of Criminal Justice and referral agencies, as applicable. No applicant or contractor will be hired who is under current supervision or jurisdiction for parole, probation, or other conditional release for felony or misdemeanor offense. No applicant or contractor will be hired who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or who has been convicted of or civilly or administratively adjudicated for engaging or attempting to engage in a sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.”

115.217 (b)-1 Any employee applying for a promotion within the company will also be asked during the application or interview process about any previous misconduct described in the Policy above. Any incidents will be considered while determining whether or not to promote an employee.

115.217 (c)-1 Of the 19 employees hired in the past 12 months all completed and cleared the Division of Criminal Justice (DCJ) background check that is completed through the Community Corrections Information and Billing (CCIB) system. The criminal history check goes through the Colorado Crime Information Center (CCIC) and National Crime Information Center (NCIC) databases.

115.217 (e)-1 The agency policy explicitly states, “Every five (5) years, ICCS will conduct subsequent criminal background checks on all employees and contractors.” The facility provided supporting documentation for 5 staff members within the agency who required the 5-year background check.

115.217 (g)-1 “Material omissions regarding an applicant, employee’s background, or the provision of materially false information, shall be grounds not to hire the applicant or terminate the employee.” The

Interviews:

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

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

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The facility installed 8 cameras since the last audit because of blind spots identified during the 2016 PREA audit tour.

Documents Reviewed:

- A memo dated April 25, 2016 that was submitted to the Director of Justice Services. The memo was titled, "Adherence to PREA Standards Request (Building Modifications). The memo listed ten requests to mitigate blind spots and enhance video monitoring.

115.218 (b)The facility has not made any substantial expansions or modifications of the existing facility since the last PREA audit.

Interviews:

- Program Director
- Agency Director

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documentation Review:

- Greeley Police Department MOU

- North Colorado Medical Center MOU
- Sexual Assault Victim Center (SAVA) Center MOU
- Facility correspondence
- Policy 165 - PREA Reporting, Investigation, and Response

115.221 (a) The auditor was satisfied during random staff interviews that all were aware of the agency's protocol for obtaining usable physical evidence and what agency is responsible for collecting the evidence. All communicated their role is to secure the scene until law enforcement can collect evidence. The facility provided a MOU with the Greeley Police Department (GPD), which indicates GPD will investigate all allegations of sexual assault, sexual abuse, and sexual misconduct, and ICCS-Weld will cooperate fully with the investigation. GPD agrees to accept all sexual abuse, sexual assault, and sexual misconduct from anonymous, third party, and ICCS-Weld clients directly without requiring the client report to ICCS-Weld staff first.

115.221 (c) The auditor attempted to contact the SANE nurse with the North Colorado Medical Center to no avail. The agency provided the auditor with a draft memo that stipulates North Colorado Medical Center will provide medical examinations and victim advocacy when medically appropriate. The policy 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 test, emergency contraception, and sexually transmitted infection prophylaxis where applicable. If a pregnancy does result from the sexual assault, the victim shall receive timely and comprehensive information about, and timely access to, all pregnancy-related medical services."

ICCS-Weld did not receive allegations of sexual abuse requiring SANE. However, in those instances a client requires a SANE exam, there will be no financial cost to the victim ICCS-Weld. Clients have the right to choose a different SANE clinic if they decide.

115.221 (d) The auditor conducted a phone interview with an advocate with the Sexual Assault Victim Advocate Center (SAVA) who reports they are familiar with their role as the rape crisis advocate in the community and would provide advocacy and support to the clients of ICCS-Weld that is consistent with the level of care provided to the public. During client interviews all confirmed they are aware of the different reporting methods which include: verbal reports to ICCS staff; written reports through U.S. mail, kite, note, grievance; through the DOC tip line (1-877-362-8477); contacting 911 and submitting a report through the link on the agency website. ICCS policy 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."

115.221 (f) ICCS-Weld investigators are only responsible for conducting administrative investigations. The Greeley Police Department conducts all criminal investigations as indicated in the established

MOU. The Greeley Police Department is statutorily bound to investigate all potentially criminal acts committed at the facility.

