

PREA Facility Audit Report: Final

Name of Facility: Mesa County Community Corrections Residential Facility

Facility Type: Community Confinement

Date Interim Report Submitted: 12/22/2022

Date Final Report Submitted: 01/15/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 01/15/2023

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	12/12/2022
End Date of On-Site Audit:	12/12/2022

FACILITY INFORMATION	
Facility name:	Mesa County Community Corrections Residential Facility
Facility physical address:	Powell Building, 650 South Avenue, Grand Junction, Colorado - 81501
Facility mailing address:	636 South Avenue, Grand Junction, Colorado - 81502

Primary Contact	
Name:	Eileen Wygant
Email Address:	eileen.wygant@mesacounty.us
Telephone Number:	9702443302

Facility Director	
Name:	Michelle Cooley
Email Address:	michelle.cooley@mesacounty.us
Telephone Number:	970-3303

Facility PREA Compliance Manager	
Name:	Eileen Wygant
Email Address:	eileen.wygant@mesacounty.us
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	244
Current population of facility:	170
Average daily population for the past 12 months:	158
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18 and up
Facility security levels/resident custody levels:	Community Corrections
Number of staff currently employed at the facility who may have contact with residents:	60
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Mesa County Criminal Justice Services
Governing authority or parent agency (if applicable):	
Physical Address:	636 South Avenue, Grand Junction, Colorado - 81501
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Michelle Cooley	Email Address:	michelle.cooley@mesacounty.us

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-12-12
2. End date of the onsite portion of the audit:	2022-12-12

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>The auditor contacted Hillside Domestic Violence and Sexual Assault Services at Latimer House related to victim advocacy services. The staff member advised that they have an MOU, however it was signed back in 2016 by a staff member who is no longer employed at Hilltop. She stated they were currently in the process of executing a new MOU. The staff stated that they offer intimate partner violence and sexual assault services. She indicated they have a 24/7 crisis line, safety planning, transportation to SANE, access to a safe house, access to support groups, access to case management and advocacy. The staff stated she was unaware of any services they provided in the past to residents at the facility. She further state that she did not have any concerns about PREA compliance at the facility nor did she have any concerns regarding sexual safety for residents at the facility.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	244
15. Average daily population for the past 12 months:	158
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	168
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	21
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	21

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	9
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	50
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
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Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>68</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>6</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>19</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</p>
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample among interviewees. The following residents were selected from the housing units: three from Pyramid; three from Long; four from Oxford; four from Evans and seven from Windom.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The facility houses adult male and female residents. Residents for the random interviews varied across gender, race/ethnicity, age, time at the facility and housing assignment. The auditor ensured a geographically diverse sample among interviewees. The following residents were selected from the housing units: three from Pyramid; three from Long; four from Oxford; four from Evans and seven from Windom. Fourteen of the residents interviewed were male and seven were female. Six of the residents interviewed were white, thirteen were Hispanic and two were another race/ethnicity. With regard to age: three were between eighteen and 25; seven were 26-35; seven were 36-45; three were 46-55 and one was 56 or older. Eighteen of the residents interviewed were at the facility less than a year and three were there between a year and five years. The facility is a community confinement setting and as such most residents do not stay longer than a year.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>11</p>
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor confirmed there were zero residents with a vision impairment through interviews with staff and residents and a review of documentation.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor confirmed there were zero residents with a hearing impairment through interviews with staff and residents and a review of documentation.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor confirmed there were zero residents who were LEP through interviews with staff and residents and a review of documentation.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor confirmed there were zero transgender residents through interviews with staff and residents and a review of documentation.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This protocol is not required for community confinement facilities. The facility does not have a segregated housing unit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Residents selected for the targeted interviews were selected at random across varying factors, when possible. Targeted interviews for LEP residents and transgender residents were not conducted as there were zero residents identified during the on-site portion of the audit that fell into the category. The auditor confirmed this through a list of residents as well as interviews with staff and residents that there were zero residents currently at the facility who did not speak English or identified as transgender.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Race, gender and/or ethnicity.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Staff for the random interviews varied across gender, race, rank, post assignments and shift. The facility does not have security staff, all staff are non-security, however they do have staff classified as Criminal Justice Officers (CJO). CJO's mainly make up three shifts, day shift works from 6am-2pm; swing shift works from 2pm-10pm and graveyard shift works from 10pm-6am. Six staff were interviewed from day shift, three were interviewed from swing shift and three were interviewed from graveyard shift. With regard to the demographics of the random staff interviewed: seven were male and five were female. Ten were white and two were Hispanic. Six were CJOs, two were CJO Supervisors, two were Treatment Staff and two were Case Managers.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The facility does not employ medical and mental health staff and as such interviews were not conducted. Additionally, only one investigator was interviewed as the facility has one staff that completes investigation and all criminal investigation are completed by local law enforcement.</p>
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SITE REVIEW AND DOCUMENTATION

SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site portion of the audit was conducted on December 12, 2022. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on December 12, 2022. The tour included all areas associated with Mesa County Community Confinement Facility to include; housing units, laundry, intake, visitation, food service, recreation and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. Each housing unit had at least two PREA posters. Most posters were located by the phone and/or on the bulletin board. Posters were observed on regular size paper in English. A few units had posters in Spanish. The posters included information on reporting methods and the grievance process. Additional posters were observed in common areas of the facility. The auditor did not observe any posted information related to victim advocacy. Additionally, third party reporting information was not observed in the visitation area or the front lobby, however the regular reporting posters had all the reporting options for residents, including the third party reporting email. This information was observed in housing units and is accessible via the website. Informal conversation with residents confirmed there have been posters up but that they just recently put new ones up with new information. They also advised they never had Spanish posters until recently.

During the tour the auditor confirmed the facility follows the staffing plan. There was at least one staff member in each housing unit.

The auditor did not observe any overcrowding and lines of sight appeared to be adequate from the hallways into the housing units. A review of the video monitoring system confirmed that the facility has excellent camera coverage, including inside the buildings and outside the buildings. Cameras are accessible via the front reception and also remotely by Directors, Managers, the PC and Shift Supervisors.

With regard to cross gender viewing, the auditor confirmed that residents have adequate privacy when showering, using the restroom and changing clothes. All showers were equipped with curtains. One housing unit also had saloon style doors. Toilets were public style and were fully enclosed. All residents are required to change clothing in the restroom to afford adequate privacy. The facility does not typically conduct strip searches. During the tour the auditor observed the area where a strip search would occur if needed. The area was behind a solid door and did not have any video monitoring technology. A review of the camera system also confirmed there were no issues with privacy and cross gender viewing. With regard to the opposite gender announcement, the auditor observed opposite gender staff knock on living area doors and announce prior to entry. Additionally, staff announced prior to entry in the bathroom area. Staff asked if anyone was in the bathroom, and if there was someone, they further asked if they were dressed and could come in. Informal conversation for residents confirmed that they have privacy when showering, using the restroom and changing their clothes. Additionally, they confirmed that opposite gender staff announce prior to entering bathroom and living areas.

PREA investigative files are paper and electronic. The paper files are in the PC office which is locked with limited access. The electronic investigative reports are

maintained on the administrative folder which has very limited access. Resident risk assessments are electronic and all facility staff have access to the risk assessments. Due to the size of the facility, all staff assist with risk assessment and bed assignments. As such the Director stated all staff need access.

During the tour the auditor confirmed that residents utilize the US mail process. Mail is not screened by staff and there are no restrictions related to mail. All mail is given to staff to place in an outgoing mail safe.

The auditor observed the intake process through a demonstration. Residents have computers in the intake room where they review the PREA forms. They then meet one on one with the intake staff who reads through the information with them and ensures that they understand the information. Staff ask if residents have any questions and advises the resident how to report and where the PREA information is posted. The forms residents electronically sign are available for them to review on their client portal anytime. The electronic forms on the client portal are in English only and as such any LEP residents would be provided a physical copy of the form. Additionally, bilingual staff or the Springs Institute would be utilized translate. The intake staff also stated that if they had any residents with disabilities they would read the information one on one to ensure the resident fully understood.

The auditor was provided a demonstration of the initial risk assessment. The risk assessment is completed in a private office and is done electronically. The staff asks all the questions on the assessment form. If the response given is different from the known information from the file the staff marks the known information rather than the resident's response. The staff asks the questions and makes observations such as age, stature, etc.

The supervisor reviews the risk assessment to confirm accuracy.

The auditor tested the internal reporting mechanisms during the tour. The auditor had a resident submit an electronic grievance via the client portal. The grievance was submitted on December 12, 2022. On the same date the PC provided a copy of the grievance (#100361) to confirm that it was received. She advised that she receives all grievances electronically. The auditor also tested the internal reporting hotline (CJSD TIPS Line) on December 12, 2022. The hotline had an option for English and an option for Spanish. Residents are provided two minutes to leave a message. The auditor left a message and received confirmation on December 12, 2022 via email that the call was received. Residents are able to call the hotline via the pay phones in the housing units or the client phone that is located in each housing unit. The client phone is free for use and it not recorded. In addition to testing the grievance and hotline process, the auditor had a resident demonstrate how to send an electronic request to staff. The resident advised that responses are answered pretty quickly by staff.

The auditor also tested the outside reporting mechanism via the Colorado Department of Corrections (CDOC) hotline. The hotline has both an English and Spanish option. A message was left on the hotline on December 12, 2022. Confirmation was provided via email on December 14, 2022 that the information was received by CDOC and forward to the facility. CDOC advised in the email that the resident had the ability to remain anonymous when reporting to them. The external hotline can be called on the pay phones in the housing units or on the free client phone in the housing units. Phones are not monitored or recorded.

Additionally during the tour, the auditor asked

staff to advise how they submit a written report. Staff indicated they complete an incident report electronically on the computer or the tablet system. The incident report requires narrative information, date and information on the client involved. The staff advised if it is a PREA incident there is a box to check to make it confidential. Staff indicated that incident reports are not always completed for all verbal reports.

The auditor tested the victim advocacy hotline during the tour. The local hotline was called on December 12, 2022. The auditor reached a live person who indicated the hotline is available 24 hours and they are available to provide services. The victim advocate stated they have Spanish speaking operators if needed and their services are confidential. The residents can call the hotline from the pay phones or the client phone, both of which are not monitored or recorded.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The PREA video is shown on a projector in the training room. The video is the Colorado Community Corrections PREA video and is available in both English and Spanish. The video has large print font that corresponds to the verbal information being provided. The video discusses: zero tolerance, definitions, policy and procedure, prevention, reduction risk tips, what to do if assaulted, reporting mechanism, right to be free from sexual abuse, right to be free from retaliation, the investigative process, rape crisis general information and additional resources.

The auditor attempted to utilize the language translation service (Spring Institute) to confirm functionality, however the staff advised that they did not have an MOU on file for the facility. The MOU was from 2016 and the staff advised that it was no longer valid. The facility was working on executing an

updated MOU with the organization. On December 22, 2022 the auditor called Spring Institute to confirm the executed MOU. The staff advised that they now have an MOU and can provide services for the facility. The staff indicated they offer translation services and interpretation services. Interpretation services can be performed in person, via phone or virtually.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

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

During the audit the auditor requested personnel and training files of staff, resident files, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 60 staff assigned. The auditor reviewed a random sample of seventeen personnel and/or training files that included four individuals hired within the past twelve months, two staff promoted in the previous twelve months and one staff employed longer than five years. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for eight contractor and two volunteers were reviewed.

Resident Files. A total of 25 resident files were reviewed although some files were only reviewed for a specific area the auditor was reviewing and some files fell into more than one category of the review. 20 resident files were of those that arrived within the previous twelve months, one was an LEP resident, five were disabled residents and one was a transgender resident.

Medical and Mental Health Records. The facility does not provide medical or mental health services and does not maintain secondary documentation of medical or mental health services provided in the community.

Grievances. The auditor reviewed the three sexual abuse grievances as well as the grievance log for the previous twelve months.

Incident Reports. The auditor reviewed the written reports associated with the three reported allegations. Additionally the auditor reviewed the electronic incident report log related to PREA reports.

Investigation Files. There were three allegations reported during the previous twelve months. Two were sexual harassment and one was consensual sexual activity. All three had an administrative investigation completed. None were referred for criminal investigation. The auditor reviewed all three investigations to confirm the required components were included.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were zero sexual abuse allegations reported during the audit period.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were three allegations reported during the previous twelve months. Two were sexual harassment and one was consensual sexual activity. All three had an administrative investigation completed. None were referred for criminal investigation. The auditor reviewed all three investigations to confirm the required components were included.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

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

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA 3. 4.010 – Prison Rape Elimination Act (PREA) Client Orientation and Education 4. 4.015 – Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations 5. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring 6. 4.025 – Prison Rape Elimination Act (PREA) Victim Services 7. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements 8. 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline 9. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data 10. 1.3171 – Prison Rape Elimination Act 11. 1.3120D – Formal Disciplinary Hearings 12. 1.4220 – Contraband Control 13. 2.010 – Hiring and Promotion Practices 14. 5.060 – Complaints and Grievances 15. 6.010 – On-site Monitoring and Walkthroughs 16. 8.040 – Intake Interview, Program Orientation and Advisement 17. 8.045 – CJSD Facility Access 18. Agency Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator

Findings (By Provision):

115.211 (a): The PAQ stated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. Further the PAQ indicated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of residents. The agency has numerous policies outlining their approach to sexual abuse and sexual harassment including: 4.005, 4.010, 4.015, 4.020, 4.025, 4.030, 4.035, 4.040, 1.3171, 1.3120D, 1.4220, 2.010, 5.060, 6.010, 8.040 and 8.045. Page 1 of most of the policies state in accordance with Prison Rape Elimination Act (PREA) Federal Law, Division of Criminal Justice (DCJ) and Criminal Justice Services Department (CJSD) Policy, sexual behavior of any kind to include sexual harassment and sexual abuse among clients or between clients and staff members will not be tolerated, regardless of whether such conduct is consensual and regardless of whether such conduct occurs on-site at a CJSD facility or offsite. Additionally, 4.005, page 1 states it is important that all staff communicate a culture of zero tolerance of sexual assault and sexual harassment within CJSD. 4.005, pages 3-4 include definitions of prohibited behaviors while 4.035 page 3 and 1.3120D include sanctions for prohibited behaviors. The agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and residents, incident reviews and data collection. The policies and supporting documentation are consistent with the PREA standards and outline the agency's approach to sexual safety.

115.211 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PAQ further stated that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards and all of its community confinement facilities. The PAQ also indicated that the PC reports to the Community Corrections Director. 4.005, page 6 states the PREA Coordinator is responsible for oversight of all PREA related activities. The PREA Coordinator will coordinate and

develop policies and procedures to identify, monitor and track sexual misconduct incidents occurring in CJSJ facilities and programs and coordinate facility PREA related activities. The agency's organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the Quality Assurance & PREA Coordinator. This position reports directly to the Community Corrections Director. The interview with the PC indicated that she has enough time to manage all of his PREA related responsibilities. She stated she coordinates actions to ensure compliance with PREA through: updating training forms; monitoring staff training; updating forms, posters, contracts, agreements, etc.; conducting training with risk assessment staff and bed assignment staff; completing sexual abuse incident reviews and following up with all updates and recommendations and by establishing a PREA week each year to complete training and other items. The PC indicated that if she identifies an issue complying with a PREA standard she speaks to the management team and they determine if it is a process, individual or people issue. Once they establish the issue they can then problem solve to resolve the issue.

Based on a review of the PAQ, 4.005 - Prison Rape Elimination Act (PREA) Introduction to PREA, 4.010 - Prison Rape Elimination Act (PREA) Client Orientation and Education, 4.015 - Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.025 - Prison Rape Elimination Act (PREA) Victim Services, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, 4.035 - Prison Rape Elimination Act (PREA) CJSJ Staff and Contractor Training/Discipline, 4.040 - Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, 1.3171 - Prison Rape Elimination Act, 1.3120D - Formal Disciplinary Hearings, 1.4220 - Contraband Control, 2.010 - Hiring and Promotion Practices, 5.060 - Complaints and Grievances, 6.010 - On-site Monitoring and Walkthroughs, 8.040 - Intake Interview, Program Orientation and Advisement, 8.045 - CJSJ Facility Access, the agency's organization chart and information from the interview with the PC, this standard appears to be compliant.

115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 453 374">Documents:</p> <ol data-bbox="280 412 1382 517" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 1382 517">2. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data <p data-bbox="280 624 611 658">Findings (By Provision):</p> <p data-bbox="280 770 1481 1391">115.212 (a): The PAQ indicated that the agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. The PAQ stated the contracts require contractors to adopt and comply with PREA standards. The PAQ further stated that there have been zero contracts for confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit. Further communication with the PC indicated the agency is a stand-alone facility and they do not contract with any other agency to hold residents. As such, this standard is not applicable. 4.040, page 1 states in the unlikely event that a CJSD facility contracts another agency, public or private, to house clients under CJSD jurisdiction, the contracted facility shall be obligated to comply with PREA Standards. Additionally, prior to entering into such a contract, CJSD shall ensure that any contract includes this provision, as well as mandatory documentary evidence from the contracted facility that PREA standards are in place and being maintained. Such documentary evidence shall include, at a minimum, an established PREA policy and a designated agency PREA Coordinator.</p> <p data-bbox="280 1503 1481 2078">115.212 (b): The PAQ indicated that all contracts require the agency to monitor the contractor’s compliance with PREA standards and that zero contracts did not require the agency to monitor contractor’s compliance with PREA standards. Further communication with the PC indicated the agency is a stand-alone facility and they do not contract with any other agency to hold residents. As such, this standard is not applicable. 4.040, page 1 states in the unlikely event that a CJSD facility contracts another agency, public or private, to house clients under CJSD jurisdiction, the contracted facility shall be obligated to comply with PREA Standards. Additionally, prior to entering into such a contract, CJSD shall ensure that any contract includes this provision, as well as mandatory documentary evidence from the contracted facility that PREA standards are in place and being maintained. Such documentary evidence shall include, at a minimum, an established PREA policy and a designated agency PREA Coordinator. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement</p>

of its residents and as such an interview was not conducted.

115.212 (c): The PAQ indicated that since August 20, 2012 the agency has not entered into one or more contracts with a private agency or other entity that failed to comply with PREA standards. Further communication with the PC indicated the agency is a stand-alone facility and they do not contract with any other agency to hold residents. As such, this standard is not applicable. 4.040, page 1 states in the unlikely event that a CJSD facility contracts another agency, public or private, to house clients under CJSD jurisdiction, the contracted facility shall be obligated to comply with PREA Standards. Additionally, prior to entering into such a contract, CJSD shall ensure that any contract includes this provision, as well as mandatory documentary evidence from the contracted facility that PREA standards are in place and being maintained. Such documentary evidence shall include, at a minimum, an established PREA policy and a designated agency PREA Coordinator. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.

Based on the review of the PAQ, 4.040 and communication with the PC, this standard appears to be not applicable and as such compliant.

115.213 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data
3. The Staffing Plan
4. Annual Staffing Plan Review
5. Deviations from Staffing Plan

Interviews:

1. Interview with the Director
2. Interview with the PREA Coordinator

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Devices

Findings (By Provision):

115.213 (a): The PAQ indicated that for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. 4.040, page 1 states CJSJSD will review facility staffing plans annually to include: adequate levels of staffing; video monitoring; and documentation of deviations from required staffing levels. The PAQ indicated that the current staffing plan is based on 175 residents. The facility employs 21 staff. A review of the facility staffing plan indicates that day shift and mid shift have a supervisor. Each supervisor overlaps to ensure that a supervisor is present for at least four hours on night shift. CJOs are present on all three shift while case managers are present on day shift and mid shift. The staffing plan also notes that administrative staff are present on day shift between the hours of 8:00am and 6:30pm. The staffing plan also notes that the

facility has over 100 cameras that assist with supervision and monitoring and that the agency has worked to ensure all blind spots are covered through video monitoring and convex mirrors. During the tour the auditor confirmed the facility follows the staffing plan. There was at least one staff member in each housing unit. The auditor did not observe any overcrowding and lines of sight appeared to be adequate from the hallways into the housing units. A review of the video monitoring system confirmed that the facility has excellent camera coverage, including inside the buildings and outside the buildings. Cameras are accessible via the front reception and also remotely by Directors, Managers, the PC and Shift Supervisors. The interview with the Director confirmed that the facility has a staffing plan that provides adequate staffing levels to protect residents from sexual abuse. She stated the plan includes more staff than required by the oversight agency and that video monitoring is part of the plan. She stated the staffing plan is documented. The Director stated the staffing plan has additional staff located in dayrooms and the floor area with mixed populations. She indicated the facility was designed with supervision in mind so that there is a visual throughout (i.e. you can see the dayrooms through the hallways). She further stated that staff conduct rounds that are not predictable to catch any negative behavior. The Director stated that compliance with the staffing plan is monitored through a scheduling team. She indicated the team looks at the number of staff and where they are scheduled and any deviations are required to go through the team. The interview with the PC confirmed that all the required components under this provision are reviewed and considered. She stated they have a form that they utilized and they walk through the facility to determine what is occurring with the staffing plan. She stated they discuss the facility layout, video monitoring, mirrors and other factors during the review.

115.213 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ further stated that the most common reasons for deviations from the staffing plan is staffing leaving due to an illness. A review of the annual staffing plan review confirms that deviations from the staffing plan are documented with the data, the staffing plan deviation and the justification for the deviation. There were zero deviations documented in 2021 and one documented in January 2022 for 45 minutes due to a staff member going home sick. The interview with the Director confirmed that any deviations from the staffing plan would be documented. She stated anytime they go below the minimum it would be documented, but that she does not remember a time when that has occurred. She stated they typically find a replacement for the floor.

115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing

plan to ensure compliance with the staffing plan. 4.040, page 1 states CJSD will review facility staffing plans annually to include: adequate levels of staffing; video monitoring; and documentation of deviations from required staffing levels. The staffing plan was most recently reviewed on February 8, 2022 by the Community Corrections Director, PC and Shift Supervisor. The annual review included the number of PREA incidents in the last twelve months, a review of video monitoring technology, a review of any blind spots, a review of the staffing levels on each shift and deviations from the staffing plan. Additionally, the review included all the required components under provision (a) of this standard as well as conclusions and recommendations. While there were no recommendations in 2022 related to the staffing plan, the section did indicate that the agency planned to update the client handbook. Previous reviews of the staffing plan were completed on March 5, 2021, February 15, 2020 and January 9, 2019. The PC confirmed that she is part of the annual staffing plan review discussion.

Based on a review of the PAQ, 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, the Staffing Plan, Annual Staffing Plan Reviews, Deviations from Staffing Plan, observations made during the tour and information from interviews with the Director and PC, this standard appears to be compliant.

Recommendation

During the tour the auditor observed that the back stairwells of the facility did not have video monitoring technology. There is an alarm that sounds when anyone accesses the area that is visible to staff in the reception area. If the staff are unaware of who entered the area they would send a staff member to observe the space. While there are procedures in place to ensure the safety of the area, the auditor highly recommends cameras be installed in the area to provide monitoring and supervision. Additionally, the facility has a warehouse in the basement of the building where residents only have access when accompanied by staff. The area is locked but does not have cameras inside or outside. The auditor highly recommends that cameras be installed in this area as well.

115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA 3. 4.015 – Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations 4. 1.4220 – Contraband Control 5. 6.010 – On-site Monitoring and Walkthroughs 6. PREA Resource Center’s Guidance on Cross-Gender and Transgender Pat Searches Video 7. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Privacy in Housing Units and Restrooms 2. Observation of Cross Gender Announcement <p>Findings (By Provision):</p> <p>115.215 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. 4.005, page 2 states cross gender searches are when a staff member’s gender is not the same as a client’s. Cross gender searches are only allowed if exigent circumstances exist and they must be documented. 1.4220, page 2 states all strip searches must be completed by two CJSD staff members of the same gender and must be approved by a CJSD</p>

Manager or CJSD Supervisor prior to the search.

115.215 (b): The PAQ indicated that the facility does not permit cross gender pat searches of female residents, absent exigent circumstances. It further stated that the facility does not restrict female access to regularly available programming and other out-of-cell activities to comply with this provision. The PAQ also stated there were zero pat-down searches of female residents that were conducted by male staff. 4.005, page 2 states cross gender searches are when a staff member's gender is not the same as a client's. Cross gender searches are only allowed if exigent circumstances exist and they must be documented. 1.4220, page 2 states pat searches are conducted by the same gender staff. When a client alerts staff that they are transgender/gender reassignment/intersex, the search is conducted by a staff member of the gender requested by the client. The interviews with staff indicated that none of the twelve were aware of a time that a female resident was restricted from programs or privileges to comply with this provision. Staff indicated there is always a female staff member available. Interviews with seven female residents confirmed that none were restricted from programming or activities to comply with this provision. A few residents did state there have been times they were delayed, but never restricted.