Interviews:

- 1 client who reported a sexual abuse incident
- Random staff/Community Corrections Specialist
- PREA Coordinator

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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Documentation Review:

- Policy 165 - PREA Reporting, Investigation, and Response
- 4 investigation reports

115.222 (a) A review of the PAQ indicates the facility had four allegations of sexual abuse and sexual harassment. Three allegations were administratively investigated, and 1 staff misconduct allegation was investigated criminally and resulted in criminal charges. The allegation was substantiated and resulted in the staff members employment being separated from the agency. The ICCS-Weld policy states, "All allegations or reports of actual or threatened sexual assault, sexual violence, sexual misconduct or sexual contact incidents on a client will be taken seriously and immediately addressed and investigated. The protection of victims, potential victims, witnesses and items of evidence, including the crime scene itself, will be of paramount importance when considering immediate responsive actions.

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

115.222(b) ICCS-Weld policy 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."

Interviews:

- Investigative staff
- Agency Director

115.222 (a) The Auditor interviewed the agency Vice President during one of the 2017 agency audits, who explained the agency and facility Program Director would work collaboratively to ensure a criminal and administrative investigation will be conducted for all sexual abuse allegations. All sexual abuse allegations would be reported to the Greeley Police Department for a criminal investigation and the administrative investigation would be completed in collaboration between the facility Program Coordinator and PREA Coordinator.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Review:

- Policy 255 – Staff training
- ICCS PREA Training Curriculum
- ICCS PREA Training Outline
- Security Staff Training Checklist
- Policy 160 - PREA Standards, Training, and Screening
- PREA Training Sign-In logs for a total of 71 employees, contractors, and volunteers. All logs were dated for January 2018 and February 2017

115.231 (a) The facility provided a training log with a total of 24 names listed as individuals who attended the refresher training. The facility PAQ list a total of 37 staff currently employed by the facility who may have contact with clients. The facility also provided training logs from 2017 with a total of 35 attendees. Per the policy, “Employees will receive a full refresher training every two years and refresher information in years in which the full refresher training is not provided. All employees will sign a training form indicating they understand the training they have received. This form will be maintained in the employee’s personnel file.”

115.231 (c) A review of the facility PAQ indicates staff receive refresher training annually. Policy 255 states, “Any staff who is reassigned from a facility that houses only one gender to a facility that houses another gender shall receive additional training specific to that gender.” Policy 160 reinforces, “At least once per calendar year, all ICCS employees will be provided in-service training that presents attendees with refresher training on the topics presented for newly hired employees.”

115.231 (d) The training log submitted for review has a “Participant Signature” section on the form, but none of the attendees signed the training log acknowledging their attendance.

Interviews:

- Random staff/Community Correction Specialist

115.231 (a) During staff interviews all staff were able to articulate the PREA training they have received over the past 12 months; most indicated they received a refresher training in 2018. All were very proficient in explaining their role and responsibility if they received a sexual abuse or sexual harassment disclosure; both reporting and documentation responsibilities.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:

- Policy 265 – Intern/Volunteer Training
- Seven signed Volunteer/Intern/Contractor/Vendor PREA Acknowledgement forms. All were dated in January 2016

115.232 (a) Policy 265 states, "Each intern/volunteer or contractor will be trained on the ICCS Zero Tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Individual training will be based on the services they provide and level of contact they have with residents. Each individual will sign a training form indicating they understand the training they have received." The facility indicated there are 8 contractors who have contact with clients; the facility provided training acknowledgement forms for review.

Interviews:

- Contractors who have contact with clients

115.232 (a) The Auditor was able to interview one contractor who indicates she received PREA training when hired and again in a recent refresher training. The training covered reporting procedures and recognizing signs of misconduct.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Review:

- Policy 160 – PREA Standards, Training, and Screening
- Policy 405 – Intake Paperwork and Procedures
- PREA Brochure (English and Spanish)

115.233 (a) ICCS-Weld policy explains “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.” Upon arrival at ICCS, all new clients are provided a pamphlet with the *Facts You Need to Know* that will give reporting methods and an overview of PREA Standards and Definitions. This will be provided regardless if a resident is transferred from another ICCS facility, an outside facility, or this is their first time under confinement.

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

115.233 (d) During the intake process clients view Prison Rape Elimination Act (PREA) Offender Education video issued by the Colorado Department of Corrections and the following review of the video material, the client will sign the PREA orientation form, verifying understanding PREA.

Interviews:

- Random clients
- Random staff/Community Corrections Specialist

115.233 (a) All client interviews consistently reported receiving PREA information and viewing the PREA video upon intake. All stated the PREA information was provided within the first hour of admission. The intake staff interviews acknowledge the clients receive PREA information almost immediately upon intake.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Review:

- Policy 160 – PREA Standards, Training, and Screening
- 5 NIC Investigation Training Certificates
- NIC Investigator Certificate for the Program Director. The certificate had a completion date of March 10, 2016

Policy 160 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." The facility provided the Auditor with 6 training certificates.

Interviews:

- Investigative staff

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Review:

- Policy 165 – PREA Reporting, Investigation, and Response
- Seven signed Volunteer/Intern/Contractor/Vendor PREA Acknowledgement forms. All were dated in January 2016

115.235 (d) ICCS-Weld list 3 mental health staff are contracted for services. The facility Volunteer/Intern/Contractor/Vendor PREA Acknowledgement form for 3 BTS contractors, all dated since 2016. Policy 165 states, “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.”

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Review:

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

115.241 (a) ICCS-Weld facility policy requires Case Managers to ensure the client understands policy, procedures, and processes, which will include arranging appropriate 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.

115.241 (f) The facility documented there were 314 admissions within the past 12 months. Within 72 hours of admission the Case Manager will complete the PREA Risk Assessment. The client will be reassessed within 30 days of intake based on any additional, relevant information received after the initial risk assessment.

115.241 (h) Policy 600 states, Residents shall not be disciplined for refusing to answer questions regarding the following:

- Whether or not the resident has a mental, physical, or developmental disability
- Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Whether or not the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability

Interviews:

- Random clients
- Case Managers
- PREA Coordinator

115.241 (h) During random client interviews the clients were asked if when they first came in, did they remember whether they were asked any questions like whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as being gay, lesbian, or bisexual, and whether they thought they might be in danger of sexual abuse while at the facility. All clients responded yes to the questions pertaining to prior incarceration; and were consistently asked if they identify as being gay, lesbian, or bisexual, and whether they think they might be in danger of sexual abuse.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

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

Auditor Overall Compliance Determination

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

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

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

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Documentation Reviewed:

- Client Room Assignments and Keys
- Policy 160 – PREA Standards, Training, and Screening
- Policy 600 – Intake Paperwork and Procedures

115.242 (a) ICCS-Weld Screening for Risk of Sexual Victim Vulnerability/Abusiveness screens for victim/vulnerability factors and aggressive/abusiveness factors. Information ascertained to assess a client's victim/vulnerability factors include: age, mental illness/developmental disability, incarceration history, history of sex offense, history of sexual victimization, sexual orientation, and gender identity. Factors considered to assess aggressive/abusiveness include history of sexual abusiveness, history of violence, gang affiliation, and history of violent convictions.

115.242 (c) With regards to clients who identify as transgender or intersex, ICCS-Weld policy 160 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."

Interviews:

- ICCS-Weld had one client who identified as LGBTQI but declined to be interviewed.
- Case Managers
- PREA Coordinator

115.242 (c) Interviews with staff and clients indicate there are no clients admitted to the facility during the on-site audit or the 12-months prior to the audit who identify as transgender. The one client who identified as gay was housed and programmed in general population and shared feeling safe.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

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

Auditor Overall Compliance Determination

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

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Documentation Review:

- Policy 165 – PREA Reporting, Investigation, and Response
- PREA Brochure (English and Spanish)
- PREA Poster
- Greeley Police Department MOU
- Behavioral Treatment Services MOU
- Policy 160 PREA Standards, Training, and Screening
- ICCS Rules of Conduct and House Policies
- PREA Training Curriculum

115.251 (a) Policy 165 states, "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:

- direct verbal report to any ICCS staff member, contractor/vendor, or ICCS volunteer
- direct written report to any ICCS staff member, contractor/vendor, or ICCS volunteer
- may be completed through the use of U.S. Mail, kite, note, grievance or any other written method

- through the DOC tip line (1-877-DOC-TIPS/1-877-362-8477)”

The facility provided the auditor with copies of the client PREA brochure in English and Spanish, and during the facility tour the Auditor observed the hotline posters throughout the facility.