115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. It also confirms that all cross gender pat searches of female residents are required to be documented as well. 4.005, page 2 states cross gender searches are when a staff member's gender is not the same as a client's. Cross gender searches are only allowed if exigent circumstances exist and they must be documented. 1.4220, page 2 states all cross gender searches must be documented to justify the extenuating circumstances.

115.215 (d): The PAQ indicated that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. 6.010, page 2 states CJSD staff will announce their presence when entering client areas (dorm rooms, bathrooms and showers) of the opposite gender where clients are likely to be showering, performing bodily functions, or changing clothes. CJSD staff will knock on opposite gender doors prior to entering a dorm room. During the tour, the auditor confirmed that residents have adequate privacy when showering, using the restroom and changing clothes. All showers were equipped with curtains. One housing unit also had saloon style doors. Toilets were public style and were fully enclosed. All residents are required to

change clothing in the restroom to afford adequate privacy. The facility does not typically conduct strip searches. During the tour the auditor observed the area where a strip search would occur if needed. The area was behind a solid door and did not have any video monitoring technology. A review of the camera system also confirmed there were no issues with privacy and cross gender viewing. With regard to the opposite gender announcement, the auditor observed opposite gender staff knock on living area doors and announce prior to entry. Additionally, staff announced prior to entry in the bathroom area. Staff asked if anyone was in the bathroom, and if there was someone, they further asked if they were dressed and could come in. Informal conversation for residents confirmed that they have privacy when showering, using the restroom and changing their clothes. Additionally, they confirmed that opposite gender staff announce prior to entering bathroom and living areas. All twelve of the staff interviewed confirmed that residents have privacy when showering, using the restroom and changing their clothes. Additionally, all twelve staff indicated that an announcement is made when an opposite gender staff member enters a housing unit or restroom area. All 21 residents interviewed confirmed that an announcement is made when opposite gender staff enter housing areas and restrooms and they have privacy when showering, using the restroom and changing their clothes.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that no searches of this nature have occurred within the previous twelve months. 1.4220, page 1 states at no time shall a search of a client's person be used for the sole purpose of determining that clients gender or genital status. Interviews with twelve staff indicated that all twelve were aware of a policy prohibiting searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. Staff indicated that they can only conduct strip searches to uncover contraband and that they have to have a supervisors approval. The facility did not house any transgender or intersex residents at the time of the on-site portion of the audit and as such no interviews were conducted.

115.215 (f): 1.4220, page 3 states all pat down and strip searches shall be conducted in a professional manner. Pages 3-4 outline direction on searches, including that searches should be conducted in a professional fashion keeping in mind the client's privacy. Policy advises that no remarks about a client's body or any comments that could be construed as unprofessional will be made. The PAQ indicated that 98% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. The PAQ stated that two staff do not have the training as one was out due to COVID-19 and one was on maternity leave. The facility utilizes the PRC's video titled "Guidance on Cross-Gender and Transgender Pat Searches". A review of the video confirms that staff are trained on how to conduct searches through the trauma informed approach. The

training covers professionalism, definitions, prohibited actions, body position, non-verbal cues and other consideration. This training is completed during the annual staff PREA training. A review of twelve staff training records indicated that all twelve had received the search training. Eleven of the twelve staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender residents. Most indicated they watched a video on the topic.

Based on a review of the PAQ, 4.005 - Prison Rape Elimination Act (PREA) Introduction to PREA, 4.015 - Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations, 1.4220 - Contraband Control, 6.010 - On-site Monitoring and Walkthroughs, PREA Resource Center's Guidance on Cross-Gender and Transgender Pat Searches Video, Staff Training Records, observations made during the tour as well as information from interviews with random staff and random residents indicates this standard appears to be compliant.

<p>115.216</p>	<p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 4.010 – Prison Rape Elimination Act (PREA) Client Orientation and Education 3. Memorandum of Understanding with Springs Institute for Intercultural Learning 4. PREA Education Video (Colorado Community Corrections) 5. PREA Poster 6. Mesa County Community Corrections Client Acknowledgment of Colorado Community Corrections PREA DVD <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with LEP and Disabled Residents 3. Interview with Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of PREA Posters <p>Findings (By Provision):</p> <p>115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents 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. 4.010, page 2 states CJSD shall take appropriate steps to ensure that clients with disabilities and/or limited English shall have equal opportunity to benefit from CSJD efforts to prevent, detect and respond to sexual misconduct in its facilities. These steps shall include, but not be limited to; providing client interpreters; making available, through auditory means, all PREA related materials and information for clients with impaired vision or any degree of literacy and making</p>
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available, through visual means, all PREA related material and information for clients with impaired hearing. Policy further states that if bi-lingual CJSD staff are not available, language specific translators including American Sign Language translators will be requested from the Mesa County Sheriff's Office or from private contracted services that have appropriate certification. A review of the PREA education video confirmed that it is available in English and Spanish and that the video contains large writing with all the key points that are spoken verbally. A review of the PREA Poster indicated that information is provided in adequate font size and posters had a color scheme that was visible. Additionally, the PREA Poster was available in English and Spanish. The interview with the Agency Head Designee indicated that all PREA documents have been translated and that the PREA education video is available in Spanish. She stated staff can also read aloud all information to ensure that any resident with a disability understand the information. The Agency Head Designee further stated that they also have a translation service that they can utilize. Interviews with five disabled residents indicated that four were provided information related to sexual abuse and sexual harassment in a format that they could understand. The auditor observed PREA information posted throughout the facility. Each housing unit had at least two PREA posters. Most posters were located by the phone and/or on the bulletin board. Posters were observed on regular size paper in English. A few units had posters in Spanish. The posters included information on reporting methods and the grievance process. Additional posters were observed in common areas of the facility. The auditor did not observe any posted information related to victim advocacy. Additionally, third party reporting information was not observed in the visitation area or the front lobby, however the regular reporting posters had all the reporting options for residents, including the third party reporting email. This information was observed in housing units and is accessible via the website. Informal conversation with residents confirmed there have been posters up but that they just recently put new ones up with new information. They also advised they never had Spanish posters until recently.

115.216 (b): The PAQ stated that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 4.010, page 2 states CJSD shall take appropriate steps to ensure that clients with disabilities and/or limited English shall have equal opportunity to benefit from CSJD efforts to prevent, detect and respond to sexual misconduct in its facilities. These steps shall include, but not be limited to; providing client interpreters; making available, through auditory means, all PREA related materials and information for clients with impaired vision or any degree of literacy and making available, through visual means, all PREA related material and information for clients with impaired hearing. Policy further states that if bi-lingual CJSD staff are not available, language specific translators including American Sign Language translators will be requested from the Mesa County Sheriff's Office or from private contracted services that have appropriate certification. A review of the

PREA education video confirmed that it is available in English and Spanish and that the video contains large writing with all the key points that are spoken verbally. The auditor also observed that the Mesa County Community Corrections Client Acknowledgment of Colorado Community Corrections PREA DVD was available in Spanish. A review of the PREA Poster indicated that information is provided in adequate font size and posters had a color scheme that was visible. Additionally, the PREA Poster was available in English and Spanish. The agency has an MOU with Spring Institute for Intercultural Learning. The MOU states the Spring Institute shall provide interpreter services for eligible consumers of the client. All interpreters are screened by Spring Institute, trained in providing interpretation services and are fluent in English and in language(s) for which interpretation services are required. The MOU was signed on May 17, 2016. The auditor attempted to utilize the language translation service (Spring Institute) to confirm functionality, however the staff advised that they did not have an MOU on file for the facility. The MOU was from 2016 and the staff advised that it was no longer valid. The facility was working on executing an updated MOU with the organization. During the interim report period the facility updated the MOU with Spring Institute for Intercultural Learning. The MOU was executed on December 16, 2022. On December 22, 2022 the auditor called Spring Institute to confirm the executed MOU. The staff advised that they now have an MOU and can provide services for the facility. The staff indicated they offer translation services and interpretation services. Interpretation services can be performed in person, via phone or virtually. Interviews with five disabled residents indicated that four were provided information related to sexual abuse and sexual harassment in a format that they could understand. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had at least two PREA posters. Most posters were located by the phone and/or on the bulletin board. Posters were observed on regular size paper in English. A few units had posters in Spanish. The posters included information on reporting methods and the grievance process. Additional posters were observed in common areas of the facility. The auditor did not observe any posted information related to victim advocacy. Additionally, third party reporting information was not observed in the visitation area or the front lobby, however the regular reporting posters had all the reporting options for residents, including the third party reporting email. This information was observed in housing units and is accessible via the website. Informal conversation with residents confirmed there have been posters up but that they just recently put new ones up with new information. They also advised they never had Spanish posters until recently.

115.216 (c): The PAQ stated that agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could comprise the resident's safety, the performance of first responder duties under 115.264, or the investigation of the resident's allegations. The PAQ further stated that the facility documents the limited circumstances in individual cases where resident interpreters, readers or other types of resident assistants are used. 4.010,

page 2 states client interpreters may be used if waiting for a designated interpreter would compromise the client's safety, affect first-responders in completing responsibilities, or investigating the residents allegation. The PAQ expressed that there were zero instances where a resident was utilized to interpret, read or provide other type of assistance. Interviews with twelve staff indicated that seven were aware of a policy that prohibits the use of resident interpreters, translator, readers or other types of resident assistants for sexual abuse allegations. None of the twelve were aware of a time another resident was utilized for sexual abuse allegations/investigations. Interviews with five disabled residents indicated that four were provided information related to sexual abuse and sexual harassment in a format that they could understand and none had a translator utilized.

Based on a review of the PAQ, 4.010 - Prison Rape Elimination Act (PREA) Client Orientation and Education, Memorandum of Understanding with Springs Institute for Intercultural Learning, the PREA Education Video (Colorado Community Corrections), PREA Poster, Mesa County Community Corrections Client Acknowledgment of Colorado Community Corrections PREA DVD, observations made during the tour as well as interviews with the Agency Head Designee and random staff indicates that this standard appears to require corrective action. The auditor observed PREA information posted throughout the facility. Each housing unit had at least two PREA posters. Most posters were located by the phone and/or on the bulletin board. Posters were observed on regular size paper in English. A few units had posters in Spanish. his information was observed in housing units and is accessible via the website. Informal conversation with residents confirmed there have been posters up but that they just recently put new ones up with new information. They also advised they never had Spanish posters until recently.

Corrective Action

The agency executed an MOU with the Spring Institute for Intercultural Learning during the interim report period. The facility will need to educate all appropriate staff on the nature of the MOU, to include when and how to utilize interpretation services. A copy of the training, to include signatures or electronic verification, will need to be provided to the auditor as confirmation. Additionally, the facility will need to ensure that the resident PREA materials (handbook, posters, etc.) are available and posted in larger font and at minimum, Spanish. Photos of the posters will need to be provided and a copy of the documents with modifications should be provided.

Recommendation

The auditor recommends that the agency update their policy related to provision (c) to more clearly indicate that the use of a resident interpreter is prohibited except in exigent circumstances.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training on the Spring Institute for Intercultural Learning
2. PREA Reporting Options and Advocacy Support Document (PREA Poster)
3. PREA Client Acknowledgment and Summary of PREA Information
4. PREA DVD Form
5. Client Handbook
6. Photos of Posted Documents
7. Photos of Documents on the Client Portal

On January 13, 2023 the facility provided documentation confirming that all staff were informed of the MOU with Spring Institute for Interculture Learning. The staff were informed that in cases of sexual assault where an interpreter is needed, law enforcement will provide an interpreter. If one is not available or there are instances of prolonged investigation and the need for advocacy, CJSD will utilize the Spring Institute The MOU includes contact information, the MOU number and charges for services. The training stated the CJSD Manager would initiate contact and make any necessary arrangement for interpreters. Additionally, the training reiterated that a resident interpreter is prohibited except in exigent circumstances.

On the same date the facility provided copies of the updated PREA Poster, client handbook and PREA forms in English and Spanish. Photos of the PREA Poster in each housing units were provided and confirmed that they were posted in English and Spanish and the posters had adequate size font (legal size paper). Additionally,

photos were provided confirming that the PREA Poster and forms were available on the client portal in both English and Spanish. Inmate are able to access the forms anytime on the portal.

Based on the documentation provided the facility has corrected this standard.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1187 806" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 2.010 – Hiring and Promotion Practices 3. 8.045 – CJSJSD Facility Access 4. DOJ Standards and PREA Standards 115.217 Duty to Affirm 5. Staff Background Files 6. Contractor Background Files <p data-bbox="280 913 1056 949">Documents Received During the Interim Report Period:</p> <ol data-bbox="280 985 1165 1093" style="list-style-type: none"> 1. PREA Questionnaire for Applicant 2. Criminal Background Record Check Tracking Spreadsheet <p data-bbox="280 1200 437 1236">Interviews:</p> <ol data-bbox="280 1272 877 1308" style="list-style-type: none"> 1. Interview with Human Resource Staff <p data-bbox="280 1415 612 1451">Findings (By Provision):</p> <p data-bbox="280 1559 1471 2056">115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 2.010, page 4 state no applicant or contractor will be hired or promoted that has a conviction, misdemeanor or felony, regarding sexual abuse in any type of institution or in the community. A review of personnel files for four staff who were hired in the previous twelve months and four contractors confirmed that</p>

all eight had a criminal background records check completed. One contractor had a criminal background records check completed after their hire date, however they were not authorized entry into the facility until the check was completed. The four staff that were hired in the previous twelve months did not have documentation of the questions under this provision being asked during the hiring process nor did the two staff who were promoted during the previous twelve months. The PC indicated that the questions are asked during the hiring process but they are not documented anywhere. As such there was not confirmation this was completed. Further, while all staff complete a Duty to Affirm form annually, the two staff who were promoted completed the annual form after their promotion, which was not prior to their promotion. During the interim report period the facility created a form, PREA Questionnaire for Applicant”, which asks all new hires and staff being considered for promotion: “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?”; “Have you ever 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 when the victim did not consent or was unable to consent or refuse?”, and “Have you even been civilly or administratively adjudicated of engaging in 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?”.

115.217 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents. 2.101, page 4 states CJSD will consider any incidents of sexual harassment in determining whether to hire or promote anyone hire or promote anyone or to enlist the services of any contractor, who may have contact with clients. The interview with the Human Resource staff member confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

1115.217 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 2.010, page 3 states the Mesa County Human Resource Department will request an NCIC (National Crime Information Center)/CCIC (Colorado Crime Information Center) criminal history and warrants check, verification of compliance with job qualifications and a review for criminal records through fingerprint identification on all internal and external applicants prior to hire. Additionally, policy states that as part of the background and reference checks, CJSD will either mail or call prior institutional employers completing the PREA Questionnaire for prior employers. The PAQ indicated that seventeen persons were hired in the previous twelve months that had a criminal background records

check. A review of four personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed and one had appropriate prior institutional employers contacted. The Human Resource staff member confirmed that a criminal background records check is completed for all newly hired employees and any contractors that may have contact with residents. Additionally, she confirmed that all prior institutional employers are contacted related to incidents of substantiated sexual abuse. She stated they complete a fingerprint background for all individuals entering the secured area.

115.217 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that there were four contracts for service where criminal background records checks were conducted. 8.045, page 4 outlines Level Three and Level Four visitors which include those with an ongoing working relationship with CJSD, such as contractors. Page 5 states that any visitor that meets the criteria for Level Three or Four access to a CJSD building must complete an approved facility access application. The application will include at minimum; a background check which includes a Colorado Crime Information Center (CCIC) and National Crime Information Center (NCIC) criminal history check; a warrant check and a local criminal history check. A review of personnel files for four staff who were hired in the previous twelve months and four contractors confirmed that all eight had a criminal background records check completed. One contractor had a criminal background records check completed after their hire date, however they were not authorized entry into the facility until the check was completed. The Human Resource staff member confirmed that any contractor would have a criminal background records check completed prior to enlisting their services.

115.217 (e): The PAQ indicated that agency policy requires either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. 2.010, page 4 states CJSD will conduct criminal background record checks at least every five years of current employees and annually for contractors who may have contact with clients. A review of one staff that were hired prior to 2017 and two contractors hired prior to 2017 indicated that all three a current criminal background records check. One contractor had a prior criminal background records check but it could not be located. The other two were documented with a criminal background record check at least every five years. During documentation review the auditor determined that the tracking of the criminal background record checks was not adequate to fulfill this standard. The facility was using a spreadsheet that contained only the most recent criminal background record check and the date the next was due. In order to confirm a criminal background record check is completed at least every five years, further documentation would be needed to confirm. The PC immediately updated the spreadsheet to include information for the last two

criminal background record checks and advised she would utilize the additional sections moving forward for better tracking. The interview with the Human Resource staff member indicated they complete a fingerprint background check through the state and federal criminal history database. She stated they also send the information to the Sheriff's Office to be completed. The staff confirmed that criminal background record checks are completed at least every five years.

115.217 (f): A review of the DCJ Standards and PREA Standards 115.217 Duty to Affirm document indicates that staff are required to sign that they have read the CJSD Manual and affirm that they have not engaged in any behaviors related to inappropriate sexual activity. Section 5 of the document states the agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The PC clarified that this form is utilized annually for staff to affirm they have not engaged in prohibited behaviors. The form is not utilized prior to hire. Further communication with the PC indicated that staff are asked the required questions during the interview process, however there was not a way to confirm this process. Additionally, it was determined that staff were not asked the questions prior to promotion. The interview with the Human Resource staff confirmed that the questions are asked as part of the PREA and during the polygraph and that employees have a continuing affirmative duty to disclose any previous such misconduct. During the interim report period the facility created a form, PREA Questionnaire for Applicant", which asks all new hires and staff being considered for promotion: "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?"; "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", and "Have you even been civilly or administratively adjudicated of engaging in 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?".

115.217 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 2.010, page 4 states material omissions or false information from the applicant shall be grounds for termination.

115.217 (h): 2.010, page 5 states that due to the nature of public safety work all request for a reference check or a current or former employee will be referred to the Mesa County Human Resources Department or CJSD Director. If there is a request from an institutional employer for reference information, any substantiated allegations of sexual abuse or sexual harassment will be reported. The Human Resource staff member confirmed that they would provide the information is a signed release was provided.

Based on a review of the PAQ, 2.010 - Hiring and Promotion Practices, 8.045 - CJSD Facility Access, DOJ Standards and PREA Standards 115.217 Duty to Affirm, Staff Background Files, Contractor Background Files, the newly created PREA Questionnaire for Applicant form, the updated criminal background records check tracker and information obtained from the Human Resource staff interview indicates this standard appears to have been corrected and as such compliant. It should be noted that the PC handles the created form and tracker and as such no additional training of staff was required to correct this standard.

115.218	Upgrades to facilities and technology
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1382 591" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data 3. 2017 Annual Staffing Plan Review <p data-bbox="280 698 437 734">Interviews:</p> <ol data-bbox="280 770 948 882" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Director <p data-bbox="280 990 651 1025">Site Review Observations:</p> <ol data-bbox="280 1061 1219 1173" style="list-style-type: none"> 1. Observations of Absence of Modification to the Physical Plant 2. Observations of Video Monitoring Technology <p data-bbox="280 1281 612 1317">Findings (By Provision):</p> <p data-bbox="280 1415 1484 2078">115.218 (a): The PAQ indicated that the agency/facility has acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. The PAQ stated that since 2019 the facility has upgraded the camera systems. 4.040, page 2 states that the design of any new facility or any substantial physical facility improvement or expansion shall incorporate a review of the plan’s impact on the agency’s ability to protect clients from sexual misconduct. A review of the 2017 Annual Staffing Plan Review confirmed that an email was included in the review that discussed the video monitoring upgrades to include additional cameras, the ability to watch multiple feeds at one time and the availability of audio feeds in certain locations. The email outlines the additional parameters the cameras allow and the availability for monitoring and review by supervisory and administrative staff. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head Designee and Director indicated that anytime the agency/facility changes the layout they assess the camera system and determine if cameras or mirrors are needed. Additionally, they review physical plant to determine if there needs to be electronic locks on areas such as closet to</p>

eliminate issues and blind spots. The interview with the Director confirmed that there have not been any substantial expansions or modifications since the last PREA audit.

115.218 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. The PAQ stated that since 2019 the facility has upgraded the camera systems. 4.040, page 2 states that when installing or updating a video monitoring system, or any other electronic monitoring system, due consideration shall be given to deploying the system(s) to enhance CJSD's ability to protect clients from sexual abuse. A review of the 2017 Annual Staffing Plan Review confirmed that an email was included in the review that discussed the video monitoring upgrades to include additional cameras, the ability to watch multiple feeds at one time and the availability of audio feeds in certain locations. The email outlines the additional parameters the cameras allow and the availability for monitoring and review by supervisory and administrative staff. During the tour, the auditor observed the facility had an excellent video monitoring system. Cameras were observed in most areas inside the buildings and many areas outside the buildings. Video monitoring was utilized to supplement staffing and assist with supervision and monitoring. The interview with the Agency Head Designee and the Director indicated that they have invested a lot of money into the cameras system and upgrading the technology. She stated they try to cover all the angles they can with video monitoring, including all areas that clients have access. She further stated that since the last PREA audit they have installed a few additional cameras in office areas where staff meet with residents.

Based on a review of the PAQ, 4.040 - Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, 2017 Annual Staffing Plan Review, observations made during the tour and information from interviews with the Agency Head Designee and Director indicate that this standard appears to be compliant.

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 451 374">Documents:</p> <ol data-bbox="280 412 1465 1216" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA 3. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring 4. 4.025 – Prison Rape Elimination Act (PREA) Victim Services 5. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements 6. PREA Incident First Responder Checklist 7. Memorandum of Understanding with Grand Junction Police Department 8. Memorandum of Understanding with Western Slope Center for Children Sexual Abuse Nurse Examiner (SANE) 9. Memorandum of Understanding with Hilltop Domestic Violence and Sexual Assault Services at Latimer House 10. Crisis Intervention Training Curriculum <p data-bbox="280 1328 959 1361">Documents Received During the Interim Report:</p> <ol data-bbox="280 1400 1433 1473" style="list-style-type: none"> 1. Updated Memorandum of Understanding with Hilltop Domestic Violence and Sexual Assault Services at Latimer House <p data-bbox="280 1512 437 1545">Interviews:</p> <ol data-bbox="280 1583 1102 1832" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the PREA Coordinator 3. Interview with Residents who Reported Sexual Abuse 4. Interview with SAFE/SANE Staff <p data-bbox="280 1944 611 1977">Findings (By Provision):</p>

115.221 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while Grand Junction Police Department is responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 4.020, page 1 states to the extent CJSD is responsible for investigating allegations of sexual harassment and sexual abuse, the agency shall follow an established protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency provided an MOU with Grand Junction Police Department that indicates that CJSD understand that the process to report any crime to include reports of sexual assault would be by calling 911 or the non-emergency number. The GJPD agrees to communicate with the PC or a Manager the officer assigned and expected response time. While the MOU was provided, it was not executed and as such was not applicable. 4.030, page 2 states CJSD shall ensure that standard evidence protocols are met anytime that a crime scene, victim or perpetrator may have usable evidence pertinent to an investigation of alleged sexual abuse, misconduct or harassment. These steps are outlined in the first responder manual and include: separate and protect the alleged victim and the alleged abuser; preserve and protect the crime scene until appropriate steps can be taken to collect evidence; if the abuse occurred within a time period that allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Interviews with twelve random staff indicate that all twelve were aware of and understood the agency's protocol on obtaining usable physical evidence. Additionally all twelve stated that they knew who was responsible for investigating sexual abuse allegations. Staff stated the SART team, the PC and/or local law enforcement conduct sexual abuse investigations.

115.221 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful residents. The PAQ did not state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. Further communication with the PC indicated that this should have been marked yes. 4.030, page 2 states CJSD shall ensure that standard evidence protocols are met anytime that a crime scene, victim or perpetrator may have usable evidence pertinent to an investigation of alleged sexual abuse, misconduct or harassment. These steps are outlined in the first responder manual and include: separate and protect the alleged victim and the alleged abuser; preserve and protect the crime scene until appropriate steps can be taken to collect evidence; if the abuse occurred within a time period that allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence including washing, brushing teeth, changing

clothes, urinating, defecating, smoking, drinking or eating.