115.251 (b) Review of the resident brochure list SAVA Center the local rape crisis center as the confidential counseling agency and list the contact information as 970-472-4200. The facility also provided a MOU for the Behavioral Treatment Services (BTS). The agreement provides BTS will offer ongoing mental health care and treatment to all clients who have been victims of sexual abuse in any prison, jail, lockup, or juvenile facility.

115.251 (c) Policy 160 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:

- all ICCS employees
- all contractors/vendors, to include mental health contractors, educational contractors, food service/vending contractors
- all volunteers and interns within the ICCS facility
all clients”

Interviews:

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

Staff and client interviews shared the different reporting methods afforded to the clients. Clients can make reports to the agency PREA Coordinator, the DOC tip line (1-877-362-8477), send a letter to the DOC PREA Manager or DCJ Director, talk to a trusted staff member, and since clients have access to their personal cellphones they can contact the local law enforcement agency directly. This information is provided to the clients through the handbook and brochure; and the hotline is posted throughout the facility. Clients receive the facility brochure during their intake process and can keep the brochure with their personal belongings. Staff interviews acknowledge they can privately report allegations to the same DOC tip line clients have access to.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This

does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA

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

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:

- Client Grievance, Complaints and Appeals
- Email correspondence from the Program Director on March 6, 2018

The facility PAQ indicates the facility did not receive any grievances alleging sexual abuse in the past 12 months. The email from the Program Director indicates the facility received two (2) grievances that would fall under the PREA standards, but neither alleged sexual abuse. The grievances were provided for the Auditors review and agree both indicate possible misconduct but did not involve sexual abuse.

115.352 Policy 340 Client Grievance, Complaints and Appeals is a very comprehensive policy when dealing with allegations of sexual abuse. The policy states the following:

Sexual Abuse Complaints and Grievances:

1. Emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse may be submitted directly to any staff member. Staff will then immediately notify the Program Director or On-Call Supervisor. Staff shall take immediate action to protect the resident. The resident filing the grievance will not be subject to any adverse action as a result of filing the report.
2. Third parties (fellow residents, staff members, family members, attorneys, or outside advocates) may assist residents in filing, or may file on behalf of a resident, a grievance that requests administrative remedies relating to allegations of sexual abuse. The alleged victim must agree to have a third-party file the grievance on his/her behalf. The alleged victim must also agree to personally pursue any subsequent steps in the administrative remedy process. If the alleged victim declines third-party assistance, this must be documented in their chronological notes.
3. There is no time limit for submitting grievances regarding an allegation of sexual abuse. Supervisory staff will assist in the investigation of grievances. If the resident is filing a grievance of innocence it will be investigated immediately. Unless otherwise agreed upon with the resident, all grievances require a written response by the Program Director or designee within five (5) working days of the receipt of the grievance. Initial response to a grievance alleging a resident is subject to a substantial risk of imminent sexual abuse will be issued within 48 hours. A final decision will be issued in writing within five (5) calendar days. This response will address the determination of whether the resident is in substantial risk of imminent sexual abuse and the action taken.

4. Residents who wish to submit a grievance against a particular staff member, whether it alleges sexual abuse or misconduct or is a regular grievance, will not be made to submit the grievance to that staff member or have it referred to that staff member.
5. Appeals regarding alleged incidents of sexual abuse have no time limit.
6. A final decision on the merits of any grievance alleging sexual abuse will be issued within 90 days of the initial filing of the grievance. Computation of the 90-day period will not include time consumed by residents in preparing any administrative appeal. If more than 90 days is required to issue a final decision, the resident will be notified in writing that an extension of up to 70 days is required. The resident will be given a date by which a decision will be made.
7. If ICCS can demonstrate that a resident has filed a grievance alleging sexual abuse in bad faith, that resident may be subject to discipline up to and including termination from the program and/or criminal charges for filing a false report.