115.221 (c): The PAQ indicated that the facility offers residents who experience sexual abuse access to forensic medical examination without financial cost to the victim. The PAQ stated that when possible, examinations are conducted by SAFE or SANE and when SAFE or SANE are not available a qualified medical practitioner performs forensic examinations. The PAQ expressed that SAFE/SANE are offered at St. Mary's Hospital and that the facility does not document efforts to provide SAFE/SANE but they have an MOU for SANE. 4.005, page 7 states medical services for sexual assault victims shall be referred to the Sexual Abuse Nurse Examiner Program under the Western Slope Center for Children as outlined in the MOU between the SANE program and CJSD. 4.025, page 1 states CJSD shall develop procedures for providing victim services to clients who allege that they are victims of sexual assault, contact or harassment from other clients or staff and must include at minimum medical examination (forensic or otherwise), documentation and treatment of injuries. Any forensic medical examination shall be conducted in a facility and by personnel following Sexual Assault Nurse Examiner (SANE) protocols. 4.025, page 2 further states all victim services offered to a client sexually assaulted while in the custody or under the jurisdiction of CJSD shall be offered at no cost to the victim as determined by CJSD Administration. The Western Slope Center for Children is the agency in Mesa County that oversees SANE services to CJSD. A review of documentation indicated that the agency has an MOU with the Western Slope Center for Children Sexual Abuse Nurse Examiner (SANE) and that the agreement is to ensure any victims of sexual assault are given the care and support needed. The MOU indicates that there are seven SANE and that when sexual abuse occurs, CJSD staff would contact Mesa County Dispatch and advise that a SANE is requested. The MOU further states that CJSD understands that the SANE examination will only take place at a certified medical facility, such as a local hospital. While the facility provided an MOU with Western Slope Center for Children, it was not executed and as such was not applicable. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. The auditor contacted St. Mary's Hospital related to forensic medical examinations. The staff member advised that they do conduct forensic medical examinations. She stated they would call the police department and tell them they need a SANE and they would send someone out to conduct the exam at the hospital. The staff clarified that the SANE is not employed by the hospital but rather the SANE team through the police department. The staff member did state however indicate that the SANE coordinator through the police department is one of their employed physicians at the hospital. The auditor contacted Western Slope Center for Children SANE related to forensic medical examinations The staff member confirmed that they renewed an MOU with the facility in December 2022 but was unsure of when the original MOU was signed. The staff member confirmed that the program is comprised of SANE and that they provide forensic medical examinations. The staff member stated that they have provided services for the Mesa County Criminal Justice Service Division (CJSD) in the past. The staff member also stated that they are not always able to get

an advocate to respond during forensic medical examinations but that law enforcement will activate an advocate if SANE requests one for the patient.

115.221 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center, wither in person or by other means and that these efforts are documented. The PAQ further indicated that if and when a rape crisis center is not available to provide victim advocate services, the facility does not provide a qualified staff member from a community-based organization or a qualified agency staff member. The PAQ noted that the agency currently has seven staff members that are certified in Crisis Intervention Training (CIT), which includes 40 hours of Crisis Intervention Training. Copies of the staff training records and/or CIT training certificates were provided to confirm the applicable training. 4.025, page 2 states the victim advocate will ensure a mental health referral is made to community services providers/sexual assault victim advocate for clients victimized by nonconsensual sexual assault, contact or harassment and for clients affected other than the victimized client. A review of documentation indicated that the facility has an MOU with Hilltop Domestic Violence and Sexual Assault Services at Latimer House. The MOU was established to provide clients of sexual abuse appropriate services. The MOU states that Hilltop Domestic Violence and Sexual Assault Services at Latimer House offer the following services: development of a safety plan; 24 hour crisis line; case management, sexual assault support group in a closed setting; counseling; education and referrals to community services; and advocacy. The MOU was signed May 17, 2016 and renews automatically each year. During the interim report period the MOU was updated to state that Hilltop Domestic Violence and Sexual Assault Services at Latimer House will offer: advocacy to include emotional support during forensic exam, investigatory interviews and SANE exams; assist with protection orders; support during court hearing; a 24 hour crisis line; case management; referral to sexual assault support groups; referral to counseling and education and referrals to community resources. The updated MOU was executed December 15, 2022. The PREA Incident First Responder Checklist outlines steps for staff to take, including: secure/separate the victim in a safe confidential location; determine if the victim needs emergency medical care; determine if an interpreter is needed; if penetration occurred and incident was within five days, instruct the victim not to eat, drink, use the bathroom, brush teeth, changing clothes or do anything to contaminant evidence; notify/page SART member, provide SAVA brochure and provide a private room for in-person or telephone consultation with SAVA; isolate/segregate the assailant and secure the crime scene. The interview with the PC confirmed that the facility attempts to make a victim advocate available to resident victims of sexual abuse. She stated the services are made available through the MOU with Latimer House and the other available victim advocacy services through the local Police Department and Sheriff's Office. The PC further verified that all services are provided through a certified rape crisis or local law enforcement. All staff which are required to have appropriate training and credentials. The resident who reported sexual harassment indicated that he reported sexual harassment and he was not afforded the opportunity to

contact anyone after he reported the sexual harassment. Because the allegation was harassment, the resident was not required to be provided advocacy services under this provision.

115.221 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. A review of documentation indicated that the facility has an MOU with Hilltop Domestic Violence and Sexual Assault Services at Latimer House. The MOU was established to provide clients of sexual abuse appropriate services. The MOU states that Hilltop Domestic Violence and Sexual Assault Services at Latimer House offer the following services: development of a safety plan; 24 hour crisis line; case management, sexual assault support group in a closed setting; counseling; education and referrals to community services; and advocacy. The MOU was signed May 17, 2016 and renews automatically each year. During the interim report period the MOU was updated to state that Hilltop Domestic Violence and Sexual Assault Services at Latimer House will offer: advocacy to include emotional support during forensic exam, investigatory interviews and SANE exams; assist with protection orders; support during court hearing; a 24 hour crisis line; case management; referral to sexual assault support groups; referral to counseling and education and referrals to community resources. The updated MOU was executed December 15, 2022. The PREA Incident First Responder Checklist outlines steps for staff to take, including: secure/separate the victim in a safe confidential location; determine if the victim needs emergency medical care; determine if an interpreter is needed; if penetration occurred and incident was within five days, instruct the victim not to eat, drink, use the bathroom, brush teeth, changing clothes or do anything to contaminant evidence; notify/page SART member, provide SAVA brochure and provide a private room for in-person or telephone consultation with SAVA; isolate/segregate the assailant and secure the crime scene. The interview with the PC confirmed that the facility affords sexual abuse victims with accompaniment and support via victim advocates during the forensic medical examination process and investigatory interviews. The resident who reported sexual harassment indicated that he reported sexual harassment and he was not afforded the opportunity to contact anyone after he reported the sexual harassment. Because the allegation was harassment, the resident was not required to be provided advocacy services under this provision.

115.221 (f): The PAQ indicated that this standard is not applicable. Further communication with the PC indicated this should have been marked yes and that if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs. The agency provide an MOU with Grand Junction Police Department that indicates that CJSD understand

that the process to report any crime to include reports of sexual assault would be by calling 911 or the non-emergency number. The GJPD agrees to communicate with the PC or a Manager the officer assigned and expected response time. The MOU was not executed and as such was not applicable. The auditor contacted the Grand Junction Police Department related to investigations. The Person Crime Unit Sergeant (Sgt) stated the facility would contact GJPD for any criminal matters. He stated once contacted they would go through their sexual assault protocol. This would include a SANE exam and sexual assault kit. The Sgt. confirmed that forensic exams are conducted by SANE through the SANE coordinator (completed at the local hospital). He stated they would also complete interviews and work the incident like any other sexual assault they received. He confirmed they do follow a uniform evidence protocol and offer and allow a victim advocate, through their victim services specialist, to be present for forensic medical examinations and investigatory interviews.

115.221 (g): The auditor is not required to audit this provision.

115.221 (h): The agency currently has seven staff members that are certified in Crisis Intervention Training (CIT), which includes 40 hours of Crisis Intervention Training. Copies of the staff training records and/or CIT training certificates were provided to confirm the applicable training. Staff at the Hilltop Domestic Violence and Sexual Assault Services at Latimer House are trained victim advocates and receive training as outlined by the state's victim advocacy requirements.

Based on a review of the PAQ, 4.005 - Prison Rape Elimination Act (PREA) Introduction to PREA, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.025 - Prison Rape Elimination Act (PREA) Victim Services, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, PREA Incident First Responder Checklist, the Memorandum of Understanding with Grand Junction Police Department, the Memorandum of Understanding with Western Slope Center for Children Sexual Abuse Nurse Examiner (SANE), the Memorandum of Understanding with Hilltop Domestic Violence and Sexual Assault Services at Latimer House (original and updated), the Crisis Intervention Training Curriculum and information from interviews with random staff, the PREA Coordinator, the resident who reported sexual abuse and the SANE/SAFE indicates that this standard appears to have been corrected with the updated MOU and as such is compliant.

Recommendation

The auditor recommends that the facility update and execute the MOU with GJPD

and the MOU with Western Slope Center for Children SANE to ensure both agencies agree to the information and services as outlined.

It should be noted that during the corrective action period the facility updated the MOU with Western Slope Center for Children SANE. The MOU was executed December 22, 2022.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1358 775" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1259 519">2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA <li data-bbox="280 555 1358 636">3. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring <li data-bbox="280 667 1358 703">4. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements <li data-bbox="280 739 655 775">5. Investigative Reports <p data-bbox="280 887 437 922">Interviews:</p> <ol data-bbox="280 958 948 1061" style="list-style-type: none"> <li data-bbox="280 958 948 994">1. Interview with the Agency Head Designee <li data-bbox="280 1025 820 1061">2. Interview with Investigative Staff <p data-bbox="280 1173 612 1209">Findings (By Provision):</p> <p data-bbox="280 1317 1474 2069">115.222 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 4.030, page 1 states CJSD will report allegations or reasonable suspicions, knowledge, or information regarding any incident of sexual abuse or sexual harassment to law enforcement. CJSD shall establish procedures for the administrative investigation of alleged nonconsensual sexual acts and contact and staff sexual misconduct and harassment. Page 1 further states that any instance a report is made alleging sexual misconduct, CJSD staff will complete a thorough and detailed investigation with accurate documentation. The PAQ was blank related to allegations and administrative investigations but further communication with the PC indicated that there were zero sexual abuse allegations reported, however there were three sexual harassment or sexual misconduct (consensual sexual activity) reported during the previous twelve months. The PAQ stated there were zero allegations referred for criminal investigations in the previous twelve months. A review of documentation indicated there were two sexual harassment allegations reported during the previous twelve months and both were investigated at the facility level. There was also one consensual sexual activity allegation that was initially reported as sexual abuse that was investigated by the facility. The interview</p>

with the Agency Head Designee indicated that all allegations of sexual abuse and sexual harassment are reported to an agency with the legal authority to conduct criminal investigations, unless the activity is clearly not criminal. She stated that once an allegation is made, the alleged victim is interviewed. If the allegation involves physical contact, an outside investigator would be contacted. She further stated that the scene would be secured, interviews would be conducted, video would be reviewed, additional evidence would be reviewed and a conclusion would be determined by the SART team. The interview further confirmed that verbal allegations are investigated administratively by the facility and physical allegations are investigated criminally by an external agency.

115.222 (b): The PAQ was blank but further communication with the PC indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations. The PAQ did indicate that such policy is published on the agency website or made publicly available via other means and that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 4.005, page 1 states if information in the investigation is determined to be criminal, the investigation will be turned over to local law enforcement. Page 7 states CJSD will report sexual or other types of abuse of clients to appropriate authorities. Criminal investigations shall be conducted by the Grand Junction Police Department. 4.020, page 3 states CJSD will submit all allegations of sexual abuse or sexual harassment to the GJPD for investigation, unless the allegation does not involve potentially criminal behavior. 4.030, page 1 states CJSD will report allegations or reasonable suspicions, knowledge, or information regarding any incident of sexual abuse or sexual harassment to law enforcement. Page 5 further states in any instance where the initial investigation determines that criminal behavior occurred, the PC or the on duty manager will contact the Grand Junction Police Department for further investigation. The Grand Junction Police Department will be responsible for collecting evidence, interviewing witnesses and referring for prosecution. A review of the agency website confirmed that information related to the investigative process and referrals to the appropriate law enforcement agency to conduct investigations is available <https://cjsd.mesacounty.us/programs-and-services/community-corrections/residential-services/>. A review of documentation indicated there were two sexual harassment allegations reported during the previous twelve months and both were investigated at the facility level. The interview with the facility investigator confirmed that the agency has a policy that requires all allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigation.

115.222 (c): 4.005, page 1 states if information in the investigation is determined to be criminal, the investigation will be turned over to local law enforcement. 4.030, page 1 states CJSD will report allegations or reasonable suspicions, knowledge, or

information regarding any incident of sexual abuse or sexual harassment to law enforcement. A review of the agency website confirmed that information related to the investigative process and referrals to the appropriate law enforcement agency to conduct investigations is available <https://cjsd.mesacounty.us/programs-and-services/community-corrections/residential-services/>.

115.222 (d): The auditor is not required to audit this provision.

115.222 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 4.005 - Prison Rape Elimination Act (PREA) Introduction to PREA, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, Investigative Reports, the agency's website and information obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to be compliant.

115.231	Employee training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1461 1146" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1461 600">2. 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline National Institute of Corrections Video – PREA: Understanding Your Role and Responding to Sexual Abuse <li data-bbox="280 636 735 672">3. Training Orientation Packet <li data-bbox="280 707 730 743">4. Residential Training Packet <li data-bbox="280 779 1398 860">5. National Institute of Correction’s Video: Your Role in Responding to Sexual Abuse <li data-bbox="280 896 1433 931">6. Code of Conduct Policy 1.2070, PREA and Professional Standards of Conduct <li data-bbox="280 967 858 1003">7. Post Order – PREA – First Responder <li data-bbox="280 1039 1353 1075">8. Colorado Community Corrections PREA Training (Annual PREA Training) <li data-bbox="280 1111 660 1146">9. Staff Training Records <p data-bbox="280 1254 437 1290">Interviews:</p> <ol data-bbox="280 1326 756 1361" style="list-style-type: none"> <li data-bbox="280 1326 756 1361">1. Interview with Random Staff <p data-bbox="280 1469 612 1505">Findings (By Provision):</p> <p data-bbox="280 1612 1485 2069">115.231 (a): The PAQ stated that the agency trains all employees who may have contact with residents on the following matters: the agency’s zero tolerance policy, how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures, the residents’ right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with residents, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents and how to comply with relevant laws related to</p>

mandatory reporting. The PAQ noted that all staff watch the National Institute of Corrections video, PREA: Understanding Your Role and Responding to Sexual Abuse and area provided the PREA Professional Standards of Conduct Form and read the policy within three days of hire. 4.035, page 1 states it is the responsibility of CJSD to provide comprehensive training regarding PREA to all professionals who provide services to CJSD clients. All training documentation will be maintained by the Administrative Officer. All CJSD employees shall sign the PREA Professional Advisement Form within three days of their hire start date. CJSD employees will receive no less than four hours of training related to PREA in the first year of employment. Training related to PREA may include but not be limited to: review of all PREA policies to include zero tolerance, criminal actions of staff, prevention, intervention and investigations; procedures on sharing confidential information; reporting procedures; client's right to be free from sexual misconduct; client and employees right to be free from retaliation from reporting sexual abuse; dynamics of sexual abuse in confinement; common reactions of sexual abuse victims; client searches and room/ed placement decisions. A review of the Training Orientation Packet indicates that all CJSD full time and part-time staff receive 20 hour of formal orientation training within the first week of employment. This includes the Code of Conduct Policy 1.2070, PREA and Professional Standards of Conduct and the Prison Rape Elimination Act DVD. Staff sign the bottom of the form when all training is completed. A review of the Code of Conduct Policy 1.2070, PREA and Professional Standards of Conduct indicated that it includes information on the prohibition of sexual contact (consensual or otherwise) and the zero tolerance policy. The document discusses the investigative process, CJSD response to an allegation, how to report, prevention and intervention and required documents for facility access.

The auditor was unable to review the NIC Video as access is limited to individuals with login credentials, however a review of the synopsis of the video confirms that it includes information related to appropriate response of sexual abuse. After staff complete the general orientation for new staff (see above) they complete the Residential Training Packet which is 30 hours of training. This includes the Code of Conduct Policy 1.2070, PREA and Professional Standards of Conduct; gender sensitivity, client searches and entering bathrooms; client searches; and the PREA Post Order for staff. The Post Order - PREA - First Responder outlines that apart from reporting to designated CJSD staff, staff shall not reveal any information related to a sexual abuse, misconduct or harassment to anyone, including other staff, other than to the extent necessary to make treatment, investigation and other security and management decisions. The document is a checklist of first responder duties and notes separating the victim, abuser and possible witnesses; notifying the manager; obtaining client information; preserving and protecting the crime scene, maintaining an evidence log; and obtaining copies of any behavior contract pertaining to the topic. A review of the Annual PREA Training curriculum confirmed that the annual staff training includes information on: the agency's zero tolerance policy (slide 3 & slide 6), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (all slides), the residents' right to be free from sexual abuse and sexual harassment (slide 6), the right of the resident and employee to be free from retaliation for reporting sexual abuse or sexual harassment (slide 51), the dynamics of sexual abuse and sexual

harassment in a confinement setting (slides 33-38 & slide 81-86), the common reactions of sexual abuse and sexual harassment victims (slides 42-49), how to detect and respond to signs of threatened and actual sexual abuse (slides 42-49 and slides 53-69), how to avoid inappropriate relationship with residents (slides 72-73), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents (slides 70-71) and how to comply with relevant laws related to mandatory reporting (slides 63-64). A review of twelve staff training records indicated that 100% of those reviewed received PREA training. Interviews with twelve random staff confirmed that all twelve received PREA training. Staff stated they received training upon hire and then they receive it annually. Staff also stated they receive policy updates and they have to read and sign off on them. All twelve staff confirmed all required topics under this provision were discussed during the training and that they most remembered first responder duties, search techniques, LGBTI topics and staff and resident relationships.

115.231 (b): The PAQ indicated that training is not tailored to the gender of the resident at the facility and that employees who are reassigned to facilities with opposite gender are not given additional training. The PAQ further stated that all staff work with male and female residents. The facility houses both male and female residents. A review of the Annual PREA Training indicated that slides 81-86 cover differences among male and female victims/potential victims and how to respond to individuals based on their gender.

115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ stated that staff are trained no less than every two years and the PREA Assessment and Bed Placement Team receives annual training. 4.035, page 2 states all CJSD staff members who have direct contact with clients will seek out and receive ongoing training regarding PREA related issues and PREA related policies. CJSD has a minimum standard of two hours of training related to PREA issues per year. A review of documentation indicated that eleven of the twelve staff reviewed had PREA training the previous two years. One staff member was a new hire and had not yet had a second training.

115.231 (d): The PAQ stated that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. 4.035, page 1 states it is the responsibility of CJSD to provide comprehensive training regarding PREA to all professionals who provide services to CJSD clients. All training documentation will be maintained by the Administrative Officer. A review of a sample of twelve staff training records indicated that all twelve had an electronic signature or manual signature confirming they received and understood the training.

	<p>Based on a review of the PAQ, 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline, National Institute of Corrections Video – PREA: Understanding Your Role and Responding to Sexual Abuse, Training Orientation Packet, Residential Training Packet, National Institute of Correction’s Video: Your Role in Responding to Sexual Abuse, Code of Conduct Policy 1.2070, PREA and Professional Standards of Conduct, Post Order – PREA – First Responder, Colorado Community Corrections PREA Training (Annual PREA Training), Staff Training Records as well as interviews with random staff indicates that the facility meets this standard.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline Curriculum 3. PREA and Professional Standards of Conduct 4. Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Volunteers or Contractors who have Contact with Residents <p>Findings (By Provision):</p> <p>115.232 (a): The PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 4.035, page 3 states all contractors, volunteers and other persons having direct, unsupervised contact with clients must sign the PREA Professional Advisement Form. This form will include the agencies zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. The PC will keep a record confirming that volunteers and contractors understand the PREA Professional Advisement Form. Contractors and Volunteers complete the PREA and Professional Standards of Conduct form. A review of the PREA and Professional Standards of Conduct form indicated that it includes information on the prohibition of sexual contact (consensual or otherwise) and the zero tolerance policy. The document discusses the investigative process, CJSD response to an allegation, how to report, prevention and intervention and required documents for facility access. The PAQ indicated that eighteen volunteers and contractors had received PREA training. Further communication with the PC indicated this was incorrect and it should state that nine contractors and volunteers have received training. A review of a sample of four contractor and two volunteer training records indicated that all six had received PREA training. During the on-site portion of the audit the facility did not have any contractors or volunteers to interview. Phone numbers were provided for a contractor and volunteer. Both the contractor and the volunteer confirmed that they</p>

had received training on the agency's sexual abuse and sexual harassment policies.

115.232 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is not based on the services they provide and level of contact they have with residents. The PAQ stated that there are different levels of access to the facility, but all form and training on PREA are the same. Additionally, the PAQ indicated that all volunteers and contractors who have contact with residents have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 4.035, page 3 states all contractors, volunteers and other persons having direct, unsupervised contact with clients must sign the PREA Professional Advisement Form. This form will include the agencies zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. The PC will keep a record confirming that volunteers and contractors understand the PREA Professional Advisement Form. Contractors and Volunteers complete the PREA and Professional Standards of Conduct form. A review of the PREA and Professional Standards of Conduct form indicated that it includes information on the prohibition of sexual contact (consensual or otherwise) and the zero tolerance policy. The document discusses the investigative process, CJSJ response to an allegation, how to report, prevention and intervention and required documents for facility access. A review of a sample of four contractor and two volunteer training records indicated that all six had received PREA training. During the on-site portion of the audit the facility did not have any contractors or volunteers to interview. Phone numbers were provided for a contractor and volunteer. The contractor confirmed that he was a prior staff member and completed the staff PREA training. The volunteer advised that training was conducted during their annual meeting prior to COVID-19 and they went over information on sexual abuse and sexual harassment. Both the contract and the volunteer confirmed that the training they received discussed the zero tolerance policy and who to report information to.

115.232 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 4.035, page 3 states all contractors, volunteers and other persons having direct, unsupervised contact with clients must sign the PREA Professional Advisement Form. This form will include the agencies zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. The PC will keep a record confirming that volunteers and contractors understand the PREA Professional Advisement Form. A review of a sample of four contractor and two volunteer training records indicated that all six had signed that they received PREA training.

Based on a review of the PAQ, 4.035 - Prison Rape Elimination Act (PREA) CJSJ Staff and Contractor Training/Discipline Curriculum, PREA and Professional Standards of

	Conduct, Training Records and interviews with contractors and volunteers indicates that this standard appears to be compliant.
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115.233

Resident education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. 4.010 – Prison Rape Elimination Act (PREA) Client Orientation and Education
3. 8.040 – Intake Interview, Program Orientation and Advisement
4. Memorandum of Understanding with Springs Institute for Intercultural Learning
5. Mesa County Community Corrections Client Acknowledgment of Colorado Community Corrections PREA DVD
6. PREA Advisement Facts on Expected Sexual Conduct
7. PREA Poster
8. Men’s Residential Program PREA (Handbook)
9. Women’s Resident Program (Handbook)
10. Resident Education Records

Documents Received During the Interim Report:

1. Updated PREA Advisement Facts on Expected Sexual Conduct
2. Updated PREA Poster

Interviews:

1. Interview with Intake Staff
2. Interview with Random Residents

Site Review Observations:

1. Observations of Intake Area and Education Process
2. Observations of PREA Posters

Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PAQ indicated that on intake residents acknowledge the PREA Standards of Conduct and are given an information page on reporting. Residents then watch the PREA video within two weeks of intake. 4.010, page 1 states the client will be given a PREA Advisement: Facts on Expected Sexual Misconduct document at intake. The PREA Advisement is a brief fact based document explaining zero tolerance for sexual misconduct, process and avenues for client and third party reporting and limits of confidentiality regarding mandatory reporting issues. The policy further states that all clients will view an educational DVD "Colorado Community Corrections, PREA" regarding rights as well as information and expectations about sexual misconduct. Information provided includes advisement on rights, self-protection, prevention, treatment, counseling, resources, reporting procedures and the investigative process. Additionally, 8.040, page 3 states staff processing clients will provide each client with a copy of the program handbook. Staff will instruct every client to read the handbook and are responsible for ensuring the client has an understanding of its contents. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information on the zero tolerance policy, types of sexual abuse, the investigative process, reporting methods, self-protection, confidentiality, grievance process, prevention and intervention, false allegations and treatment and counseling. The reporting options include CJSD options, Department of Corrections options and other options. The treatment and counseling section included information for three victim advocacy services. This document is electronically available to all residents on their portal via the shared computers (this was also confirmed during the tour). A review of the Men's Residential Program PREA (handbook) confirmed that it contained information on the zero tolerance policy, the resident's right to be free from sexual abuse, the investigative process, and reporting methods. The Women's Resident Program handbook addresses interpersonal relationships on page 22. The only information on PREA states that federal law regarding the PREA prohibits sexual contact, consensual or otherwise, and all contact will be reported and responded to according to the law. Additionally, a review of the Mesa County Community Corrections Client Acknowledgment of Colorado Community Corrections PREA DVD indicated that it advises that CJSD has a zero tolerance for prohibited sexual behavior. It discusses pat searches and strip searches and has a section at the bottom where residents sign that states "I have watched in Spanish or English a DVD presentation - Colorado Community Corrections, PREA. I understand my responsibilities in respecting boundaries, my rights, staff responsibilities, reporting options and resources." The auditor determined through a review of documentation that the PREA Advisement, handbooks and posters had inaccurate information related to PREA and consensual sexual activity. Additionally, the documents were inconsistent with information. A The PAQ indicated that 242 residents received

information on the zero tolerance policy and how to report at intake. The is equivalent to less than 100% of residents that arrived in the previous twelve months. Further communication with the PC indicated that all clients received information and the only exception would be those that left prior to their intake being completed. A review of 20 resident files of those received within the previous twelve months indicated that eighteen were documented with receiving PREA education. It should be noted the two that were missing PREA education were no longer at the facility and as such could not be provided the education as corrective action. The auditor observed the intake process through a demonstration. Residents have computers in the intake room where they review the PREA forms. They then meet one on one with the intake staff who reads through the information with them and ensures that they understand the information. Staff ask if residents have any questions and advises the resident how to report and where the PREA information is posted. The forms residents electronically sign are available for them to review on their client portal anytime. The electronic forms on the client portal are in English only and as such any LEP residents would be provided a physical copy of the form. Additionally, bilingual staff or the Springs Institute would be utilized translate. The intake staff also stated that if they had any residents with disabilities they would read the information one on one to ensure the resident fully understood. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The PREA video is shown on a projector in the training room. The video is the Colorado Community Corrections PREA video and is available in both English and Spanish. The video has large print font that corresponds to the verbal information being provided. The video discusses: zero tolerance, definitions, policy and procedure, prevention, reduction risk tips, what to do if assaulted, reporting mechanism, right to be free from sexual abuse, right to be free from retaliation, the investigative process, rape crisis general information and additional resources. The interview with the intake staff confirmed that residents receive information on zero tolerance, their rights and how to report. The staff stated that residents receive two forms when they arrive and they watch a DVD. She stated they also go through two PREA assessments and there are posters throughout the facility. 20 of the 21 residents interviewed indicated that they received information on the facility's sexual abuse and sexual harassment policies and they received information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting sexual abuse or sexual harassment and ways to report sexual abuse and sexual harassment. Most indicated they received the information either the first day, within a few weeks or within a few months. During the interim report period the facility updated the PREA Advisement, handbooks and poster. The inaccurate information was removed and information on reporting, victim advocacy and agency policy and procedure was updated to be more consistent and explanatory.