Interviews:

- 1 client who reported a sexual abuse incident

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:

- Policy 165 – PREA Reporting, Investigation, and Response
- PREA Brochure
- Door Poster
- Sexual Assault Victim Advocate (SAVA) Center MOU

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

Interviews:

- Random clients
- 1 client reported an allegation of staff sexual abuse (no sexual contact)

The victim of the staff sexual abuse was interviewed and reports they feel the facility handled the allegation appropriately and in a timely manner. The individual was offered supports which they declined but was made aware of the services at their disposal.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:

- ICCS PREA Website

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

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Review:

- Policy 160 – PREA Standards, Training, and Screening

115.261 (a) If staff receive any information, regardless of its source, concerning any suspected prohibited sexual behavior, observes an incident of prohibited sexual behavior, or has suspicion or knowledge of retaliation against clients or staff for reporting an incident, staff is required to immediately report the incident to their supervisor. Staff are required to report any suspicion or knowledge of retaliation. Interviews with case managers indicate the clients are informed about the limits to confidentiality during the first visit.

115.261 (b) In addition to staff members responsibility to report suspicion or knowledge the policy explicitly states, “Staff shall also be required to accept allegations made verbally, in writing, anonymously, and from third parties and treat them all equally.” The staff member who receives the allegation must log the allegation into the clients chronological notes along with any relevant information.

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

Interviews:

- Random staff/Community Correction Specialist
- Program Director
- PREA Coordinator

The facility received 1 allegation of staff sexual abuse in the past 12 months; and according to the interviews with the victim, random staff, Program Director and PREA Coordinator indicate the facility accepted the allegation and followed policy in initiating the investigation.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:

- Policy 340 – Client Grievance, Complaints and Appeals

Policy 340 explicitly states, "Emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse may be submitted directly to any staff member. Staff will then immediately notify the Program Director or On-Call Supervisor. Staff shall take immediate action to protect the resident. The resident filing the grievance will not be subject to any adverse action as a result of filing the report."

Interviews:

- Random staff/Community Correction Specialist
- Agency Director
- Program Director

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

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:

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

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 any allegations brought to their attention by another facility about an incident that occurred at ICCS.

Interviews:

- Agency Director
- Program Director

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Review:

- Policy 165 – PREA Reporting, Investigation, and Response

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

- direct attention to life/safety matters and ensure that immediate and appropriate medical care is provided to any alleged victim(s), or suspects as appropriate, keeping in mind the need to protect and possibly collect potential items of evidentiary value located on or in the bodies of all victims and suspects
- notify Security (if non-Security is First Responder) for assistance
- immediately verify that the Program Director is aware of the nature of the incident
- the Program Director or designee will respond immediately, assess the situation and notify the local law enforcement agency

- the staff member will take control of the situation to prevent injury or additional injury to staff members or clients by the perpetrator(s)
- move the victim client to a safe location and follow instructions of medical staff regarding disposition of alleged victim
- a staff member will be assigned to remain with the victim(s) at all times until notified by the Program Director or designee to do otherwise
- the suspect client(s) will be removed from the scene and kept separate from all other clients and constantly observed by a staff member at all times
- all victims will be separated from each other and remain so until advised otherwise by the Program Director or designee
- secure areas where incident is alleged to have occurred and physical evidence exists (e.g. lock down clients, isolate them away from the scene, secure the area and treat as a crime scene)
- 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.
- in the event that a client-victim is transported to a medical treatment facility, the staff member transporting the client-victim will obtain discharge orders from the physician and forward them to the case manager when the client returns to the facility
- the scene should be preserved exactly as found unless there is evidence that cannot be protected or secured without compromising the safety and security of the facility
- take custody of physical evidence which cannot be secured, and retain it in your possession until it can be transferred to an investigator
- observe all conditions, events, and remarks and record them in a report

Interviews:

- 1 client who reported a sexual abuse incident
- Random staff/Community Corrections Specialist

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

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility Coordinated Response Plan

The facility coordinated response plan as detailed and provided step-by-step staff response when dealing with a sexual abuse allegation.