115.233 (b): The PAQ indicated that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233 (a). The PAQ further indicated there were zero residents who transferred from a different community confinement facility over the previous twelve months. 4.010, page 1 states the client will be given a PREA

Advisement: Facts on Expected Sexual Misconduct document at intake. The PREA Advisement is a brief fact based document explaining zero tolerance for sexual misconduct, process and avenues for client and third party reporting and limits of confidentiality regarding mandatory reporting issues. The policy further states that all clients will view an educational DVD "Colorado Community Corrections, PREA" regarding rights as well as information and expectations about sexual misconduct. Information provided includes advisement on rights, self-protection, prevention, treatment, counseling, resources, reporting procedures and the investigative process. Additionally, 8.040, page 3 states staff processing clients will provide each client with a copy of the program handbook. Staff will instruct every client to read the handbook and are responsible for ensuring the client has an understanding of its contents. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information on the zero tolerance policy, types of sexual abuse, the investigative process, reporting methods, self-protection, confidentiality, grievance process, prevention and intervention, false allegations and treatment and counseling. The reporting options include CJSJ options, Department of Corrections options and other options. The treatment and counseling section included information for three victim advocacy services. This document is electronically available to all residents on their portal via the shared computers (this was also confirmed during the tour). A review of the Men's Residential Program PREA (handbook) confirmed that it contained information on the zero tolerance policy, the resident's right to be free from sexual abuse, the investigative process, and reporting methods. The Women's Resident Program handbook addresses interpersonal relationships on page 22. The only information on PREA states that federal law regarding the PREA prohibits sexual contact, consensual or otherwise, and all contact will be reported and responded to according to the law. Additionally, a review of the Mesa County Community Corrections Client Acknowledgment of Colorado Community Corrections PREA DVD indicated that it advises that CJSJ has a zero tolerance for prohibited sexual behavior. It discusses pat searches and strip searches and has a section at the bottom where residents sign that states "I have watched in Spanish or English a DVD presentation - Colorado Community Corrections, PREA. I understand my responsibilities in respecting boundaries, my rights, staff responsibilities, reporting options and resources." The auditor determined through a review of documentation that the PREA Advisement, handbooks and posters had inaccurate information related to PREA and consensual sexual activity. Additionally, the documents were inconsistent with information. The PAQ indicated that 242 residents received information on the zero tolerance policy and how to report at intake. This is equivalent to less than 100% of residents that arrived in the previous twelve months. A review of 20 resident files of those received in the previous twelve months indicated that eighteen had received PREA education. It should be noted the two that were missing PREA education were no longer at the facility and as such could not be provided the education as corrective action. The interview with the intake staff confirmed that residents receive information on zero tolerance, their rights and how to report. The staff stated that residents receive two forms when they arrive and they watch a DVD. She stated they also go through two PREA assessments and there are posters throughout the facility. The intake staff stated the forms are provided as soon as the resident

arrives and that goal is to have the video completed within the first two weeks of arrival, however sometimes it take up to a month. 20 of the 21 residents interviewed indicated that they received information on the facility's sexual abuse and sexual harassment policies and they received information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting sexual abuse or sexual harassment and ways to report sexual abuse and sexual harassment. Most indicated they received the information either the first day they arrived, within a few weeks or within a couple of months. None of the residents were transferred from another community confinement facility and all residents receive the same education regardless of where they were previously. The auditor observed the intake process through a demonstration. Residents have computers in the intake room where they review the PREA forms. They then meet one on one with the intake staff who reads through the information with them and ensures that they understand the information. Staff ask if residents have any questions and advises the resident how to report and where the PREA information is posted. The forms residents electronically sign are available for them to review on their client portal anytime. The electronic forms on the client portal are in English only and as such any LEP residents would be provided a physical copy of the form. Additionally, bilingual staff or the Springs Institute would be utilized translate. The intake staff also stated that if they had any residents with disabilities they would read the information one on one to ensure the resident fully understood. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The PREA video is shown on a projector in the training room. The video is the Colorado Community Corrections PREA video and is available in both English and Spanish. The video has large print font that corresponds to the verbal information being provided. The video discusses: zero tolerance, definitions, policy and procedure, prevention, reduction risk tips, what to do if assaulted, reporting mechanism, right to be free from sexual abuse, right to be free from retaliation, the investigative process, rape crisis general information and additional resources. During the interim report period the facility updated the PREA Advisement, handbooks and poster. The inaccurate information was removed and information on reporting, victim advocacy and agency policy and procedure was updated to be more consistent and explanatory.

115.233 (c): The PAQ stated that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Additionally, the PAQ stated that resident PREA education is available in formats accessible to all residents, including those who are deaf, visually impaired, have limited reading skills, or are otherwise disabled. 4.010, page 2 states CJSD shall take appropriate steps to ensure that clients with disabilities and/or limited English shall have equal opportunity to benefit from CSJD efforts to prevent, detect and respond to sexual misconduct in its facilities. These steps shall include, but not be limited to; providing client interpreters; making available, through auditory means, all PREA related materials and information for clients with impaired vision or any degree of literacy and making available, through visual means, all PREA related material and information for clients with impaired hearing. Policy further states that if bi-lingual CJSD staff are not available, language specific translators including American Sign

Language translators will be requested from the Mesa County Sheriff's Office or from private contracted services that have appropriate certification. A review of the PREA education video confirmed that it is available in English and Spanish and that the video contains large writing with all the key points that are spoken verbally. A review of the PREA Poster indicated that information is provided in adequate font size and posters had a color scheme that was visible. Additionally, the PREA Poster was available in English and Spanish. The agency has an MOU with Spring Institute for Intercultural Learning. The MOU states the Spring Institute shall provide interpreter services for eligible consumers of the client. All interpreters are screened by Spring Institute, trained in providing interpretation services and are fluent in English and in language(s) for which interpretation services are required. The MOU was signed on May 17, 2016. The auditor determined through a review of documentation that the PREA Advisement, handbooks and posters had inaccurate information related to PREA and consensual sexual activity. Additionally, the documents were inconsistent with information. During the interim report period the facility updated the PREA Advisement, handbooks and poster. The inaccurate information was removed and information on reporting, victim advocacy and agency policy and procedure was updated to be more consistent and explanatory. A review of five disabled and one LEP resident files indicated that the five disabled residents signed that they had received and understood the PREA information. The one LEP resident was no longer at the facility and documentation could not be located related to his education.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. 4.010, page 1 states all clients will sign the "Client Acknowledgment" form indicating that they received the advisement and understood its contents. Page 2 further states staff shall document verification of client orientation and education on PREA by completing the PREA Client Acknowledgment form at intake. A review of 20 resident files of those that arrived in the previous twelve months indicate that eighteen signed an acknowledgement form (manual or electronic) indicating that they had received PREA education. It should be noted the two that were missing PREA education were no longer at the facility and as such could not be provided the education as corrective action.

115.233 (e): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information on the zero tolerance policy, types of sexual abuse, the investigative process, reporting methods, self-protection, confidentiality, grievance process, prevention and intervention, false allegations and treatment and counseling. The reporting options include CJSD options, Department of Corrections options and other options. The treatment and counseling section included information for three victim advocacy services. A review of the Men's Residential Program PREA (handbook) confirmed that it contained information on the zero tolerance policy, the resident's

right to be free from sexual abuse, the investigative process, and reporting methods. Additionally, the PREA Poster includes information on reporting methods. The Women's Resident Program handbook addresses interpersonal relationships on page 22. The only information on PREA states that federal law regarding the PREA prohibits sexual contact, consensual or otherwise, and all contact will be reported and responded to according to the law. A review of the PREA Poster indicated that it included information on reporting mechanism. The auditor determined through a review of documentation that the PREA Advisement, handbooks and posters had inaccurate information related to PREA and consensual sexual activity. Additionally, the documents were inconsistent with information. The auditor observed PREA information posted throughout the facility. Each housing unit had at least two PREA posters. Most posters were located by the phone and/or on the bulletin board. Posters were observed on regular size paper in English. A few units had posters in Spanish. The posters included information on reporting methods and the grievance process. Additional posters were observed in common areas of the facility. The auditor did not observe any posted information related to victim advocacy. Additionally, third party reporting information was not observed in the visitation area or the front lobby, however the regular reporting posters had all the reporting options for residents, including the third party reporting email. This information was observed in housing units and is accessible via the website. Informal conversation with residents confirmed there have been posters up but that they just recently put new ones up with new information. They also advised they never had Spanish posters until recently. During the interim report period the facility updated the PREA Advisement, handbooks and poster. The inaccurate information was removed and information on reporting, victim advocacy and agency policy and procedure was updated to be more consistent and explanatory.

Based on a review of the PAQ, 4.010 - Prison Rape Elimination Act (PREA) Client Orientation and Education, 8.040 - Intake Interview, Program Orientation and Advisement, Memorandum of Understanding with Springs Institute for Intercultural Learning, Mesa County Community Corrections Client Acknowledgment of Colorado Community Corrections PREA DVD, PREA Advisement Facts on Expected Sexual Conduct, PREA Poster, Men's Residential Program PREA (Handbook), Women's Resident Program (Handbook), Resident Education Records, updated PREA Advisement, updated PREA Poster, observations made during the tour as well information obtained during interviews with intake staff and random residents indicate that this standard appears to require corrective action. The Women's Resident Program handbook addresses interpersonal relationships on page 22. The only information on PREA states that federal law regarding the PREA prohibits sexual contact, consensual or otherwise, and all contact will be reported and responded to according to the law. The auditor observed PREA information posted throughout the facility. Each housing unit had at least two PREA posters. Most posters were located by the phone and/or on the bulletin board. Posters were observed on regular size paper in English. A few units had posters in Spanish. The posters included information on reporting methods and the grievance process.

Additional posters were observed in common areas of the facility. The auditor did not observe any posted information related to victim advocacy. Additionally, third party reporting information was not observed in the visitation area or the front lobby, however the regular reporting posters had all the reporting options for residents, including the third party reporting email. This information was observed in housing units and is accessible via the website. Informal conversation with residents confirmed there have been posters up but that they just recently put new ones up with new information. They also advised they never had Spanish posters until recently. During the interim report period the facility updated the PREA Advisement, handbooks and poster. The inaccurate information was removed and information on reporting, victim advocacy and agency policy and procedure was updated to be more consistent and explanatory.

Corrective Action

The facility will need to distribute all updated information to all current residents and provide confirmation that this was completed. Additionally, photos of the updated information posted in the housing units and on the portal should be provided to the auditor as confirmation.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. PREA Advisement Facts on Expected Sexual Conduct
2. PREA Client Acknowledgment of PREA Advisement - Facts on Expected Sexual Conduct
3. PREA DVD Form
4. PREA Poster
5. Client Handbook (Men's and Women's)
6. Photos of Posted Documents
7. Photos of Documents on the Client Portal

8. Community Meeting Documents

On January 13, 2023 the facility provided the updated PREA Advisement Facts on Expected Sexual Conduct which included information on the zero tolerance policy, right to be free from sexual abuse, right to be free from retaliation, the investigative process, types of sexual abuse, reporting options including internal and external, the sexual abuse grievance process, self-protection measures and advocacy and support, including contact information for local rape crisis centers. The PREA Client Acknowledgment form was updated to include bullets of the information covered in the PREA Advisement, including acknowledgment of reporting options, advocacy needs, rights under PREA and the grievance process. The PREA Poster was updated to include separate areas that outline internal reporting mechanisms and external reporting mechanisms. The PREA Poster advises that regardless of reporting method, all residents have the option to make reports anonymously and that confidentiality is only limited in cases of mandatory reporting issues. The PREA Poster also has a section with advocacy and support, including rape crisis center contact information. The PREA Poster advises residents that all contact with the organizations will remain confidential and that information will only be released if a release of information is signed. The facility also updated the Client Handbooks to include PREA information on pages 20-21. The information in the Client Handbooks included zero tolerance, right to be free from sexual abuse, right to be free from retaliation, reporting mechanism and advocacy and support information. All documents were updated and available in English and Spanish.

On the same date the facility provided photos of the PREA Poster in each housing units as well as photos of the forms on the client portal in both English and Spanish. Inmate are able to access the forms anytime on the portal. The facility also provided documentation confirming that community meetings were held in each of the housing units between December 27, 2022 and January 5, 2022. The community meetings covered all the updated information on the PREA Poster, Client Handbooks and forms, including

Based on the documentation provided the facility has corrected this standard.

115.234	Specialized training: Investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 453 374">Documents:</p> <ol data-bbox="280 412 1461 745" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 1461 562">2. 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline <li data-bbox="280 600 1366 678">3. Prison Rape And Sex Assault Investigations Inside Correctional Facilities Training Curriculum <li data-bbox="280 712 764 745">4. Investigator Training Records <p data-bbox="280 855 437 889">Interviews:</p> <ol data-bbox="280 927 820 960" style="list-style-type: none"> <li data-bbox="280 927 820 960">1. Interview with Investigative Staff <p data-bbox="280 1070 609 1104">Findings (By Provision):</p> <p data-bbox="280 1214 1477 1919">115.234 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 4.035, page 2 states CJSD will ensure that any designated staff for conducting sexual abuse investigation such as the PC have received required training for sexual abuse investigations in a confinement setting. This training will include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training is completed through the Prison Rape And Sex Assault Investigations Inside Correctional Facilities Training Curriculum. A review of investigations indicated one staff member conducted all investigations. The staff member was documented with receiving the specialized training. The interview with the facility investigator confirmed she received specialized training in conducting sexual abuse investigation in a confinement setting. She stated the training was through CUSA and that it covered topics such as how to interview people, understanding reactions, what to pay attention to with regard to the alleged perpetrator, evidence collection and other topics.</p> <p data-bbox="280 2029 1407 2063">115.234 (b): 4.035, page 2 states CJSD will ensure that any designated staff for</p>

conducting sexual abuse investigation such as the PC have received required training for sexual abuse investigations in a confinement setting. This training will include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training is completed through the Prison Rape And Sex Assault Investigations Inside Correctional Facilities Training Curriculum. A review of the training indicates that it encompasses the requirements under this provision. The training is a robust curriculum with nine sections and scenarios. Interviewing techniques are discussed in section two and section eight. Evidence collection is discussed in section two. Standard of proof is discussed in section three and Miranda and Garrity are covered in section seven. A review of investigations indicated one staff member conducted all investigations. The staff member was documented with receiving the specialized training. The interview with the facility investigator confirmed that the required topics were covered in the training.

115.234 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that two facility investigators have completed the required training. Further communication with the PC indicated that two staff attended the training, however there are five managers that are expected to participate and receive training in staff investigations. A review of documentation indicated that two facility staff are documented with the specialized training via a training certificate. A review of investigations indicated one staff member conducted all investigations. The staff member was documented with receiving the specialized training.

115.234 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 4.035 - Prison Rape Elimination Act (PREA) CJSJ Staff and Contractor Training/Discipline, Prison Rape And Sex Assault Investigations Inside Correctional Facilities Training Curriculum, Investigator Training Records, as well as the interview with the facility investigator, indicates that this standard appears to be compliant.

115.235	Specialized training: Medical and mental health care
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1461 743" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1461 564">2. 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline <li data-bbox="280 600 1382 680">3. National Institute of Corrections PREA 201 for Medical and Mental Health Practitioners <li data-bbox="280 716 587 752">4. Training Records <p data-bbox="280 860 612 896">Findings (By Provision):</p> <p data-bbox="280 1003 1477 1621">115.235 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 4.035, page2 states staff with assignments related to PREA standards such as the CJSD nurse will receive additional training to include: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that zero medical and mental health care practitioners who work regularly at the facility received the required training. The PAQ stated that the facility does not currently have a nurse and that they have five substance abuse counselors. If the facility ever has medical or mental health care staff they utilize the NIC’s PREA 201 for Medical and Mental Health Practitioners, which includes all the elements under this standard related to training. The facility provided training certificates for two former medical staff confirming they received the specialized training.</p> <p data-bbox="280 1729 1461 1890">115.235 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at St. Mary’s Hospital. The facility does not employ medical and/or mental health professionals, all residents are referred to community based providers for services.</p> <p data-bbox="280 1998 1477 2078">115.235 (c): The PAQ indicated that this standard is not applicable. 4.035, page2 states staff with assignments related to PREA standards such as the CJSD nurse will</p>

receive additional training to include: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. If the facility ever has medical or mental health care staff they utilize the NIC's PREA 201 for Medical and Mental Health Practitioners, which includes all the elements under this standard related to training. The facility provided training certificates for two former medical staff confirming they received the specialized training.

115.235 (d): 4.035, page 2 states staff with assignments related to PREA standards such as the CJSD nurse will receive additional training to include: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. Page 3 states all contractors, volunteers and other persons having direct, unsupervised contact with clients must sign the PREA Professional Advisement Form. This form will include the agencies zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. The PC will keep a record confirming that volunteers and contractors understand the PREA Professional Advisement Form. Additionally, page 1 states it is the responsibility of CJSD to provide comprehensive training regarding PREA to all professionals who provide services to CJSD clients. All training documentation will be maintained by the Administrative Officer. All CJSD employees shall sign the PREA Professional Advisement Form within three days of their hire start date. CJSD employees will receive no less than four hours of training related to PREA in the first year of employment. Training related to PREA may include but not be limited to: review of all PREA policies to include zero tolerance, criminal actions of staff, prevention, intervention and investigations; procedures on sharing confidential information; reporting procedures; client's right to be free from sexual misconduct; client and employees right to be free from retaliation from reporting sexual abuse; dynamics of sexual abuse in confinement; common reactions of sexual abuse victims; client pat searches and room/ed placement decisions.

Based on a review of the PAQ, 4.035 - Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline, National Institute of Corrections PREA 201 for Medical and Mental Health Practitioners and Training Records this standard appears not applicable and as such compliant.

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1414 703" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1414 564">2. 4.015 – Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations <li data-bbox="280 600 1098 636">3. Assessment for Victim Prone/Abusive Characteristics <li data-bbox="280 672 1098 707">4. Resident Assessment and Reassessment Documents <p data-bbox="280 815 437 851">Interviews:</p> <ol data-bbox="280 887 1070 1066" style="list-style-type: none"> <li data-bbox="280 887 1070 922">1. Interview with Staff Responsible for Risk Screening <li data-bbox="280 958 826 994">2. Interview with Random Residents <li data-bbox="280 1030 868 1066">3. Interview with the PREA Coordinator <p data-bbox="280 1173 651 1209">Site Review Observations:</p> <ol data-bbox="280 1245 1054 1352" style="list-style-type: none"> <li data-bbox="280 1245 868 1281">1. Observations of Risk Screening Area <li data-bbox="280 1317 1054 1352">2. Observations of Where Resident Files are Located <p data-bbox="280 1460 612 1496">Findings (By Provision):</p> <p data-bbox="280 1603 1458 2056">115.241 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. 4.015, page 1 states CJSD staff will complete required assessments on each client to determine risk factors of clients who may be victim prone and of clients who may have predator characteristics. Assessments will be completed and resulting information will be used for work and bed placement assignments and place a client in a room to best fit his/her capabilities. CJSD shall identify, assess, and manage clients with special needs, including those who are potentially vulnerable or dangerous, to assist in providing safe housing, adequate protection, and programmatic resources to meet their needs. Page 2 states that all clients shall be given a full assessment utilizing</p>

the Risk of Sexual Victim Vulnerability/Abusiveness Assessment initially within 72 hours of intake. Interviews with eighteen residents that arrived within the previous twelve months confirmed that fourteen were asked the risk screening questions either the first day or within a couple of weeks. The interview with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness upon admission to the facility. The auditor was provided a demonstration of the initial risk assessment. The risk assessment is completed in a private office and is done electronically. The staff ask all the questions on the assessment form. If the response given is different from the known information from the file the staff marks the known information rather than the resident's response. The staff asks the questions, and makes observations such as age, stature, etc. The supervisor reviews the risk assessment to confirm accuracy.

115.241 (b): The PAQ indicated that the policy does not require that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Further communication with the PC indicated that this should have been marked yes, risk assessments are required to be completed within 72 hours of arrival. 4.015, page 1 states CJSD staff will complete required assessments on each client to determine risk factors of clients who may be victim prone and of clients who may have predator characteristics. Assessments will be completed and resulting information will be used for work and bed placement assignments and place a client in a room to best fit his/her capabilities. Page 2 states that all clients shall be given a full assessment utilizing the Risk of Sexual Victim Vulnerability/Abusiveness Assessment initially within 72 hours of intake. The PAQ stated that 223 residents were screened for their risk of sexual victimization and risk of sexually abusing other residents. This was less than 100% of those reported to have arrived in the previous twelve months that stayed over 72 hours. Further communication with the PC indicated that the numbers for the facility were ran in spring 2022 and that all clients have received a risk screening within 72 hours of arrival. A review of the Assessment for Victim Prone/Abusive Characteristics indicated that the form provides direction at the top that states assessments are required to be completed within 72 hours of a client intake. In addition, the CJSD staff member completing this assessment will need to schedule a follow up assessment at thirty days from the date of intake. Additional assessments are required if violations of PREA occur. A review of 20 resident files of those that arrived within the previous twelve months confirmed that all 20 had an initial risk screening completed. Of the 20, five were past the 72 hours timeframe. Interviews with eighteen residents that arrived within the previous twelve months confirmed that fourteen were asked the risk screening questions either the first day or within a couple of weeks. The interview with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness within 72 hours.

115.241 (c): The PAQ indicated that the risk assessment is conducted using an

objective screening instrument. 4.015, page 1 states all clients shall be screened using the standardized screening instrument: the Risk of Sexual Victim Vulnerability/Abusiveness Assessment. A review of the Assessment for Victim Prone/Abusiveness Characteristics form confirmed that the assessment includes thirteen questions for victimization and five questions for abusiveness. The yes responses are totaled and the number indicates whether the resident is at risk of victimization or abusiveness.

115.241 (d): 4.015, pages 1-2 states CJSD will utilize the Risk of Sexual Victim Vulnerability/Abusiveness Assessment form to assess, at minimum: mental, physical or developmental disability, physical build/stature, previous incarcerations, violent/non-violent criminal history, prior sex offenses against an convictions; lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) status; previous sexual victimization; the client's own perception of vulnerability; prior acts of sexual abuse; prior convictions for violent crimes and history or institutional violence and/or sexual abuse. A review of the Assessment for Victim Prone/Abusive Characteristics form confirmed that it contains thirteen questions related to victim/vulnerability factors. These questions include: whether the resident is youthful age (under 22); whether the resident is elderly age (over 60); height; mental illness or development disability; physical disability; whether it is the resident's first incarceration; history of non-violent crimes only; history of sex offense convictions; LGBTI or perceived as such by others; history of sexual victimization; whether the resident feels vulnerable to victimization and any other factors. The staff responsible for the risk screening stated that the initial risk screening is completed through a form. He stated he reviews the file before he meets with the resident to get an idea of what the responses should be. He stated regardless of the file review he goes through all the questions on the form. The questions include information on age, sex, stature, previous criminal history, violent crimes, sexual offenses, sexual orientation, previous victimization, previous incarcerations, gang affiliation and prior abusiveness. The staff further stated that if there are discrepancies of what is in the file and what is stated by the resident he goes with what is true based on the information (i.e. prior sexual offense in criminal history but states no during the screening).

115.241 (e): 4.015, pages 1-2 states CJSD will utilize the Risk of Sexual Victim Vulnerability/Abusiveness Assessment form to assess, at minimum: mental, physical or developmental disability, physical build/stature, previous incarcerations, violent/non-violent criminal history, prior sex offenses against an convictions; lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) status; previous sexual victimization; the client's own perception of vulnerability; prior acts of sexual abuse; prior convictions for violent crimes and history or institutional violence and/or sexual abuse. A review of the Assessment for Victim Prone/Abusive Characteristics confirmed that it contains five questions related to aggression/abusiveness factors. These questions include: history of sexual abusiveness in the community; history of violent convictions; history of institutional violence or sexual abuse; gang affiliation

and other factors. The staff responsible for the risk screening stated that the initial risk screening is completed through a form. He stated he reviews the file before he meets with the resident to get an idea of what the responses should be. He stated regardless of the file review he goes through all the questions on the form. The questions include information on age, sex, stature, previous criminal history, violent crimes, sexual offenses, sexual orientation, previous victimization, previous incarcerations, gang affiliation and prior abusiveness. The staff further stated that if there are discrepancies of what is in the file and what is stated by the resident he goes with what is true based on the information (i.e. prior sexual offense in criminal history but states no during the screening).

115.241 (f): The PAQ indicated that policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 4.015, page 2 states all clients shall be given a full assessment utilizing the Risk of Sexual Victim Vulnerability/Abusiveness Assessment and a risk assessment review is required at 30 days. The PAQ indicated that 208, or over 100% of residents entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. Further communication with the PC indicated that the numbers for the facility were ran in spring 2022 and that all clients have received a reassessment within 30 days of arrival. A review of the Assessment for Victim Prone/Abusive Characteristics indicated that the form provides direction at the top that states assessments are required to be completed within 72 hours of a client intake. In addition, the CJSD staff member completing this assessment will need to schedule a follow up assessment at thirty days from the date of intake. Additional assessments are required if violations of PREA occur. The interview with the staff responsible for the risk screening confirmed that residents are reassessed within a month and then again annually if they are still at the facility. A review of 20 resident files of those that arrived within the previous twelve months indicated that nineteen residents were reassessed. Five of the nineteen were past the 30 day timeframe. The one resident that did not have a reassessment left the facility prior to the 30 days. Interviews with eighteen residents that arrived within the previous twelve months indicated that eight were asked the risk screening questions on more than one occasion. Most stated the reassessment was completed between a week and four months after arrival. It should be noted that the reassessment is not done through the full assessment screening. Staff meet with the resident and ask them if anything has changed since they were asked the questions. The staff indicated they ask the resident if they remember being asked the risk screening questions and if they remember their responses. Staff then ask if there is anything new, if anything has changed or if there is anything they want to disclose. This may account for the number of residents that indicated they were not asked the risk screening questions on more than one occasion.

115.241 (g): The PAQ indicated that policy requires that an resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. 4.015, page 2 states a full assessment will be completed annually if the client does not identify as transgender or intersex and anytime new or additional information is received that could impact the client's risk of sexual victimization, abuser, or predatory behavior. This includes instances where a client may be a witness to sexual abuse or sexual harassment. Additionally, it states a full assessment will be completed any time a client is placed in the Mesa County Detention Facility or removed as a result of a PREA investigation. A review of the Assessment for Victim Prone/Abusive Characteristics indicated that the form provides direction at the top that states assessments are required to be completed within 72 hours of a client intake. In addition, the CJSD staff member completing this assessment will need to schedule a follow up assessment at thirty days from the date of intake. Additional assessments are required if violations of PREA occur. There were zero substantiated or unsubstantiated sexual abuse allegations over the previous twelve months and as such there were no residents required to be reassessed due to an incident of sexual abuse. The staff responsible for the risk screening confirmed that residents are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. A review of 20 resident files of those that arrived within the previous twelve months indicated that nineteen residents were reassessed. Five of the nineteen were past the 30 day timeframe. The one resident that did not have a reassessment left the facility prior to the 30 days. Interviews with eighteen residents that arrived within the previous twelve months indicated that eight were asked the risk screening questions on more than one occasion. Most stated the reassessment was completed between a week and four months after arrival. It should be noted that the reassessment is not done through the full assessment screening. Staff meet with the resident and ask them if anything has changed since they were asked the questions. The staff indicated they ask the resident if they remember being asked the risk screening questions and if they remember their responses. Staff then ask if there is anything new, if anything has changed or if there is anything they want to disclose. This may account for the number of residents that indicated they were not asked the risk screening questions on more than one occasion.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer whether or not the resident has 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; and the residents own perception of vulnerability. 4.015, page 3 states clients may not be disciplined for refusing to answer, or for not disclosing complete information, in response to screening questions regarding: mental, physical or developmental disabilities; sexual orientation, gender, or gender identity; whether or not he/she has experienced previous sexual victimization and own perception of vulnerability. The

interview with the staff who conduct the risk screening confirmed that residents are not disciplined for refusing to answer risk screening questions.

115.241 (i): 4.015, pages 2-3 state information obtained from these screening instruments shall be used to make informed, individualized decisions regarding each client's housing and program placement. This information shall be limited in dissemination only to those staff who make housing and program placement decisions. The PREA Coordinator stated the computer system has different security levels and that minute a PREA incident is documented it is limited to only those with approval. Further communication identified that the risk screening information is accessible to all staff, however they would have to dig to find it. The PC and Director stated that all staff have access due to the limited number of staff and the need to conduct screenings and make bed assignments. The staff who conduct the risk screening confirmed that the agency implements appropriate controls on the dissemination of information to ensure that sensitive information is not exploited to the resident detriment by staff or other residents. She stated all security, case managers and management can pull up the assessments as they need to have access due to the smaller facility type in order to appropriately house residents and handle case management issues. During the tour the auditor observed that PREA investigative files are paper and electronic. The paper files are in the PC office which is locked with limited access. The electronic investigative reports are maintained on the administrative folder which has very limited access. Resident risk assessments are electronic and all facility staff have access to the risk assessments. Due to the size of the facility, all staff assist with risk assessment and bed assignments. As such the Director stated all staff need access.

Based on a review of the PAQ, 4.015 - Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations, Assessment for Victim Prone/Abusive Characteristics, Resident Assessment and Reassessment Documents and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard appears to be compliant.

Recommendation

The auditor recommends that the facility develop a process to limit access to the responses to the risk screening questions. While the auditor understands the low number of staff at the facility and the multiple hats worn by all staff, the information related to responses to the risk screening is not necessarily required to handle housing, but rather just the overall determination (i.e. known victim, potential, etc.).

115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 4.015 – Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations 3. Sample of Housing Determination Documents 4. LGBTI Resident Housing <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with the PREA Coordinator 3. Interview with Gay, Lesbian and Bisexual Residents 4. Interview with Transgender Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Location of Resident Records 2. Housing Assignments of LGBTI Residents 3. Shower Area in Housing Units <p>Findings (By Provision):</p> <p>115.242 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. 4.015, pages 2-3 state information obtained from these screening instruments shall be used to make informed, individualized decisions regarding each client’s housing and program placement. This information shall be limited in dissemination only to those staff who make housing and program placement decisions. Page 1 also states CJSD staff will</p>

complete required assessments on each client to determine risk factors of clients who may be victim prone and of clients who may have predator characteristics. Assessments will be completed and resulting information will be used for work and bed placement assignments and place a client in a room to best fit his/her capabilities. The interview with the PREA Coordinator indicated the software system documents the known, possible and none victims and abusers. She stated that if they try to house a victim and abuser in the same room the system produces a block and advises staff not to house them together. The PC further stated that the bed management team meets weekly to discuss any housing issues or concerns. The interview with the staff responsible for the risk screening indicated the risk screening information is utilized to move any victims from abusers. A review of resident files and of resident housing assignments confirmed that known victims were not housed with known abusers. The facility has minimal programming and work assignments as most residents work in the community and participate in activities in the community.

115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. 4.015, pages 2-3 state information obtained from these screening instruments shall be used to make informed, individualized decisions regarding each client's housing and program placement. This information shall be limited in dissemination only to those staff who make housing and program placement decisions. The interview with the staff responsible for the risk screening indicated the risk screening information is utilized to move any victims from abusers. The facility has minimal programming and work assignments as most residents work in the community and participate in activities in the community.

115.242 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case by case basis. 4.015, page 1 states CJSD will assess on a case-by-case basis with the Bed Placement Team and CJSD Administration the best placement for any transgender/ gender reassignments/intersex client regarding room, dayroom and building assignments. CJSD will consider the best way to ensure the client's health and safety, and whether the placement would present management or security problems. The interview with the PC indicated that transgender and intersex resident housing is determined by factors including the individuals previous housing in jail, prison or other facility. She stated they try to follow suit with prior placements if possible and that they meet with the resident to discuss options and if they are able to accommodate housing appropriately. The PC confirmed that they take into consideration the residents' own views with respect to his/her safety. She further confirmed that the agency considers whether placement would present any management or security problems and whether the placement would ensure the residents health and safety. There were no transgender residents at the facility and as such no interviews were conducted and no documentation was available for

review.

115.242 (d): 4.015, page 3 states designated staff will meet with the client regarding their views and concerns about safety. Housing arrangements shall be made with serious consideration given to the client's preference and management concerns. The interviews with the PC and the staff responsible for risk screening confirmed that the residents' own views with respect to his/her safety would be given serious consideration. There were no transgender residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (e): The interviews with the PC and the staff responsible for risk screening confirmed that transgender and intersex residents are provided the opportunity to shower separately. The PC stated that the shower stalls are separate and as such all showers are individual. During the tour the auditor observed that certain housing units had single person showers with curtains. A few units had shared showers with curtains. There were no transgender residents housed at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (f): A review of housing assignments for the residents who identified as LGBTI indicated that residents were assigned to different housing units across the facility. The interview with the PC confirmed that the agency does not have a consent decree. The PC stated that placing LGBTI residents in a housing unit solely on their gender identify/sexual preference is a prohibited. She confirmed that housing is based on their needs and that the facility does not allow for separation as they live in a community setting. The interviews with three LGB residents indicated two of the three felt that LGBTI residents were not placed in any specific facility, unit or wing based on their sexual preference and/or gender identity. One resident stated there were three LGB residents in his unit so he felt they may be segregated.

Based on a review of the PAQ, 4.015 - Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations, Sample of Housing Determination Documents, LGBTI Resident Housing and information from interviews with the PC, staff responsible for the risk screenings and LGBTI residents indicates that this standard appears to be compliant.

Recommendation

	<p>During documentation review the auditor observed that potential victims and potential abusers are housed together in rooms. The facility indicated that due to the size of the facility, layout and number of potential victims and potential abusers it is impossible to keep all potentials separate. The auditor highly recommends that the facility develop a process to attempt to keep potential victims and potential abusers from being housed in the same room.</p>
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115.251	Resident reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1430 990" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1257 519">2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA <li data-bbox="280 555 1430 591">3. 4.010 – Prison Rape Elimination Act (PREA) Client Orientation and Education <li data-bbox="280 627 1356 707">4. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring <li data-bbox="280 743 1098 779">5. PREA Advisement Facts on Expected Sexual Conduct <li data-bbox="280 815 523 851">6. PREA Poster <li data-bbox="280 887 983 922">7. Men’s Residential Program PREA (Handbook) <li data-bbox="280 958 916 994">8. Women’s Resident Program (Handbook) <p data-bbox="280 1102 960 1137">Documents Received During the Interim Report:</p> <ol data-bbox="280 1173 1228 1281" style="list-style-type: none"> <li data-bbox="280 1173 1228 1209">1. Updated PREA Advisement Facts on Expected Sexual Conduct <li data-bbox="280 1245 654 1281">2. Updated PREA Poster <p data-bbox="280 1317 437 1352">Interviews:</p> <ol data-bbox="280 1388 868 1568" style="list-style-type: none"> <li data-bbox="280 1388 868 1424">1. Interview with the PREA Coordinator <li data-bbox="280 1460 756 1496">2. Interview with Random Staff <li data-bbox="280 1532 826 1568">3. Interview with Random Residents <p data-bbox="280 1675 651 1711">Site Review Observations:</p> <ol data-bbox="280 1747 963 1783" style="list-style-type: none"> <li data-bbox="280 1747 963 1783">1. Observation of PREA Reporting Information <p data-bbox="280 1890 612 1926">Findings (By Provision):</p> <p data-bbox="280 2033 1359 2069">115.251 (a): The PAQ stated that the agency has established procedures for</p>

allowing for multiple internal ways for residents to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 4.005, page 7 states CJSD will have several methods by which clients can self-report sexual abuse. The options must include multiple internal methods to report as well as a minimum of one external method. The information will be posted on the CJSD website, in client dayrooms, and will be distributed during the client's intake into the program. 4.010, page 1 states the client will be given a PREA Advisement: Facts on Expected Sexual Conduct document which outlines the process and avenues for client and third party reporting. 4.020, pages 1-2 state clients who are victims of or have knowledge of nonconsensual sexual acts or contact of staff sexual misconduct or harassment should immediately report the incident in writing or verbally in one of the following ways: to a CJSD staff member, by sending an email to CJSDTIPS@mesacounty.us; by calling the Criminal Justice Administrative tip line; by calling the Colorado Department of Corrections tip line; by calling the PREA Crisis Hotline; by notifying the Grand Junction Police Department; by logging a complaint with the 21st Judicial District Attorney; by having a third party report; or by utilizing the client grievance procedure. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information on the zero tolerance policy, types of sexual abuse, the investigative process, reporting methods, self-protection, confidentiality, grievance process, prevention and intervention, false allegations and treatment and counseling. The reporting options include CJSD options, Department of Corrections options and other options. The treatment and counseling section included information for three victim advocacy services. A review of the Men's Residential Program PREA (handbook) confirmed that it contained information on the zero tolerance policy, the resident's right to be free from sexual abuse, the investigative process, and reporting methods. The Women's Resident Program handbook addresses interpersonal relationships on page 22. The only information on PREA states that federal law regarding the PREA prohibits sexual contact, consensual or otherwise, and all contact will be reported and responded to according to the law. A review of the PREA Poster indicates that there are multiple ways for residents to report sexual abuse and sexual harassment. All three documents indicate the following methods to report: to a staff member or an on duty manager; by sending an email to Mesa County CJSD, by calling the Criminal Justice Services Department Administration, by calling the Department of Corrections Tip Line or by calling the PREA Crisis Hotline. The PREA Poster also states that phone and tips lines are generally checked once a day Monday through Friday regardless of which number is chosen. The auditor determined through a review of documentation that the PREA Advisement, handbooks and posters had inaccurate information related to PREA and consensual sexual activity. Additionally, the documents were inconsistent with information. During the interim report period the facility updated the agency policy, client portal information, PREA Advisement and PREA poster to include accurate information and the correct reporting email CJSD-TIPS@mesacounty.us. Additionally, the PREA Advisement and PREA poster were updated to clearly differentiate between internal and external reporting mechanism. The documents noted that internal reporting methods include: telling a staff member, emailing CJSD-

TIPS@mesacounty.us, calling CJSJ administration and/or filing a grievance form on the client portal or asking for a grievance form. They further stated that external reporting methods include: calling the CDOC TIPS line; calling the Division of Criminal Justice, calling the GJPD and telling anyone outside the facility to report on client's behalf. The documents state that regardless of internal or external reporting, the resident has the option to remain anonymous. The PC indicated the same information would be added to the handbook as they were updating the handbooks and combining the men's and women's handbook into one general handbook. The auditor observed PREA information posted throughout the facility. Each housing unit had at least two PREA posters. Most posters were located by the phone and/or on the bulletin board. Posters were observed on regular size paper in English. A few units had posters in Spanish. The posters included information on reporting methods and the grievance process. Additional posters were observed in common areas of the facility. The auditor did not observe any posted information related to victim advocacy. Additionally, third party reporting information was not observed in the visitation area or the front lobby, however the regular reporting posters had all the reporting options for residents, including the third party reporting email. This information was observed in housing units and is accessible via the website. Informal conversation with residents confirmed there have been posters up but that they just recently put new ones up with new information. They also advised they never had Spanish posters until recently. The auditor tested the internal reporting mechanisms during the tour. The auditor had a resident submit an electronic grievance via the client portal. The grievance was submitted on December 12, 2022. On the same date the PC provided a copy of the grievance (#100361) to confirm that it was received. She advised that she receives all grievances electronically. The auditor also tested the internal reporting hotline (CJSJ TIPS Line) on December 12, 2022. The hotline had an option for English and an option for Spanish. Residents are provided two minutes to leave a message. The auditor left a message and received confirmation on December 12, 2022 via email that the call was received. Residents are able to call the hotline via the pay phones in the housing units or the client phone that is located in each housing unit. The client phone is free for use and it not recorded. In addition to testing the grievance and hotline process, the auditor had a resident demonstrate how to send an electronic request to staff. The resident advised that responses are answered pretty quickly by staff. During the tour the auditor confirmed that residents utilize the US mail process. Mail is not screened by staff and there are no restrictions related to mail. All mail is given to staff to place in an outgoing mail safe. Interviews with 21 residents indicated that all 21 knew at least one method to report an allegation of sexual abuse or sexual harassment. Most residents indicated they could report through a staff member, through the phone number posted or through written via the mail. Interviews with twelve staff confirm that residents have multiple methods to report including to any staff member, through a grievance, via email and through any of the numbers posted.

115.251 (b): The PAQ stated that the agency provides at least one way for residents

to report abuse or harassment to a public entity or office that is not part of the agency. 4.005, page 7 states CJSD will have several methods by which clients can self-report sexual abuse. The options must include multiple internal methods to report as well as a minimum of one external method. The information will be posted on the CJSD website, in client dayrooms, and will be distributed during the client's intake into the program. 4.010, page 1 states the client will be given a PREA Advisement: Facts on Expected Sexual Conduct document which outlines the process and avenues for client and third party reporting. 4.020, pages 1-2 state clients who are victims of or have knowledge of nonconsensual sexual acts or contact of staff sexual misconduct or harassment should immediately report the incident in writing or verbally in one of the following ways: to a CJSD staff member, by sending an email to CJS DTIPS@mesacounty.us; by calling the Criminal Justice Administrative tip line; by calling the Colorado Department of Corrections tip line; by calling the PREA Crisis Hotline; by notifying the Grand Junction Police Department; by logging a complaint with the 21st Judicial District Attorney; by having a third party report; or by utilizing the client grievance procedure. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information on the zero tolerance policy, types of sexual abuse, the investigative process, reporting methods, self-protection, confidentiality, grievance process, prevention and intervention, false allegations and treatment and counseling. The reporting options include CJSD options, Department of Corrections options and other options. The treatment and counseling section included information for three victim advocacy services. A review of the Men's Residential Program PREA (handbook) confirmed that it contained information on the zero tolerance policy, the resident's right to be free from sexual abuse, the investigative process, and reporting methods. The Women's Resident Program handbook addresses interpersonal relationships on page 22. The only information on PREA states that federal law regarding the PREA prohibits sexual contact, consensual or otherwise, and all contact will be reported and responded to according to the law. A review of the PREA Poster indicates that there are multiple ways for residents to report sexual abuse and sexual harassment. All three documents indicate the following methods to report: to a staff member or an on duty manager; by sending an email to Mesa County CJSD, by calling the Criminal Justice Services Department Administration, by calling the Department of Corrections Tip Line or by calling the PREA Crisis Hotline. The PREA Poster also states that phone and tips lines are generally checked once a day Monday through Friday regardless of which number is chosen. While there are multiple ways to report, only one document indicated "other" reporting methods and none of the documents advised residents they could remain anonymous. The auditor determined through a review of documentation that the PREA Advisement, handbooks and posters had inaccurate information related to PREA and consensual sexual activity. Additionally, the documents were inconsistent with information. During the interim report period the facility updated the agency policy, client portal information, PREA Advisement and PREA poster to include accurate information and the correct reporting email CJS D-TIPS@mesacounty.us. Additionally, the PREA poster was updated to clearly differentiate between internal and external reporting mechanism. The updated PREA poster noted that internal reporting methods include: telling a staff member, emailing CJS D-TIPS@mesacounty.us, calling CJS D

administration and/or filing a grievance form on the client portal or asking for a grievance form. The PREA Poster stated that external reporting methods include: calling the CDOC TIPS line; calling the Division of Criminal Justice, calling the GJPD and telling anyone outside the facility to report on client's behalf. The PREA Poster states that regardless of internal or external reporting, the resident has the option to remain anonymous. The auditor observed PREA information posted throughout the facility. Each housing unit had at least two PREA posters. Most posters were located by the phone and/or on the bulletin board. Posters were observed on regular size paper in English. A few units had posters in Spanish. The posters included information on reporting methods and the grievance process. Additional posters were observed in common areas of the facility. The auditor did not observe any posted information related to victim advocacy. Additionally, third party reporting information was not observed in the visitation area or the front lobby, however the regular reporting posters had all the reporting options for residents, including the third party reporting email. This information was observed in housing units and is accessible via the website. Informal conversation with residents confirmed there have been posters up but that they just recently put new ones up with new information. They also advised they never had Spanish posters until recently. The auditor also tested the outside reporting mechanism via the Colorado Department of Corrections (CDOC) hotline. The hotline has both an English and Spanish option. A message was left on the hotline on December 12, 2022. Confirmation was provided via email on December 14, 2022 that the information was received by CDOC and forward to the facility. CDOC advised in the email that the resident had the ability to remain anonymous when reporting to them. The external hotline can be called on the pay phones in the housing units or on the free client phone in the housing units. Phones are not monitored or recorded. During the tour the auditor confirmed that residents utilize the US mail process. Mail is not screened by staff and there are no restrictions related to mail. All mail is given to staff to place in an outgoing mail safe. The interview with the PC indicated that information with reporting numbers is posted throughout the facility. She stated the numbers can be accessed through the client phone or payphone. Additionally, the posters have an email and a mailing address where correspondence can be sent. The PC confirmed that the main outside reporting entity is the Colorado Department of Corrections TIPS Line. The interview confirmed that there are procedures in place for receipt of the information and forwarding of the information back to the facility. She stated an assigned investigator or CDOC staff member calls her (the PC) and provides the necessary information. Interviews with 21 residents indicated that eleven were aware of an outside entity to report sexual abuse or sexual harassment. Most stated they were told or the phone number was on the wall. Fourteen of the 21 residents stated they knew they could report anonymously.

115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 4.020, page 1 states CJSD will report allegations or

reasonable suspicions, knowledge, or information regarding any incident of sexual abuse or sexual harassment to law enforcement. It further states that immediate notification of any report of abuse whether it be written, verbal or third party will include reporting to the on duty or on call CJSD Manager as soon as the information is received. Page 3 further states that CJSD employees and service providers will report all suspected and reported sexual misconduct by a client to the PC or a member of CJSD Administration. Page 1 further states that reports of abuse regardless of how it is received shall be promptly documented in a written report and submitted to a CJSD Manager. Interviews with 21 residents confirmed that all 21 knew they could report verbally or in writing to staff and seventeen were aware that they could report through a third party. Interviews with twelve staff indicated that residents can report verbally, in writing, anonymously and through a third party. Most of the staff stated that if they received a verbal report they would document it. However, there was some inconsistency on how the information would be documented. Most staff indicated they had never had to deal with an allegation so they were not certain on exact protocol. Additionally during the tour, the auditor asked staff to advise how they submit a written report. Staff indicated they complete an incident report electronically on the computer or the tablet system. The incident report requires narrative information, date and information on the client involved. The staff advised if it is a PREA incident there is a box to check to make it confidential. Staff indicated that incident reports are not always completed for all verbal reports. A review of investigative reports indicated that one was reported verbally, one was reported via a phone call and one was reported via a third party. The verbal report was documented by the PC after the information was received, however the initial staff receiving the report did not document the information in a written format.