Interviews:

- Program Directors

Most interviewed staff wore a business card size badge with the first responder steps printed on the card.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

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

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Policy 165 – PREA Reporting, Investigation, and Response

Interviews:

- 1 client who reported a sexual abuse incident
- PREA Coordinator
- Program Director

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

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

criminal OR administrative sexual abuse investigations. See 115.221(a).]

Yes No NA

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Policy 165 – PREA Reporting, Investigation, and Response
- Substantiated Allegation Report

The PAQ indicates ICCS-Weld conducts administrative investigation; the Greeley Police Department conducts all criminal investigations. According to the investigation reports provided, the facility had two (2) incidents of staff sexual misconduct, one resulted in a criminal investigation by law enforcement.

The PAQ indicates the agency has two individuals who have received the specialized training for conducting sexual abuse investigations. The trained individuals include the agencies 4 Program Directors, and the agency PREA Coordinator.

115.271 (a) ICCS-Weld policy 165 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.”

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

115.571 (i) The PREA Coordinator will maintain a copy of the investigative report as well as all documentation of any non-implemented recommendations, along with all data, video surveillance, etc.

115.271 (j) ICCSS-Weld policy explicitly states, “The departure of an alleged abuser or victim from ICCS, whether an employee or client, shall not provide basis for terminating an investigation.”

Interviews:

- 1 client who reported a sexual abuse incident
- Investigative staff
- PREA Coordinator

The agency PREA Coordinator as well as the facility PAQ indicates the facility received 1 allegation of staff sexual misconduct. The allegation was not referred to law enforcement for a criminal investigation as the allegation did not involve sexual contact.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Policy 165 – PREA Reporting, Investigation, and Response

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

Interviews:

- Investigative staff

Upon receipt of a disclosure one of the agency/facility investigators would seek guidance from other stakeholders within the agency to collaborate on the course of action to initiate the investigation and determine if a crime was committed that would need to be referred to the Greeley Sheriff’s Department. Of the investigators interviewed all stated the agency/facility would cooperate fully with law enforcement for all criminal investigations. The agency does not have the authority to determine a prosecutable crime; therefore, the investigators would support and cooperate with the decision of law enforcement.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

- Policy 165 – PREA Reporting, Investigation, and Response
- Client Reporting Forms (2)

115.273 (a) 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 the Auditor with 2 signed client notification forms.

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

The facility PAQ indicates on one incident a notification could not be made due to the client being discharged during the investigation.

Interviews:

- 1 client who reported a sexual abuse incident
- Investigative staff

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

- Policy 275 – PREA Violation Sanctions

115.276 (a) ICCS policy 276 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.”

115.276 (b) ICCS policy 276 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.”

The facility PAQ indicates in the past 12 months one (1) staff member violated the agency sexual abuse/sexual harassment policy. The staff member resigned during the investigation; therefore, the facility does not have termination paperwork. The facility followed their policy and reported the allegation to law enforcement for investigation.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

- Policy 275 – PREA Violation Sanctions

115.277 (a) ICCS policy 275 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."

115.277 (b) ICCS will take actions to prohibit further contact with clients by any volunteer or contract worker in any other cases of sexual contact or harassment. Failure on the part of any ICCS employee to report any suspected or alleged incident of sexual assault or any form of sexual misconduct will subject that employee to disciplinary sanctions up to and including termination. Failure of on the part of any contractor, volunteer, or intern to report suspected or alleged incidents of sexual abuse or misconduct will result in the contractor, volunteer, or intern to immediately lose access to all ICCS facilities. Any licensing body will also be notified of the situation.

The facility PAQ indicates in the past 12 months the number of contractors or volunteers have been reported to law enforcement has been zero.

Interviews:

- Program Directors

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

- Policy 275 – PREA Violation Sanctions

115.278 (a) 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, 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.

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

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

115.278 (e) ICCS policy 275 explicitly states, "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."

Interviews:

- Program Directors

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentations Reviewed:

- Policy 165 - PREA Reporting, Investigation, and Response

Policy 165 states 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.

The policy explicitly states, "These services will be free of charge to the client-victim, whether or not they name their abuser or cooperate with any investigation."

Interviews:

- 1 client who reported a sexual abuse incident
- Random staff/Community Corrections Specialist

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

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentations Reviewed:

- Policy 165 - PREA Reporting, Investigation, and Response

All client/victims will also be granted access to pregnancy test, emergency contraception, and sexually transmitted infection prophylaxis where applicable. If a pregnancy does result from the sexual assault, the victim shall receive timely and comprehensive information about, and timely access to, all pregnancy-related medical services.

115.283 (h) "All client/victims will also be granted access to pregnancy test, emergency contraception, and sexually transmitted infection prophylaxis where applicable. If a pregnancy does result from the sexual assault, the victim shall receive timely and comprehensive information about, and timely access to, all pregnancy-related medical services."

Interviews:

- 1 client who reported a sexual abuse incident

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentations Reviewed:

- Policy 165 - PREA Reporting, Investigation, and Response
- 1 Administrative Review Report
- 1 Investigation Report

115.286 (a) In response to every substantiated or unsubstantiated case of sexual assault, sexual violence, sexual misconduct, or sexual contact on a client, there will be an Administrative Review initiated by a non-investigating supervisor with input from other administrators and any applicable staff. If the allegation involved only residents, this Administrative Review should occur during an All Staff Meeting (unless reason exists not to). If the allegation involved a staff member, the Administrative Review should occur in the monthly Administration Team Meeting. All Administrative Reviews should happen within thirty (30) days of the conclusion of the investigation.

115.286 (d) The facility PAQ indicates there were two (2) criminal and/or administrative investigations of alleged sexual abuse in the past 12 months. Of the two (2) allegations; one (1) was substantiated and resulted in an incident review. The Administrative Review team was composed of the Program Director, Case Manager Supervisor, Community Corrections Specialist Supervisor, Clinical Supervisor, and Executive Director. Once the Administrative Review is complete, it shall be forwarded to the Program Director, PREA Coordinator, and Quality Assurance Director to ensure that all recommended improvements and changes are implemented. Any failure to implement the recommendations must be documented with the reasoning. A copy of the Administrative Review, documentation of any non-implemented recommendations, along with the Investigation Report, all data, video surveillance, etc, will be kept by the PREA Coordinator or designee.

Interviews:

- Program Director
- Agency Director
- PREA Coordinator
- Case Manager Supervisor
- Community Corrections Specialist Supervisor

Interviews with specialized staff indicated there was an incident review in the past 12 months that they participated in.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentations Reviewed:

- Policy 160 – PREA Standards, Training, and Screening
- Policy 165 - PREA Reporting, Investigation, and Response

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

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

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

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentations Reviewed:

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

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

That agency PAQ states, "Haven't completed one." In reviewing the agency PREA website, reports for 2014 and 2015 are posted. The Auditor sent an email to the Executive Director in the absence of the PREA Coordinator stating the following, "Just wanted to update you on the status of the report. It is completed and being reviewed by my partner, I hope to have it back by the end of the week. There is one item that needs to be addressed, 115.289 requires the agency/facility to post the annual comparison data report on the website. The last posted report is from 2015. I will accept a posted report for 2016 to submit a final compliant report. If you have the 2017 data report complete I will accept that as well, but a 2017 report is not required. I just wanted to provide the information just in case you have the data report and want to submit it." ICCS submitted the 2016 data report and posted the report on the agency website.

Interviews:

- PREA Coordinator
- Agency Director

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentations Reviewed:

- Policy 165 - PREA Reporting, Investigation, and Response

115.289 (a) Policy 165 states, “A copy of the Administrative Review, documentation of any non-implemented recommendations, along with the Investigation Report, all data, video surveillance, etc, will be kept by the PREA Coordinator or designee.”

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

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

Interviews:

- PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not

excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentations Reviewed:

- ICCS PREA Website

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

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

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Natasha Mitchell (Shafer)

March 16, 2018

Auditor Signature

Date

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

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