115.251 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The PAQ stated that staff are informed of these procedures through PREA training and signature on the PREA Professional Standards Form. 4.020, page 3 states staff must be alert to situations in which nonconsensual sexual acts or contact, or staff sexual misconduct or harassment might occur. If staff suspect a co-worker or other agency personnel of sexual misconduct toward a client, they are required to report such suspicion. This report may be made to any member of CJSD Administration. Interviews with twelve staff indicate that all twelve were aware that they can privately report sexual abuse and sexual harassment of residents. Staff stated they can report via email, through a confidential PREA incident report or through the hotline.

Based on a review of the PAQ, 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA, 4.010 – Prison Rape Elimination Act (PREA) Client Orientation and Education, 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, PREA Advisement Facts on Expected Sexual Conduct, the PREA Poster, Men’s Residential Program PREA (Handbook), Women’s Resident Program

(Handbook), updated documents such as the PREA Advisement and PREA Poster, observations from the facility tour and interviews with the PC, random residents and random staff, this standard appears to require corrective action. The Women's Resident Program handbook addresses interpersonal relationships on page 22. The only information on PREA states that federal law regarding the PREA prohibits sexual contact, consensual or otherwise, and all contact will be reported and responded to according to the law. Interviews with 21 residents indicated that eleven were aware of an outside entity to report sexual abuse or sexual harassment. Most stated they were told or the phone number was on the wall. Fourteen of the 21 residents stated they knew they could report anonymously. Further the verbal report was documented by the PC after the information was received, however the initial staff receiving the report did not document the information in a written format. The auditor observed PREA information posted throughout the facility. Each housing unit had at least two PREA posters. Most posters were located by the phone and/or on the bulletin board. Posters were observed on regular size paper in English. A few units had posters in Spanish. The posters included information on reporting methods and the grievance process. Additional posters were observed in common areas of the facility. The auditor did not observe any posted information related to victim advocacy. Additionally, third party reporting information was not observed in the visitation area or the front lobby, however the regular reporting posters had all the reporting options for residents, including the third party reporting email. This information was observed in housing units and is accessible via the website. Informal conversation with residents confirmed there have been posters up but that they just recently put new ones up with new information. They also advised they never had Spanish posters until recently.

Corrective Action

The facility will need to distribute all updated information to all current residents and provide confirmation that this was completed. Additionally, photos of the updated information posted in the housing units and on the portal should be provided to the auditor as confirmation. All residents should be informed of the outside reporting mechanisms and the ability to remain anonymous during the distribution of the updated information. Additionally, the facility will need to develop a procedure related to written documentation of verbal sexual abuse and sexual harassment allegations (i.e. email, incident report, etc.). All staff should be trained on the requirements of written documentation of a verbal report and how this is to be completed. Confirmation of the process and the training will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. PREA Advisement Facts on Expected Sexual Conduct
2. PREA Client Acknowledgment of PREA Advisement - Facts on Expected Sexual Conduct
3. PREA DVD Form
4. PREA Poster
5. Client Handbook (Men's and Women's)
6. Photos of Posted Documents
7. Photos of Documents on the Client Portal
8. Community Meeting Documents
1. Updated 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring
9. Staff Training Document on Updated Policy and Requirements for Verbal Reports

On January 13, 2023 the facility provided the updated PREA Advisement Facts on Expected Sexual Conduct which included information on the zero tolerance policy, right to be free from sexual abuse, right to be free from retaliation, the investigative process, types of sexual abuse, reporting options, including internal and external, the sexual abuse grievance process, self-protection measures and advocacy and support, including contact information for local rape crisis centers. The PREA Client Acknowledgment form was updated to include bullets of the information covered in the PREA Advisement, including acknowledgment of reporting options, advocacy needs, rights under PREA and the grievance process. The PREA Poster was updated to include separate areas that outline internal reporting mechanisms and external reporting mechanisms. The PREA Poster advises that regardless of reporting method, all residents have the option to make reports anonymously and that confidentiality is only limited in cases of mandatory reporting issues. The PREA Poster also has a section with advocacy and support, including rape crisis center contact information. The PREA Poster advises residents that all contact with the organizations will remain confidential and that information will only be released if a

release of information is signed. The facility also updated the Client Handbooks to include PREA information on pages 20-21. The information in the Client Handbooks included zero tolerance, right to be free from sexual abuse, right to be free from retaliation, reporting mechanism and advocacy and support information. All documents were updated and available in English and Spanish.

On the same date the facility provided photos of the PREA Poster in each housing units as well as photos of the forms on the client portal in both English and Spanish. Inmate are able to access the forms anytime on the portal. The facility also provided documentation confirming that community meetings were held in each of the housing units between December 27, 2022 and January 5, 2022. The community meetings covered all the updated information on the PREA Poster, Client Handbooks and forms.

The facility updated agency policy 4.020 PREA Reporting, Intervention and Monitoring. Page 1 states immediate notification of any report of abuse whether it be written, verbal or third party will include reporting to the on duty or on call CJSD Manager as soon as the information is received. A CJSD Manager is on call seven days a week, 24 hours a day. Additionally, reports of abuse regardless of how it is received will be promptly documented in a written report and submitted to a CJSD Manager. On January 12, 2022 the facility provided education/training to all staff related to the policy updates. The training specifically outlined that all verbal report must include written documentation.

Based on the documentation provided the facility has corrected this standard.

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 453 374">Documents:</p> <ol data-bbox="280 412 1358 846" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 1358 562">2. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring <li data-bbox="280 600 855 633">3. 5.060 – Complaints and Grievances <li data-bbox="280 672 1046 705">4. Reporting PREA Violations and Use of Grievances <li data-bbox="280 743 711 777">5. Sexual Abuse Grievances <li data-bbox="280 815 557 848">6. Grievance Log <p data-bbox="280 956 429 990">Interviews</p> <ol data-bbox="280 1028 1102 1061" style="list-style-type: none"> <li data-bbox="280 1028 1102 1061">1. Interview with Residents who Reported Sexual Abuse <p data-bbox="280 1171 611 1205">Findings (By Provision):</p> <p data-bbox="280 1314 1473 1435">115.252 (a): The PAQ indicated that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. 5.050, pages 405 and 4.020, pages 2-3 outline guidelines for sexual abuse grievances.</p> <p data-bbox="280 1543 1477 1995">115.252 (b): The PAQ indicated that the agency has a policy that allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve without submitting it to the staff member who is the subject of the complaint. 4.020, page 2 states that no time shall be established that limits the time period in which a grievance may be submitted. Additionally, it states that no informal resolution process shall be required prior to accepting and responding to the grievance. Residents are informed of the sexual abuse grievances process, including the requirements under this provision through the distribution of the “Reporting PREA Violations and Use of the Grievance Process” document.</p>

115.252 (c): The PAQ indicated that the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Additionally, the PAQ stated that the agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 4.020, page 2 states the grievance will not be submitted and/or directed to a staff member who is the subject of the complaint. Residents are informed of the sexual abuse grievances process, including the requirements under this provision through the distribution of the "Reporting PREA Violations and Use of the Grievance Process" document.

115.252 (d): The PAQ indicated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ further stated that the agency always notifies a resident in writing when the agency files an extension, including notice of the date by which a decision is made. 4.020, pages 2-3 state a grievance regarding an incident of sexual misconduct shall for all intent and purposes be treated as a PREA report. Nothing in existing policy and procedure regarding client grievance procedures shall preclude any part of established PREA response protocols from being activated. All grievances regarding sexual misconduct shall be immediately reviewed and first response protocols initiated. The responsibility will fall to the CJSD staff member that receives the grievance and that staff will respond in the same manner as any other PREA report. 5.060, page 4 states an agency decision on the merit of any portion of a complaint or grievance alleging sexual abuse will be issued within 90 days of the initial filing of the complaint or grievance. The time period may be extended up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. The PAQ indicated that there were three grievances of sexual abuse filed in the previous twelve months and all three grievances reached a final decision within 30 days after being filed. A review of the grievances indicated that none were sexual abuse. All three were related to official duties. An additional review of the grievance log confirmed that there were zero sexual abuse grievances during the previous twelve months. The interview with the resident who reported sexual harassment indicated that he was unsure if he was provided a notification of the outcome of the investigation. He stated that he did not file a grievance related to the incident.

115.252 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. The PAQ further stated that agency policy and procedure request that if a resident declines to have third-party assistance in filing a grievance alleging sexual

abuse, the agency documents the resident's decision to decline. 4.020, pages 2-3 state a grievance regarding an incident of sexual misconduct shall for all intent and purposes be treated as a PREA report. Nothing in existing policy and procedure regarding client grievance procedures shall preclude any part of established PREA response protocols from being activated. All grievances regarding sexual misconduct shall be immediately reviewed and first response protocols initiated. The responsibility will fall to the CJSD staff member that receives the grievance and that staff will respond in the same manner as any other PREA report. 5.060, page 4 states third parties, including fellow clients, staff members, family members, attorneys and outside advocates, shall be permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse, and shall be permitted to file such requests on behalf of clients. f a third party files a complaint or grievance on behalf of a client, 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. Further policy states if the client declines to have the request processed on his or her behalf, the agency shall document the client's decision. The PAQ indicated that there were three grievances of sexual abuse filed in the previous twelve months and all three grievances reached a final decision within 30 days after being filed. The PAQ indicated that there have not been grievances alleging sexual abuse filed by residents in the past twelve months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline. A review of the grievances indicated that none were sexual abuse. All three were related to official duties. An additional review of the grievance log confirmed that there were zero sexual abuse grievances during the previous twelve months.

115.252 (f): The PAQ indicated that the agency has a policy and established procedure for filing an emergency grievance alleging that a resident is subject to substantial risk of imminent sexual abuse. It further stated that agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response in 48 hours. Additionally, the PAQ indicated the agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 4.020, page 3 states if the grievance alleges an immediate or imminent threat, the first responder will take immediate action in accordance with the safety and security needs of the reporting client and the facility. 5.050, page 5 states after receiving an emergency complaint or grievance alleging a client is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the complaint or 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. At a minimum to an on duty or on call Manager, the PREA Manager and/or the PREA Coordinator. The agency shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination

whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint or grievance. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievances indicated that none were sexual abuse. All three were related to official duties. An additional review of the grievance log confirmed that there were zero sexual abuse grievances during the previous twelve months.

115.252 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. 5.060, page 5 states the agency may discipline a client for filing a grievance related to alleged sexual abuse only where the agency demonstrates the client filed the complaint or grievance in bad faith. The PAQ indicated that no residents have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 5.060 - Complaints and Grievances, Reporting PREA Violations and Use of Grievances, Sexual Abuse Grievances, the Grievance Log and the interview with the resident who reported sexual abuse, this standard appears to be compliant.

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Memorandum of Understanding with Hilltop Domestic Violence and Sexual Assault Services at Latimer House 3. PREA Advisement Facts on Expected Sexual Conduct 4. PREA Poster <p>Documents Received During the Interim Report:</p> <ol style="list-style-type: none"> 1. Updated PREA Advisement Facts on Expected Sexual Conduct 2. Updated PREA Poster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Residents 2. Interview with Residents who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.253 (a): The PAQ indicated the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. It states that the facility provides residents with access to such services by giving residents mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations. The PAQ further stated that the facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. A review of documentation indicated that the facility has an MOU with Hilltop Domestic Violence and Sexual Assault Services at Latimer House. The MOU was established to provide clients of sexual abuse appropriate services. The MOU states that Hilltop Domestic Violence and Sexual Assault Services at Latimer House offer the following services: development of a safety plan; 24 hour crisis line; case management, sexual assault support group in a closed setting; counseling; education and referrals</p>

to community services; and advocacy. The MOU was signed May 17, 2016 and renews automatically each year. During the interim report period the MOU was updated to state that Hilltop Domestic Violence and Sexual Assault Services at Latimer House will offer: advocacy to include emotional support during forensic exam, investigatory interviews and SANE exams; assist with protection orders; support during court hearing; a 24 hour crisis line; case management; referral to sexual assault support groups; referral to counseling and education and referrals to community resources. The updated MOU was executed December 15, 2022. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information on the zero tolerance policy, types of sexual abuse, the investigative process, reporting methods, self-protection, confidentiality, grievance process, prevention and intervention, false allegations and treatment and counseling. The reporting options include CJSD options, Department of Corrections options and other options. The treatment and counseling section included information for three victim advocacy services. During the interim report period the facility updated the PREA Advisement and PREA Poster to include information on victim advocacy. The documents outline that the information is for advocacy and support and that information given by a client to the agencies will not result in a report to the facility unless a release of information is signed. They state all contact with the organizations is confidential. The document had the phone number for the PREA Crisis Hotline, contact information for Domestic Violence/Sexual Assault Services and contact information for Victim Services through GJPD and the Mesa County Sheriff's Office. The PC also advised that the same information was being added to the combined men and women's handbook. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had at least two PREA posters. Most posters were located by the phone and/or on the bulletin board. Posters were observed on regular size paper in English. A few units had posters in Spanish. The posters included information on reporting methods and the grievance process. Additional posters were observed in common areas of the facility. The auditor did not observe any posted information related to victim advocacy. Additionally, third party reporting information was not observed in the visitation area or the front lobby, however the regular reporting posters had all the reporting options for residents, including the third party reporting email. This information was observed in housing units and is accessible via the website. Informal conversation with residents confirmed there have been posters up but that they just recently put new ones up with new information. They also advised they never had Spanish posters until recently. The auditor tested the victim advocacy hotline during the tour. The local hotline was called on December 12, 2022. The auditor reached a live person who indicated the hotline is available 24 hours and they are available to provide services. The victim advocate stated they have Spanish speaking operators if needed and their services are confidential. The residents can call the hotline from the pay phones or the client phone, both of which are not monitored or recorded. During the tour the auditor confirmed that residents utilize the US mail process. Mail is not screened by staff and there are no restrictions related to mail. All mail is given to staff to place in an outgoing mail safe. Interviews with 21 residents indicated that seven were aware of outside services for victims of sexual abuse. Nine residents stated they were provided a mailing address and

telephone number to a local, state or national rape crisis center. Most residents were unaware of specific details related to the organization. Some did state they believed it was a 24 hour hotline and it was free. The resident who reported sexual harassment stated he was not provided contact information for a victim advocate, however he reported sexual harassment rather than sexual abuse.

115.253 (b): The PAQ stated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs residents about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law. A review of documentation indicated that the facility has an MOU with Hilltop Domestic Violence and Sexual Assault Services at Latimer House. The MOU was established to provide clients of sexual abuse appropriate services. The MOU states that Hilltop Domestic Violence and Sexual Assault Services at Latimer House offer the following services: development of a safety plan; 24 hour crisis line; case management, sexual assault support group in a closed setting; counseling; education and referrals to community services; and advocacy. The MOU was signed May 17, 2016 and renews automatically each year. During the interim report period the MOU was updated to state that Hilltop Domestic Violence and Sexual Assault Services at Latimer House will offer: advocacy to include emotional support during forensic exam, investigatory interviews and SANE exams; assist with protection orders; support during court hearing; a 24 hour crisis line; case management; referral to sexual assault support groups; referral to counseling and education and referrals to community resources. The updated MOU was executed December 15, 2022. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information on the zero tolerance policy, types of sexual abuse, the investigative process, reporting methods, self-protection, confidentiality, grievance process, prevention and intervention, false allegations and treatment and counseling. The reporting options include CJSD options, Department of Corrections options and other options. The treatment and counseling section included information for three victim advocacy services. While the document contained contact information, it did not contain any information related to when and how to contact, level of confidentiality when contacting and mandatory reporting laws related to confidentiality. During the interim report period the facility updated the PREA Advisement and PREA Poster to include information on victim advocacy. The documents outline that the information is for advocacy and support and that information given by a client to the agencies will not result in a report to the facility unless a release of information is signed. They state all contact with the organizations is confidential. The documents had the phone number for the PREA Crisis Hotline, contact information for Domestic Violence/Sexual Assault Services and contact information for Victim Services through GJPD and the Mesa County Sheriff's Office. The PC state that the same information would be added to the updated combined men and women's handbook. During the tour the auditor observed PREA information posted throughout the

facility. Each housing unit had at least two PREA posters. Most posters were located by the phone and/or on the bulletin board. Posters were observed on regular size paper in English. A few units had posters in Spanish. The posters included information on reporting methods and the grievance process. Additional posters were observed in common areas of the facility. The auditor did not observe any posted information related to victim advocacy. Additionally, third party reporting information was not observed in the visitation area or the front lobby, however the regular reporting posters had all the reporting options for residents, including the third party reporting email. This information was observed in housing units and is accessible via the website. Informal conversation with residents confirmed there have been posters up but that they just recently put new ones up with new information. They also advised they never had Spanish posters until recently. The auditor tested the victim advocacy hotline during the tour. The local hotline was called on December 12, 2022. The auditor reached a live person who indicated the hotline is available 24 hours and they are available to provide services. The victim advocate stated they have Spanish speaking operators if needed and their services are confidential. The residents can call the hotline from the pay phones or the client phone, both of which are not monitored or recorded. During the tour the auditor confirmed that residents utilize the US mail process. Mail is not screened by staff and there are no restrictions related to mail. All mail is given to staff to place in an outgoing mail safe. Interviews with 21 residents indicated that seven were aware of outside services for victims of sexual abuse. Nine residents stated they were provided a mailing address and telephone number to a local, state or national rape crisis center. Most residents were unaware of specific details related to the organization. Some did state they believed it was a 24 hour hotline and it was free. The resident who reported sexual harassment stated he was not provided contact information for a victim advocate, however he reported sexual harassment rather than sexual abuse.

115.253 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide residents with emotional services related to sexual abuse. It further indicated that the agency or facility maintains copies of those agreements. A review of documentation indicated that the facility has an MOU with Hilltop Domestic Violence and Sexual Assault Services at Latimer House. The MOU was established to provide clients of sexual abuse appropriate services. The MOU states that Hilltop Domestic Violence and Sexual Assault Services at Latimer House offer the following services: development of a safety plan; 24 hour crisis line; case management, sexual assault support group in a closed setting; counseling; education and referrals to community services; and advocacy. The MOU was signed May 17, 2016 and renews automatically each year. During the interim report period the MOU was updated to state that Hilltop Domestic Violence and Sexual Assault Services at Latimer House will offer: advocacy to include emotional support during forensic exam, investigatory interviews and SANE exams; assist with protection orders; support during court hearing; a 24 hour crisis line; case management; referral to

sexual assault support groups; referral to counseling and education and referrals to community resources. The updated MOU was executed December 15, 2022. The auditor contacted Hillside Domestic Violence and Sexual Assault Services at Latimer House related to victim advocacy services. The staff member advised that they have an MOU, however it was signed back in 2016 by a staff member who is no longer employed at Hilltop. She stated they were currently in the process of executing a new MOU. The staff stated that they offer intimate partner violence and sexual assault services. She indicated they have a 24/7 crisis line, safety planning, transportation to SANE, access to a safe house, access to support groups, access to case management and advocacy. The staff stated she was unaware of any services they provided in the past to residents at the facility. She further state that she did not have any concerns about PREA compliance at the facility nor did she have any concerns regarding sexual safety for residents at the facility.

Based on a review of the PAQ, Memorandum of Understanding with Hilltop Domestic Violence and Sexual Assault Services at Latimer House, the PREA Advisement Facts on Expected Sexual Conduct, PREA Poster, updated PREA Advisement and updated PREA Poster, observations from the facility tour as well as information from interviews with random residents, the resident who reported sexual abuse and the staff member from Latimer House indicates that the standard requires corrective action. Interviews with 21 residents indicated that seven were aware of an outside services for victims of sexual abuse. Nine residents stated they were provided a mailing address and telephone number to a local, state or national rape crisis center. Most residents were unaware of specific details related to the organization. Some did stated they believed it was a 24 hour hotline and it was free. During the tour the auditor did not observe any information posted related to the victim advocacy organization.

Corrective Action

The facility will need to distribute all updated information to all current residents and provide confirmation that this was completed. Additionally, photos of the updated information posted in the housing units and on the portal should be provided to the auditor as confirmation. All residents should be informed of the victim advocacy information, including how to contact, when to contact, cost, confidentiality and limitation of confidentiality related to mandatory reporting.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by

the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. PREA Advisement Facts on Expected Sexual Conduct
2. PREA Client Acknowledgment of PREA Advisement – Facts on Expected Sexual Conduct
3. PREA DVD Form
4. PREA Poster
5. Client Handbook (Men’s and Women’s)
6. Photos of Posted Documents
7. Photos of Documents on the Client Portal
8. Community Meeting Documents

On January 13, 2023 the facility provided the updated PREA Advisement Facts on Expected Sexual Conduct which included information on the zero tolerance policy, right to be free from sexual abuse, right to be free from retaliation, the investigative process, types of sexual abuse, reporting options, including internal and external, the sexual abuse grievance process, self-protection measures and advocacy and support, including contact information for local rape crisis centers. The PREA Client Acknowledgment form was updated to include bullets of the information covered in the PREA Advisement, including acknowledgment of reporting options, advocacy needs, rights under PREA and the grievance process. The PREA Poster was updated to include separate areas that outline internal reporting mechanisms and external reporting mechanisms. The PREA Poster advises that regardless of reporting method, all residents have the option to make reports anonymously and that confidentiality is only limited in cases of mandatory reporting issues. The PREA Poster also has a section with advocacy and support, including rape crisis center contact information. The PREA Poster advises residents that all contact with the organizations will remain confidential and that information will only be released if a release of information is signed. The facility also updated the Client Handbooks to include PREA information on pages 20-21. The information in the Client Handbooks included zero tolerance, right to be free from sexual abuse, right to be free from retaliation, reporting mechanism and advocacy and support information. All documents were updated and available in English and Spanish.

On the same date the facility provided photos of the PREA Poster in each housing

units as well as photos of the forms on the client portal in both English and Spanish. Inmate are able to access the forms anytime on the portal. The facility also provided documentation confirming that community meetings were held in each of the housing units between December 27, 2022 and January 5, 2022. The community meetings covered all the updated information on the PREA Poster, Client Handbooks and forms.

Based on the documentation provided the facility has corrected this standard.

115.254	Third party reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 687 448" style="list-style-type: none"> 1. Pre-Audit Questionnaire <p data-bbox="280 555 959 591">Documents Received During the Interim Report:</p> <ol data-bbox="280 627 1230 806" style="list-style-type: none"> 2. Updated PREA Poster 3. Updated PREA Advisement Facts on Expected Sexual Conduct 4. Client Portal PREA Information <p data-bbox="280 913 612 949">Findings (By Provision):</p> <p data-bbox="280 1057 1477 1926">115.254 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. The PAQ stated that the information is on the agency website. A review of the agency website indicated that third parties can report by emailing the Mesa County Criminal Justice Services at CJSdTIPS@mesacounty.us or call the Criminal Justice Administration at 970-244-1728. On November 23, 2022 the auditor sent an email to the address to test the third party reporting mechanism. The auditor received an email indicating the address was not found. On the same date the auditor contacted the PC related to the returned email. The PC advised the email was incorrect and was missing a dash (CJSD-TIPS@mesacounty.us). She indicated she would update the email on the website as well as across policy, procedure and documents. On November 28, 2022 the auditor confirmed the email address was updated on the website and sent a second test email. On the same date the PC forwarded the test email to the auditor confirming that she received the information and would handle it per policy and procedure. Contact information and reporting direction are found at https://cjsd.mesacounty.us/programs-and-services/community-corrections/residential-services/. Additionally, the facility provided documentation during the interim report period confirming that the policy, PREA Poster, client portal and PREA Advisement were updated with the correct email address.</p> <p data-bbox="280 2038 1458 2114">Based on a review of the PAQ, PREA Poster, PREA Advisement Facts on Expected Sexual Conduct, Client Portal PREA Information, observations made during the tour</p>

	and the agency's website this standard appears to be corrected and as such compliant.
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115.261	Staff and agency reporting duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 451 374">Documents:</p> <ol data-bbox="280 412 1358 775" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 1257 517">2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA <li data-bbox="280 555 1358 633">3. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring <li data-bbox="280 667 1182 701">4. 4.025 – Prison Rape Elimination Act (PREA) Victim Services <li data-bbox="280 739 655 772">5. Investigative Reports <p data-bbox="280 887 435 920">Interviews:</p> <ol data-bbox="280 958 1015 1205" style="list-style-type: none"> <li data-bbox="280 958 754 992">1. Interview with Random Staff <li data-bbox="280 1025 1015 1059">2. Interview with Medical and Mental Health Staff <li data-bbox="280 1093 730 1126">3. Interview with the Director <li data-bbox="280 1160 866 1193">4. Interview with the PREA Coordinator <p data-bbox="280 1317 611 1350">Findings (By Provision):</p> <p data-bbox="280 1462 1477 2078">115.261 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 4.020, page 1 states CJSD will report allegations or reasonable suspicions, knowledge, or information regarding any incident of sexual abuse or sexual harassment to law enforcement. It further states that immediate notification of any report of abuse whether it be written, verbal or third party will include reporting to the on duty or on call CJSD Manager as soon as the information is received. Page 3 further states that CJSD employees and service providers will report all suspected and reported sexual misconduct by a client to the PC or a member of CJSD Administration. Interviews with twelve staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual</p>

harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the information to the PC, their supervisor and/or the on-call supervisor.

115.261 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 4.020, page 3 states apart from reporting to the appropriate CJSD staff member, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Interviews with twelve staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the information to the PC, their supervisor and/or the on-call supervisor.

115.261 (c): 4.025, page 3 states therapists and other medical and mental health care providers are required to report PREA qualifying incidents and shall inform clients under their care of their duty to report such information. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.261 (d): 4.005, page 6 states mandatory reporting for PREA includes two main groups; juveniles and vulnerable persons. Generally, CJSD does not house any person that is not at least eighteen years of age. Vulnerable persons refers to clients over the age of eighteen who are unable to report abuse without assistance due to physical or mental impairment. The interview with the PC indicated that they do not house anyone under eighteen but all allegations are taken seriously. She stated that the agency follows mandatory reporting and they would report based on these laws for vulnerable adults. The Director stated the facility does not house anyone under eighteen and that with regard to vulnerable adults they historically have mandatory reporting and staff are aware they are mandatory reporters. She stated that they would contact the county hotline number related to mandatory reporting. It should be noted that all criminal allegations would be reported to the local law enforcement who would report to any additional required agencies.

115.261 (e): 4.020, page 1 states CJSD will report allegations or reasonable suspicions, knowledge, or information regarding any incident of sexual abuse or sexual harassment to law enforcement. It further states that immediate notification

of any report of abuse whether it be written, verbal or third party will include reporting to the on duty or on call CJSD Manager as soon as the information is received. Page 3 further states that CJSD employees and service providers will report all suspected and reported sexual misconduct by a client to the PC or a member of CJSD Administration. The interview with the Director confirmed that all allegations of sexual abuse or sexual harassment are reported to the designated facility investigator. A review of investigative reports indicated that one was reported verbally, one was reported via a phone call and one was reported via a third party.

Based on a review of the PAQ, 4.005 - Prison Rape Elimination Act (PREA) Introduction to PREA, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.025 - Prison Rape Elimination Act (PREA) Victim Services, Investigative Reports and interviews with random staff, the PREA Coordinator and the Director indicate that this standard appears to be compliant.

115.262	Agency protection duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 579 300">Auditor Discussion</p> <p data-bbox="280 344 453 378">Documents:</p> <ol data-bbox="280 412 1358 562" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 1358 562">2. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring <p data-bbox="280 674 437 707">Interviews:</p> <ol data-bbox="280 741 943 920" style="list-style-type: none"> <li data-bbox="280 741 943 775">1. Interview with the Agency Head Designee <li data-bbox="280 813 732 846">2. Interview with the Director <li data-bbox="280 884 756 920">3. Interview with Random Staff <p data-bbox="280 1032 608 1066">Findings (By Provision):</p> <p data-bbox="280 1178 1477 1749">115.262 (a): The PAQ indicated that when the agency or facility learns that an resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. 4.020, page 3 states upon notification of a suspicion of non-consensual at, contact or staff sexual misconduct or harassment, a designated CJSD staff will immediately activate PREA protocols and utilize the PREA Incident Response Manual. The PAQ stated that there have been zero residents who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The interview with the Agency Head Designee and Director indicated that if a resident was at imminent risk they would separate the client from the alleged abuser. She stated they may remove the individual from the residential space if needed during the investigation but they would only do this if they did not know who the other individual is (abuser/potential abuser). Interviews with twelve random staff confirmed that they would get the individual out of the area and contact a supervisor. Many staff stated they would move the residents housing assignment.</p> <p data-bbox="280 1861 1477 1984">Based on a review of the PAQ, 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring and interviews with the Agency Head Designee, Director and random staff indicate that this standard appears to be compliant.</p>

115.263	Reporting to other confinement facilities
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 453 374">Documents:</p> <ol data-bbox="280 412 1414 775" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 1414 562">2. 4.015 – Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations <li data-bbox="280 600 1355 633">3. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements <li data-bbox="280 672 687 705">4. Notification Documents <li data-bbox="280 743 655 777">5. Investigative Reports <p data-bbox="280 887 437 920">Interviews:</p> <ol data-bbox="280 958 946 1061" style="list-style-type: none"> <li data-bbox="280 958 946 992">1. Interview with the Agency Head Designee <li data-bbox="280 1030 732 1061">2. Interview with the Director <p data-bbox="280 1171 611 1205">Findings (By Provision):</p> <p data-bbox="280 1314 1474 2063">abuse. The PAQ states that upon learning of an allegation that an resident was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 4.020, page 4 state staff who receive a report of sexual assault, contact or harassment shall: separate the victim from the alleged perpetrator to protect the victim and prevent violence; immediately notify a CJSD Manager and the CJSD PC; and promptly intervene on the victim’s behalf to ensure prompt medical and psychological assistance including an assessment for potential risk of suicide. 4.030, page 2 states CJSD shall ensure that standard evidence protocols are met anytime that a crime scene, victim or perpetrator may have usable evidence pertinent to an investigation of alleged sexual abuse, misconduct or harassment. These steps are outlined in the first responder manual and include: separate and protect the alleged victim and the alleged abuser; preserve and protect the crime scene until appropriate steps can be taken to collect evidence; if the abuse occurred within a time period that allows for</p>

the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. A review of the Post Order PREA First Responder indicates that it is a checklist of duties, including: separating the victim, abuser and potential witnesses; preserve and protect the crime scene and if necessary and in a reasonable time period, do not allow either party to take action that could destroy physical evidence; and maintain an event log. The PREA Incident First Responder Checklist outlines steps for staff to take, including: secure/separate the victim in a safe confidential location; determine if the victim needs emergency medical care; determine if an interpreter is needed; if penetration occurred and incident was within five days, instruct the victim not to eat, drink, use the bathroom, brush teeth, changing clothes or do anything to contaminant evidence; notify/page SART member, provide SAVA brochure and provide a private room for in-person or telephone consultation with SAVA; isolate/segregate the assailant and secure the crime scene. The PAQ indicated that during the previous twelve months, there have been zero allegations of sexual abuse and a such none required the separation of alleged victim and abuser, the preservation of the crime scene or evidence and requested/ensure actions were not taken to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. There were zero sexual abuse allegations reported and as such no first responder duties were required. However, a review of two sexual harassment allegations and one consensual sexual activity investigation confirmed that all three involved the separation of the residents through a housing change. All staff are non-security. The interview with a first responder indicated that first responder duties would include: calling another staff member to assist, blocking off the area where the incident occurred, separating the victim and abuser, calling management immediately and telling the resident not to take any action to destroy evidence such as washing or touching anything. The resident who reported sexual harassment stated that he reported and was moved to a different housing unit. He stated that he was moved the same day but it took more time than he thought it should.

115.264 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence. The PAQ was blank for part (b) but further communication with the PC indicated that agency policy requires that if the first staff responder is not a security staff member, the responder is required notify security staff. 4.030, page 2 states if the first responder is not a Criminal Justice Officer or specifically trained as a first responder that person is required to request that the victim not take any actions which could destroy physical evidence and then notify security staff. The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse and as such there were none that involved a non-security first responder. There were zero sexual abuse allegations reported and as such no first responder duties were required. However, a review of two sexual harassment allegations and one consensual sexual activity

investigation confirmed that all three involved the separation of the residents through a housing change. All staff are non-security. The interview with a first responder indicated that first responder duties would include: calling another staff member to assist, blocking off the area where the incident occurred, separating the victim and abuser, calling management immediately and telling the resident not to take any action to destroy evidence such as washing or touching anything. Interviews with twelve random staff confirmed that most were very familiar with first responder duties. Staff stated they would separate the alleged victim and abuser, secure the crime scene, contact the supervisor and instruct the residents not to destroy any evidence.

115.263 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 4.015, page 3 states any information obtained during screening that indicates the client may have been a victim or perpetrator of sexual abuse in a previous facility shall be immediately passed on to a CJSD Manager and the PC. The CJSD Manager or the PC will notify the appropriate office of the facility in which the incident allegedly occurred. Such notification shall occur within 72 hours of when the information was initially reported, and be documented via email, written report or the PREA Screening Assessment Form. A review of documentation confirmed one incident was reported on November 8, 2022 during the intake process. On the same date the PC notified the Colorado DOC of the information. A review of the second report indicated that the information was reported by the resident to Larimer County Criminal Justice Services and forwarded to the facility. Therefore the facility was not required to notify Larimer County Criminal Justice Services as it was already reported there and forwarded for information to add to the risk screening.

115.263 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 4.030, page 1 states CJSD will report allegations or reasonable suspicions, knowledge, or information regarding any incident of abuse or sexual harassment to law enforcement. This includes any incidents that occurred in a facility; whether or not it is part of CJSD and regardless of whether or not the client was under the supervision of CJSD at the time. Reports will also be made to the referral agency of the client, the Community Corrections Board and DCJ. The PAQ indicated there have been zero allegations of sexual abuse the facility received from other facilities. A review of documentation confirmed that the facility had not received any sexual abuse or sexual harassment allegations from other facilities/agencies. Both sexual harassment allegations were reported directly from residents to the facility. The interview with the Agency Head Designee and Director indicated that PREA allegations from other agencies/facilities would be reported to the PC. The PC would determine if the allegation was previously investigated, and if it was not, she would open an investigation. The interview further indicated that the Agency Head Designee/Director was unaware of any examples of allegations received from

other agencies/facilities.

Based on a review of the PAQ, 4.015 - Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, Notification Documents, Investigative Reports and interviews with the Agency Head Designee and Director, this standard appears to be compliant.

115.264	Staff first responder duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 453 374">Documents:</p> <ol data-bbox="280 412 1358 846" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 1358 562">2. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring <li data-bbox="280 600 1358 633">3. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements <li data-bbox="280 672 916 705">4. PREA Incident First Responder Checklist <li data-bbox="280 743 815 777">5. Post Order PREA First Responder <li data-bbox="280 815 655 848">6. Investigative Reports <p data-bbox="280 958 437 992">Interviews:</p> <ol data-bbox="280 1030 1102 1205" style="list-style-type: none"> <li data-bbox="280 1030 796 1064">1. Interview with First Responders <li data-bbox="280 1102 767 1135">2. Interviews with Random Staff <li data-bbox="280 1173 1102 1207">3. Interview with Residents who Reported Sexual Abuse <p data-bbox="280 1317 611 1350">Findings (By Provision):</p> <p data-bbox="280 1460 1481 2078">115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an resident was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 4.020, page 4 state staff who receive a report of sexual assault, contact or harassment shall: separate the victim from the alleged perpetrator to protect the victim and prevent violence; immediately notify a CJSD Manager and the CJSD PC; and promptly intervene on the victim’s behalf to ensure prompt medical and psychological assistance including an assessment for potential risk of suicide. 4.030, page 2 states CJSD shall ensure that standard evidence protocols are met anytime that a crime scene, victim or perpetrator may have usable evidence pertinent to an investigation of alleged</p>

sexual abuse, misconduct or harassment. These steps are outlined in the first responder manual and include: separate and protect the alleged victim and the alleged abuser; preserve and protect the crime scene until appropriate steps can be taken to collect evidence; if the abuse occurred within a time period that allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. A review of the Post Order PREA First Responder indicates that is a checklist of duties, including: separating the victim, abuser and potential witnesses; preserve and protect the crime scene and if necessary and in a reasonable time period, do not allow either party to take action that could destroy physical evidence; and maintain an event log. The PREA Incident First Responder Checklist outlines steps for staff to take, including: secure/separate the victim in a safe confidential location; determine if the victim needs emergency medical care; determine if an interpreter is needed; if penetration occurred and incident was within five days, instruct the victim not to eat, drink, use the bathroom, brush teeth, changing clothes or do anything to contaminant evidence; notify/page SART member, provide SAVA brochure and provide a private room for in-person or telephone consultation with SAVA; isolate/segregate the assailant and secure the crime scene. The PAQ indicated that during the previous twelve months, there have been zero allegations of sexual abuse and a such none required the separation of alleged victim and abuser, the preservation of the crime scene or evidence and requested/ensure actions were not taken to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. There were zero sexual abuse allegations reported and as such no first responder duties were required. However, a review of two sexual harassment allegations and one consensual sexual activity investigation confirmed that all three involved the separation for the residents through a housing change. All staff are non-security. The interview with a first responder indicated that first responder duties would include calling another staff member to assist, block off the area where the incident occurred, separate the victim and abuser, call management immediately and tell the resident not to take any action to destroy evidence such as washing or touching anything. The resident who reported sexual harassment stated that he reported and was moved to a different housing unit. He stated that he was moved the same day but it took more time than he thought it should.

115.264 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence. The PAQ was blank for part (b) but further communication with the PC indicated that agency policy requires that if the first staff responder is not a security staff member, the responder is required notify security staff. 4.030, page 2 states if the first responder is not a Criminal Justice Officer or specifically trained as a first responder that person is required to request that the victim not take any actions which could destroy physical evidence and then notify security staff. The PAQ indicated that during the previous twelve

months, there were zero allegations of sexual abuse and as such there were none that involved a non-security first responder. There were zero sexual abuse allegations reported and as such no first responder duties were required. However, a review of two sexual harassment allegations and one consensual sexual activity investigation confirmed that all three involved the separation for the residents through a housing change. All staff are non-security. The interview with a first responder indicated that first responder duties would include calling another staff member to assist, block off the area where the incident occurred, separate the victim and abuser, call management immediately and tell the resident not to take any action to destroy evidence such as washing or touching anything. Interviews with twelve random staff confirmed that most were very familiar with first responder duties. Staff stated they would separate the alleged victim and abuser, secure the crime scene, contact the supervisor and instruct the residents not to destroy any evidence.

Based on a review of the PAQ, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, PREA Incident First Responder Checklist, Post Order PREA First Responder, Investigative Reports and interviews with random staff, first responders and the resident who reported sexual abuse, this standard appears to be compliant.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CJSD Coordinated Response Process for PREA Related Concerns and Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director <p>Findings (By Provision):</p> <p>115.265 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the CJSD Coordinated Response Process for PREA Related Concerns and Reports confirms that it outlines duties for first responders, the PC, agency leadership and investigators. The document also includes direction related to SANE, victim advocates and interpreters. The document did not address duties of medical and mental health care staff as these services are provided off-site in the community. The Director confirmed that the facility has a plan however the majority of the individuals identified in this standard do not work for the agency/facility. She stated most services are through outside coordination. She further stated that staff are trained to secure clients and secure the scene and then to immediately call emergency medical services and law enforcement.</p> <p>Based on a review of the PAQ, CJSD Coordinated Response Process for PREA Related Concerns and Reports and the interview with the Director, this standard appears to be compliant.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.266 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. As such this standard is not applicable. The interview with the Agency Head Designee indicated that the agency does not have a collective bargaining agreement and as such this standard does not apply.</p> <p>115.266 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ and the interview with the Agency Head Designee, this standard appears to be not applicable and as such compliant.</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 453 374">Documents:</p> <ol data-bbox="280 412 1358 629" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 1358 562">2. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring <li data-bbox="280 600 655 633">3. Investigative Reports <p data-bbox="280 741 437 775">Interviews:</p> <ol data-bbox="280 813 1437 1061" style="list-style-type: none"> <li data-bbox="280 813 943 846">1. Interview with the Agency Head Designee <li data-bbox="280 884 730 918">2. Interview with the Director <li data-bbox="280 956 1437 990">3. Interview with Designated Staff Member Charged with Monitoring Retaliation <li data-bbox="280 1028 1102 1061">4. Interview with Residents who Reported Sexual Abuse <p data-bbox="280 1169 612 1202">Findings (By Provision):</p> <p data-bbox="280 1314 1477 1765">115.267 (a): The PAQ indicated that the agency has a policy to protection all residents and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PAQ further indicated that the PREA Coordinator is responsible for monitoring for retaliation. 4.020, page 4 states CJSD will not tolerate retaliation against clients, employees or other parties for reporting sexual misconduct. Clients who report sexual misconduct are protected from retaliation as outlined in CJSD Policy 1.2070 and shall be entitled to additional protection measures, if warranted, to ensure that no such retaliation takes place. Policy further states that the CJSD PC shall be responsible for monitoring clients who have witnessed, been victimized or accused of sexual harassment and sexual abuse.</p> <p data-bbox="280 1877 1449 2078">115.267 (b): 4.020, page 5 states protective measures include, but are not limited to: change in housing assignments; facility transfer; additional status checks/ watches; removal of contact with alleged staff or resident abusers; and emotional support services through in-house advocates or a Sexual Abuse Victim’s Advocate. Additionally, it states that in cases where staff or contractors are involved as a</p>

witness, a victim or are the accused, the assigned PREA Manager will complete any necessary monitoring. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an resident or staff member expressed fear of retaliation. A review of documentation indicated there were zero sexual abuse allegations reported, however for the two sexual harassment allegations the residents were separated with a housing change as a protection measure. The interview with the Agency Head Designee and Director indicated that protective measures can include housing changes, changes to staffing to a certain extent and removal of contact with abusers. She further stated that the PC would check in with the individual regularly to give them the opportunity to report any concerns. The designated staff member charged with monitoring for retaliation stated that her role is to follow the monitoring form and double check earned time, behavior responses, case notes and other factors. She stated she meets with the individual during monitoring. The staff member further stated that potential protective measures include moving a clients dayroom, behavioral contracts to keep people separate, moving staff work assignment and assessing the room, meal and group placement of residents. She further stated that she would conduct in person status checks at least once every two weeks. The interview with the resident who reported sexual harassment indicated he felt protected against retaliation.

115.267 (c): The PAQ states that the agency/facility monitors the conduct and treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation. Additionally, the PAQ stated that the agency/facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need. 4.020, page 5 states monitoring will include: a minimum of 90 days; a "Retaliation Monitoring" form that includes areas to monitor such as behavior, disciplinary reports, earned time, housing, program or supervision level changes; and face to face contact. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of documentation indicated there were zero sexual abuse allegations reported and as such there was no monitoring for retaliation required. The Director confirmed that if retaliation was suspected they would open an investigation. The designated staff member charged with monitoring for retaliation stated that her role is to follow the monitoring form and double check earned time, behavior responses, case notes and other factors. She stated she meets with the individual during monitoring. The staff member further stated that potential protective measures include moving a clients dayroom, behavioral contracts to keep people separate, moving staff work assignment and assessing the room, meal and group placement of residents. She further stated that she would conduct in person status checks at least once every two weeks.

115.267 (d): 4.020, page 5 states monitoring will include face to face contact with the PC or PREA Manager with the victim will be documented as follow up in the client's chronological notations. This will take place periodically but should be targeted on a bi-weekly basis. A review of documentation indicated there were zero sexual abuse allegations reported and as such there was no monitoring for retaliation required. The designated staff member charged with monitoring for retaliation stated that her role is to follow the monitoring form and double check earned time, behavior responses, case notes and other factors. She stated she meets with the individual during monitoring. The staff member further stated that potential protective measures include moving a clients dayroom, behavioral contracts to keep people separate, moving staff work assignment and assessing the room, meal and group placement of residents. She further stated that she would conduct in person status checks at least once every two weeks.

115.267 (e): 4.020, page 4 states CJSD will not tolerate retaliation against clients, employees or other parties for reporting sexual misconduct. Clients who report sexual misconduct are protected from retaliation as outlined in CJSD Policy 1.2070 and shall be entitled to additional protection measures, if warranted, to ensure that no such retaliation takes place. Policy further states that the CJSD PC shall be responsible for monitoring clients who have witnessed, been victimized or accused of sexual harassment and sexual abuse. The interview with the Agency Head Designee and Director indicated that anyone who is involved with the allegation would be given the same protection, including housing changes, staffing changes and removal of contact with abusers. The Director confirmed that if retaliation was suspected they would open an investigation.

115.267 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, Investigative Reports and interviews with the Agency Head Designee, Director, staff responsible for monitoring for retaliation and resident who reported sexual abuse, this standard appears to be compliant.

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 451 374">Documents:</p> <ol data-bbox="280 412 1356 663" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 1356 517">2. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements <li data-bbox="280 555 762 589">3. Investigator Training Records <li data-bbox="280 627 655 660">4. Investigative Reports <p data-bbox="280 770 437 804">Interviews:</p> <ol data-bbox="280 842 1102 1093" style="list-style-type: none"> <li data-bbox="280 842 820 875">1. Interview with Investigative Staff <li data-bbox="280 913 730 947">2. Interview with the Director <li data-bbox="280 985 863 1019">3. Interview with the PREA Coordinator <li data-bbox="280 1057 1102 1090">4. Interview with Residents who Reported Sexual Abuse <p data-bbox="280 1205 611 1238">Findings (By Provision):</p> <p data-bbox="280 1346 1481 2045">115.271 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 4.030 outlines the investigative process. The policy indicates how administrative investigations are to be completed as well as requirements for criminal investigations. Page 1 states that any instance a report is made alleging sexual misconduct, CJSD staff will complete a thorough and detailed investigation with accurate documentation. A review of the three investigative reports (two sexual harassment and one consensual sexual activity) confirmed all there were completed timely (within 30 days) and all three were thorough and objective. All investigations included interviews with alleged victim, subject and/or witnesses. Two involved the collection of evidence via a review of video. The interview with the facility investigator indicated an investigation is initiated immediately following an allegation. She stated that if it is on a weekend and it is serious she would come into the facility right away. She confirmed that third party and anonymously reported allegations would not be investigated any differently than other reported allegations. She stated she would still follow-up with an investigation and interview those involved and collect any evidence, such as video.</p>

115.271 (b): 4.035, page 2 states CJSD will ensure that any designated staff for conducting sexual abuse investigation such as the PC have received required training for sexual abuse investigations in a confinement setting. This training will include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training is completed through the Prison Rape And Sex Assault Investigations Inside Correctional Facilities Training Curriculum. A review of the training indicates that it encompasses the requirements under this provision. The training is a robust curriculum with nine sections and scenarios. Interviewing techniques are discussed in section two and section eight. Evidence collection is discussed in section two. Standard of proof is discussed in section three and Miranda and Garrity are covered in section seven. A review of investigations indicated one staff member conducted all investigations. The staff member was documented with receiving the specialized training. The interview with the facility investigator confirmed that the required topics were covered in the training.

115.271 (c): A review of the three investigative reports (two sexual harassment and one consensual sexual activity) confirmed all there were completed timely (within 30 days) and all three were thorough and objective. All investigations included interviews with alleged victim, subject and/or witnesses. Two involved the collection of evidence via a review of video. All three were documented in a written report. The interview with the facility investigator indicated that the initial investigative steps would involve contacting the reporting person to get all the information. She stated she would start collecting information and talk to staff. She indicated she would ensure the individuals were safe and separated. The investigator confirmed she would then interview the victim and witnesses and then the alleged perpetrator. She stated she would review video, talk to staff, review files and pull all the information together. Additionally, the investigator stated if the allegation was criminal, she would contact local law enforcement. She confirmed that during the investigation she reviews the history of the individuals in the program.

115.271 (d): 4.030, page 2 states when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of investigative reports indicated that none involved criminal behavior. The interview with the facility investigator indicated that anything criminal is referred to local law enforcement to handle.

115.271 (e): 4.030, page 4 states the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the

person's status as a client or staff. Polygraph examinations or other truth-telling devices may not be used on the alleged victim as a condition for proceeding with the investigation. The interview with the investigator confirmed that she would not require a resident victim to take a polygraph or truth telling device test. She further stated that credibility would be based on looking at facts objectively. The interview with the resident who reported sexual harassment confirmed that he was not required to take a polygraph or truth telling device test.

115.271 (f): 4.030, page 4 states administrative investigations will include: the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a client or staff. Polygraph examinations or other truth-telling devices may not be used on the alleged victim as a condition for proceeding with the investigation; an effort to determine whether staff actions or failures to act contributed to the abuse; and documentation descriptions of physical and testimonial evidence, reasoning behind credibility and investigative facts and findings. A review of investigative reports indicated that all allegations were documented in a written report with a summary of the allegation, a description of the interviews/statements, a description of any evidence reviewed/collected and investigative facts and findings. The interview with the facility investigator confirmed that administrative investigations would be documented in written reports and include how the information was received, all steps taken, all evidence, the outcome and the victim notification. She further indicated that during the investigation she reviews video, logs, interviews, etc. to see if staff did what they were supposed to do per policy.

115.271 (g): 4.030, page 5 states in any instance where the initial investigation determines that criminal behavior occurred, the PC or the on duty manager will contact the Grand Junction Police Department for further investigation. The Grand Junction Police Department will be responsible for collecting evidence, interviewing witnesses and referring for prosecution. A review of investigative reports indicated that none of the allegations were criminal in nature and as such no criminal investigations were completed. The interview with the facility investigator indicated that local law enforcement conducts criminal investigations and copies of the investigations are provided to management staff.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution and that there was one substantiated allegation of conduct that was referred for prosecution since the last PREA audit. Further communication with the PC indicated the allegation was referred for criminal investigation, not prosecution. 4.030, page 5 states in any instance where the initial investigation determines that criminal behavior occurred, the PC or the on duty manager will contact the Grand Junction Police Department for further investigation. The Grand Junction Police Department will be responsible for

collecting evidence, interviewing witnesses and referring for prosecution. There were no criminal investigations completed with the previous twelve months. The facility did provide two investigations from 2019 that were referred to GJPD for criminal investigation. Both referrals were documented. Neither contained any information related to prosecution. The interview with the facility investigator indicated that all criminal allegations are referred to local law enforcement to handle.

115.271 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of historical investigative reports indicate that information is retained by the facility.

115.271 (j): 4.030, page 5 states investigations will not be terminated if the alleged abuser or alleged victim are removed from employment with CJSD or are no longer a client at CJSD. The facility investigator confirmed that an investigation would be completed regardless of the departures of the staff member or resident.

115.271 (k): The auditor is not required to audit this provision.

115.271 (l): 4.030, page 5 states CJSD shall cooperate with outside investigators and will make contact as necessary to remain informed about the progress of an investigations. The PC stated that if an outside agency conducts an investigation she calls and emails the agency related to updates. She further confirmed that they keep an open relationship and ensure they have the reporting numbers for reference. The interview with the Director indicated that outside law enforcement would typically communicate with her related to any investigations. The facility investigator stated when an outside agency investigates she would be a liaison. She would call and follow up with the case finding and whether it was referred for prosecution. She also stated she would turn over any evidence to them as needed.

Based on a review of the PAQ, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, Investigator Training Records, Investigative Reports and information from interviews with the Director, PREA Coordinator, facility investigator and the resident who reported sexual abuse, this standard appears to be compliant.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.272 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 4.030, page 3 states in determining whether an allegation of sexual misconduct is substantiated, unsubstantiated or unfounded, the decision shall be based solely upon the preponderance of evidence gathered during the investigation. A review of investigative reports indicated that one was substantiated for consensual sexual activity. The other two sexual harassment investigations were unfounded and unsubstantiated. All investigative outcomes were appropriately based on the evidence. The interview with the facility investigator indicated that a preponderance of evidence is the standard of proof required to substantiate an allegation of sexual abuse or sexual harassment.</p> <p>Based on a review of the PAQ, 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements, Investigative Reports and information from the interview with the facility investigator indicates that this standard appears to be compliant.</p>

115.273	Reporting to residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1358 663" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1358 519">2. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements <li data-bbox="280 555 655 591">3. Investigative Reports <li data-bbox="280 627 890 663">4. Documentation of Verbal Notifications <p data-bbox="280 770 437 806">Interviews:</p> <ol data-bbox="280 842 1102 1021" style="list-style-type: none"> <li data-bbox="280 842 730 878">1. Interview with the Director <li data-bbox="280 913 820 949">2. Interview with Investigative Staff <li data-bbox="280 985 1102 1021">3. Interview with Residents who Reported Sexual Abuse <p data-bbox="280 1128 612 1164">Findings (By Provision):</p> <p data-bbox="280 1272 1474 2069">115.273 (a): The PAQ indicated that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 4.020, page 2 states upon conclusion of any administrative and/or criminal investigation, the victim shall be notified of the outcome of the investigation and the determination made if their complaint was substantiated, unsubstantiated or unfounded. CJSJ shall request all pertinent information from criminal investigators, if applicable. The PAQ indicated that there were zero administrative and/or criminal investigations of alleged resident sexual abuse completed by the facility during the past twelve months, but three residents notified, verbally or in writing, of the results of the investigation. Further communication with the PCM indicated that there have been no sexual abuse allegations, but they did provide notification on two sexual harassment investigations and one investigation that was consensual and did not rise to the level of PREA. A review of documentation indicated that victim notifications are documented on the PREA Incident Debriefing Report. A review of investigative reports indicated there were two sexual harassment allegations and one consensual sexual activity allegation reported during the previous twelve month. While none</p>

were sexual abuse and required a notification, all three investigations documented a verbal notification to the resident victim, exceeding the requirement of this provision. The interview with the resident who reported sexual abuse indicated he knew the facility was required to inform him of the outcome of the investigation. He stated he was not sure if he was advised of the outcome. The interviews with the Director and investigator confirmed that residents are notified of the outcome of the investigation into their allegation.

115.273 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. 4.020, page 2 states upon conclusion of any administrative and/or criminal investigation, the victim shall be notified of the outcome of the investigation and the determination made if their complaint was substantiated, unsubstantiated or unfounded. CJSJ shall request all pertinent information from criminal investigators, if applicable. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of documentation confirmed all three reported allegations were investigated at the facility level and there were no outside agency investigations completed.

115.273 (c): The PAQ indicated that following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 4.020, page 3 states upon conclusion of any administrative and/or criminal investigation, the victim shall be notified whenever the alleged perpetrator (staff) has pending or completed disciplinary action; is no longer employed at CJSJ; is charged criminally; and/or is convicted. During the interim report period the facility updated their policy to include that the victim shall be notified whenever the alleged perpetrator (staff) is no longer posted within the client's dayroom. The PAQ indicated that there has not been a substantiated or unsubstantiated allegation of sexual abuse committed by a staff member against a resident in the previous twelve months. A review of investigative reports confirmed there were zero sexual abuse allegations reported against a staff member in the previous twelve months. The resident who reported sexual harassment indicated he reported sexual harassment against another resident and as such this provision was not applicable.

115.273 (d): The PAQ indicates that following an resident's allegation that he or she has been sexually abused by another resident, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been

indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 4.020, page 3 states upon conclusion of any administrative and/or criminal investigation, the victim shall be notified whenever the alleged perpetrator (client) has been charged criminally and/or has been convicted. A review of investigative reports confirmed there were no resident-on-resident sexual abuse allegations reported during the previous twelve months. The interview with the resident who reported sexual harassment indicated his allegation was sexual harassment and as such this provision does not apply.

115.273 (e): The PAQ indicated that the agency has a policy that all notifications to residents described under this standard are documented. 4.030, page 3 states the CJSD PC shall be responsible for making such notifications and for documenting the notification in the client file. The PAQ stated that there were three notifications to residents made pursuant to this standard and all three were documented. A review of documentation indicated that victim notifications are documented on the PREA Incident Debriefing Report. A review of investigative reports indicated there were two sexual harassment allegations and one consensual sexual activity allegation reported during the previous twelve month. While none were sexual abuse and required a notification, all three investigations documented a verbal notification to the resident victim, exceeding the requirement of this provision.

115.273 (f): This provision is not required to be audited.

Based on a review of the PAQ, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, Investigative Reports, Documentation of Verbal Notifications and information from interviews with the Director, facility investigator and resident who reported sexual abuse, this standard appears to be compliant.

115.276	Disciplinary sanctions for staff
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1461 748" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1358 564">2. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring <li data-bbox="280 600 1461 680">3. 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline Employee Handbook <li data-bbox="280 712 655 748">4. Investigative Reports <p data-bbox="280 855 612 891">Findings (By Provision):</p> <p data-bbox="280 999 1477 1491">115.276 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 4.035, page 3 states staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 4.020, page 3 states any employee or service provider who fails to report an allegation, coerces or threatens another person to submit inaccurate, incomplete or untruthful information, or acts in a retributive manner toward any party to a PREA report may face disciplinary action, up to and including termination. Page 4 also states that employees, contractors, volunteers, etc. that retaliate may face disciplinary action up to and including termination from employment.</p> <p data-bbox="280 1603 1461 1886">115.276 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies over the previous twelve months and zero staff who were terminated for violating agency sexual abuse or sexual harassment policies. 4.035, page 3 states staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="280 1998 1445 2078">115.276 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the</p>

nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 4.035, page 3 states that disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of documentation indicated there were zero sexual abuse or sexual harassment allegations against a staff member in the previous twelve months.

115.276 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 4.035, page 3 states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are reported to law enforcement and licensing agencies (unless the activity was clearly not criminal), and to any relevant licensing bodies. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and zero staff members were reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.035 - Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline Employee Handbook and Investigative Reports indicates that this standard appears to be compliant.

115.277	Corrective action for contractors and volunteers
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1461 743" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1358 564">2. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring <li data-bbox="280 600 1461 680">3. 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline <li data-bbox="280 716 655 752">4. Investigative Reports <p data-bbox="280 860 437 896">Interviews:</p> <ol data-bbox="280 931 732 967" style="list-style-type: none"> <li data-bbox="280 931 732 967">1. Interview with the Director <p data-bbox="280 1075 612 1111">Findings (By Provision):</p> <p data-bbox="280 1218 1477 2007">115.277 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. 4.035, page 3 states any contractor or volunteer who engages in sexual abuse is prohibited from contact with clients and is reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. CJSD will take appropriate remedial measures regarding prohibiting further contact with clients. 4.020, page 3 states any employee or service provider who fails to report an allegation, coerces or threatens another person to submit inaccurate, incomplete or untruthful information, or acts in a retributive manner toward any party to a PREA report may face disciplinary action, up to and including termination. Page 4 also states that employees, contractors, volunteers, etc. that retaliate may face disciplinary action up to and including termination from employment. The PAQ indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports indicated there were no reported sexual abuse allegations against a volunteer or contractor and as such discipline was not required.</p>

115.277 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 4.035, page 3 states any contractor or volunteer who engages in sexual abuse is prohibited from contact with clients and is reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. CJSD will take appropriate remedial measures regarding prohibiting further contact with clients. The interview with the Director indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in the contractor or volunteer being prohibited access to the facility. She stated they have not had any volunteers or contractors violate policy, but if they did they would eliminate their access and if substantiated they would eliminate the individuals job.

Based on a review of the PAQ, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.035 - Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline, Investigative Reports and information from the interview with the Director, this standard appears to be compliant.

115.278	Disciplinary sanctions for residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 453 374">Documents:</p> <ol data-bbox="280 412 1358 846" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 911 517">2. 1.3120D - Formal Disciplinary Hearings <li data-bbox="280 555 1358 633">3. 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring Residential Rules Matrix <li data-bbox="280 667 751 701">4. Residential Sanctions Matrix <li data-bbox="280 739 655 772">5. Investigative Reports <li data-bbox="280 810 639 844">6. Disciplinary Records <p data-bbox="280 954 437 987">Interviews:</p> <ol data-bbox="280 1025 1015 1126" style="list-style-type: none"> <li data-bbox="280 1025 730 1059">1. Interview with the Director <li data-bbox="280 1097 1015 1131">2. Interview with Medical and Mental Health Staff <p data-bbox="280 1240 612 1274">Findings (By Provision):</p> <p data-bbox="280 1384 1469 1921">115.278 (a): The PAQ stated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. 1.3120D, page 1 states that CJSD uses a disciplinary hearing board to resolve case of serious rule violations through a due process format. The policy further outlines the entire process. The Residential Rules Matrix indicates that "Sexual Acts" is a Class 1 offense and "Sexual Harassment" is a Class 2 offense. The PAQ indicated there has been one administrative finding of guilt for resident-on-resident sexual abuse within the previous twelve months and zero criminal findings of guilt for resident-on-resident sexual abuse. A review of documentation indicated that the allegation was deemed consensual and not sexual abuse or sexual harassment. The substantiated finding was related to a violation of facility rules related to sexual activity and both residents were given discipline for consensual sexual activity.</p> <p data-bbox="280 2031 1453 2065">115.278 (b): 1.3120D, page 3 states in determining sanctions the following criteria</p>

will be used: seriousness of the offense; client's program progress; past disciplinary violations; previous sanctions; and mental state of the client. A review of the Residential Sanction Matrix confirmed that sanctions are laid out based on class and number of offenses. The interview with the Director indicated that if a resident violated the sexual abuse policies he/she would go through the regular disciplinary process which includes being served a notice of charges, a hearing and consequences. She stated there is zero tolerance for sexual abuse so the individual would generally be placed in the detention facility and removed from the program. She confirmed that disciplinary sanctions would be consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and sanctions imposed for comparable offenses by other residents.

115.278 (c): 1.3120D, page 3 states in determining sanctions the following criteria will be used: seriousness of the offense; client's program progress; past disciplinary violations; previous sanctions; and mental state of the client. The interview with the Director confirmed that a residents' mental disability or mental illness would be considered in the disciplinary process.

115.278 (d): The PAQ stated that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending resident to participate in these interventions as a condition of access to programming and other benefits. Further clarification from the PCM indicated that the facility does not directly provide these services as they do not employ medical or mental health care staff, but services would be provided through a community organization. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.278 (e): The PAQ stated that the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.278 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 4.020, page 5 states disciplinary action or criminal charges may result from unfounded, deliberately malicious or false reports by clients or other parties.

115.278 (g): The PAQ indicates that the agency prohibits all sexual activity between

residents and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. The Residential Rules Matrix outlines that "Sexual Misconduct" which is defined in the document as consensual sexual interaction including physical action and/or verbal/written/electronic transmissions with any unauthorized person on or off grounds is a Class 3 offense. A review of investigations confirmed two residents were disciplined for consensual sexual activity after they both indicated the activity was consensual.

Based on a review of the PAQ, 1.3120D - Formal Disciplinary Hearings, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring Residential Rules Matrix, Residential Sanctions Matrix, Investigative Reports, Disciplinary Records and information from the interview with the Director, this standard appears to be compliant.

115.282	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1182 591" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1182 519">2. 4.025 – Prison Rape Elimination Act (PREA) Victim Services <li data-bbox="280 555 655 591">3. Investigative Reports <p data-bbox="280 698 437 734">Interviews:</p> <ol data-bbox="280 770 1086 878" style="list-style-type: none"> <li data-bbox="280 770 1086 806">1. Interview with Resident who Reported Sexual Abuse <li data-bbox="280 842 799 878">2. Interview with First Responders <p data-bbox="280 985 612 1021">Findings (By Provision):</p> <p data-bbox="280 1128 1481 1917">115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff do not maintain secondary materials documenting services. Communication with the PC indicated they do not keep medical or mental health records but they do have documentation of when residents are transported to the hospital for services. 4.025, page 1 clients who are victims of sexual assault, contact or harassment shall receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Services will include at minimum: a medical examination (forensic or otherwise), mental health crisis intervention and treatment; and social, family and peer support. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is provided in the community. The facility does not employ medical or mental health care staff and as such no interviews were conducted. The resident who reported sexual harassment stated that he was not offered medical and mental health care. It should be noted the resident reported sexual harassment and as such medical and mental health services were not required.</p> <p data-bbox="280 2024 1422 2060">115.282 (b): The interview with the first responder indicated that first responder</p>

duties would include calling another staff member to assist, blocking off the area where the incident occurred, separating the victim and abuser, calling management immediately and telling the resident not to take any action to destroy evidence such as washing or touching anything. A review of investigative reports indicated two allegations were sexual harassment and one was consensual sexual activity. As such, no medical or mental health services were required. In all three instances however, staff took action and separated the residents through a housing change.

115.282 (c): The PAQ states that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 4.025, page 2 states if reported within five days of the incident, staff shall, with the victim's permission, immediately ensure medical services are provided to evaluate and treat sexual assault/rape victims. If reported more than five days after the incident, staff shall, with the victim's permission refer the victim to health care services responsible for treatment and follow-up care for sexually transmitted or other communicable diseases. Policy further states that client victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. A review of investigative reports indicated two allegations were sexual harassment and one was consensual sexual activity. As such, no medical or mental health services were required. The facility does not employ medical or mental health care staff and as such no interviews were conducted. The resident who reported sexual harassment stated that he was not offered medical and mental health care. It should be noted the resident reported sexual harassment and as such medical and mental health services were not required.

115.282 (d): The PAQ indicated that treatment and services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 4.025, page 2 states all victim services offered to a client sexually assaulted while in the custody or under the jurisdiction of CJSJ shall be offered at no cost to the victim as determined by CJSJ Administration.

Based on a review of the PAQ, 4.025 - Prison Rape Elimination Act (PREA) Victim Services, Investigative Reports, observations made during the tour and information from interviews with first responders and the resident who reported sexual abuse, the facility appears to meet this standard.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 4.025 – Prison Rape Elimination Act (PREA) Victim Services 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Residents who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.283 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 4.025, page 1 states CJSJ will offer medical and mental health evaluations and, as appropriate, treatment to all clients that have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility, regardless of whether or not the victimization occurred prior to the client entering community corrections. The evaluation and treatment will include 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.</p> <p>115.283 (b): 4.025, page 1 states CJSJ will offer medical and mental health evaluations and, as appropriate, treatment to all clients that have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility, regardless of whether or not the victimization occurred prior to the client entering community corrections. The evaluation and treatment will include 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. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is provided in the community. A review of investigative reports indicated two allegations were sexual harassment and one was consensual sexual activity. As such, no medical or mental</p>

health services were required. The facility does not employ medical or mental health care staff and as such no interviews were conducted. The resident who reported sexual harassment stated that he was not offered medical and mental health care. It should be noted the resident reported sexual harassment and as such medical and mental health services were not required.

115.283 (c): 4.025, page 2 states all programs shall allow unimpeded access to all community medical and mental health care, consistent with program rules and requirements. All routine and emergency medical and mental health care are conducted in the community. Medical and mental health services are provided in the community and community organizations maintain medical and mental health documentation. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.283 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 4.025, page 2 states client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy does result the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. There were no sexual abuse allegations reported by female residents during the audit period.

115.283 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. 4.025, page 2 states client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy does result the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were no sexual abuse allegations reported by female residents during the audit period.

115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 4.025, page 2 states that client victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. A review of investigative reports indicated two allegations were sexual harassment and one was consensual sexual activity. As such, no medical or mental health services were required. The facility does not employ medical or mental health care staff and as such no interviews were conducted. The resident who reported sexual harassment stated that he was not offered medical and mental

health care. It should be noted the resident reported sexual harassment and as such medical and mental health services were not required.

115.283 (g): 4.025, page 2 states all victim services offered to a client sexually assaulted while in the custody or under the jurisdiction of CJSJ shall be offered at no cost to the victim as determined by CJSJ Administration. The resident who reported sexual harassment stated that he was not offered medical and mental health care. It should be noted the resident reported sexual harassment and as such medical and mental health services were not required.

115.283 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 4.025, page 3 states CJSJ shall attempt to conduct a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. There were no resident-on-resident sexual abuse allegations reported and as such there were no known resident-on-resident abusers that were required to be evaluated by mental health. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

Based on a review of the PAQ, 4.025 - Prison Rape Elimination Act (PREA) Victim Services, Investigative Reports, observations made during the tour and information from the interview with the resident who reported sexual abuse, this standard appears to be compliant.

115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1358 663" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1358 519">2. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements <li data-bbox="280 555 655 591">3. Investigative Reports <li data-bbox="280 627 810 663">4. PREA Incident Debriefing Report <p data-bbox="280 770 437 806">Interviews:</p> <ol data-bbox="280 842 868 1021" style="list-style-type: none"> <li data-bbox="280 842 730 878">1. Interview with the Director <li data-bbox="280 913 868 949">2. Interview with the PREA Coordinator <li data-bbox="280 985 868 1021">3. Interview with Incident Review Team <p data-bbox="280 1128 612 1164">Findings (By Provision):</p> <p data-bbox="280 1272 1474 1854">115.286 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 4.030, page 4 states the Sexual Assault Response Team (SART) shall meet at the conclusion of all administrative and/or criminal investigations to conduct a full incident review using the PREA Incident Review/Debriefing. Page 3 further states that SART shall debrief investigations of sexual misconduct within 30 days of the conclusion of the investigation. The PAQ indicated there were two criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding those that are unfounded. A review of documentation indicated that there were zero sexual abuse allegations reported and as such no sexual abuse incident reviews were required. However, the facility completed sexual abuse incident reviews for both sexual harassment allegations and the one consensual sexual activity allegation, exceeding the requirements of this standard.</p> <p data-bbox="280 1962 1474 2078">115.286 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 4.030, page 4 states the Sexual Assault Response Team</p>

(SART) shall meet at the conclusion of all administrative and/or criminal investigations to conduct a full incident review using the PREA Incident Review/Debriefing. Page 3 further states that SART shall debrief investigations of sexual misconduct within 30 days of the conclusion of the investigation. The PAQ indicated there were three sexual abuse incident reviews completed within 30 day of the conclusion of the investigation. A review of documentation indicated that there were zero sexual abuse allegations reported and as such no sexual abuse incident reviews were required. However, the facility completed sexual abuse incident reviews for both sexual harassment allegations and the one consensual sexual activity allegation within 30 days, exceeding the requirements of this standard.

115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 4.030, page 3 states the SART shall be comprised of members specially trained in responding to sexual misconduct and sexual abuse. The SART will include; the PC; designated CJSD PREA Manger; designated CJSD PREA Supervisor and a CJSD advocate to coordinate victim services. A review of the completed sexual abuse incident reviews indicated the review team included the Director, PC and supervisors. The interview with the Director confirmed that sexual abuse incident reviews are completed and the review team includes herself, the PC, a shift supervisor and a manager.

115.286 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section an any recommendations for improvement, and submits each report to the facility head and PCM. 4.030, page 4 states SART shall meet at the conclusion of all administrative and/or criminal investigation to: conduct a full incident review using the PREA Incident Review/Debriefing; ensure that all required follow-up steps are communicated to staff; and explore alternatives to prevent or improve the response to any future events of sexual misconduct. A review of the PREA Incident Debriefing Report indicated that it includes information on the allegation, the incident type, the findings, SART discussion topics, findings and recommendations and a final checklist. The SART discussion topics include: a need for a change in policy; if the incident was partially due to bias, gang activity or other group dynamics; if the physical layout enabled the abuse and whether additional monitoring equipment would have aided in the prevention of the incident. The form did not address staffing levels at the time of the incident. The facility provided an updated PREA Incident Debriefing Report that was utilized for the most recent sexual harassment allegation. The form had all elements required under this provision, including reviewing staffing levels at the time of the incident. There were zero sexual abuse allegations reported and as such no sexual abuse incident reviews were required. The facility completed reviews on all three reported allegations (sexual harassment and consensual). Two of the reviews were completed on the old form and the most

recent was completed on the updated form with the required elements under this provision. Interviews with the Director, PC and incident review team member confirmed that the facility conducts sexual abuse incident reviews and they include the required elements under this standard. The Director stated that they utilize information from the sexual abuse incident reviews to determine high risk areas, areas that need additional camera placement and to obtain additional feedback related to any behaviors related to the incident. The PC stated that she is part of the sexual abuse incident review team and that she has not noticed any trends. She indicated that once the report is submitted she ensures the Division of Criminal Justice is updated on the information and that the victim is continued on the monitoring for retaliation timeline. She stated she also follows up with any recommendations, training, policy issues, etc. to ensure they are completed.

115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 4.030, page 4 states SART shall meet at the conclusion of all administrative and/or criminal investigation to: conduct a full incident review using the PREA Incident Review/Debriefing; ensure that all required follow-up steps are communicated to staff; and explore alternatives to prevent or improve the response to any future events of sexual misconduct. A review of the PREA Incident Debriefing Report indicated that it includes information on the allegation, the incident type, the findings, SART discussion topics, findings and recommendations and a final checklist. A review of completed sexual abuse incident reviews confirmed a section exists for recommendations and findings, however none required any corrective action or recommendations.

Based on a review of the PAQ, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, Investigative Reports, PREA Incident Debriefing Report and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.287	Data collection
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1385 734" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1259 519">2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA <li data-bbox="280 555 1385 591">3. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data <li data-bbox="280 627 810 663">4. PREA Incident Debriefing Report <li data-bbox="280 698 639 734">5. PREA Annual Report <p data-bbox="280 842 612 878">Findings (By Provision):</p> <p data-bbox="280 985 1481 1559">115.287 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument and set of definitions. 4.005, page 7 states CJSD will collect data regarding all sexual misconduct that occurs. CJSD will supply upon request by the Bureau of Justice Statistics an annual report on the number of instances of sexual violence in the facility. Data will be collected on each instance of sexual abuse and sexual harassment and will be reported on an annual basis. 4.040, page 2 states the PC shall collect accurate and uniform data for every allegations of sexual abuse at a CJSD facility. The PC indicated that the facility utilizes the PREA Incident Debriefing Report to collect data. The report includes allegation type and investigative outcome. A review of the PREA Annual Reports confirms that it includes aggregated data and encompasses information and data on all allegations, including allegation type and investigative outcome.</p> <p data-bbox="280 1675 1481 2042">115.287 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 4.005, page 7 states CJSD will collect data regarding all sexual misconduct that occurs. CJSD will supply upon request by the Bureau of Justice Statistics an annual report on the number of instances of sexual violence in the facility. Data will be collected on each instance of sexual abuse and sexual harassment and will be reported on an annual basis. 4.040, page 3 states the PC shall compile data annually which will be reviewed by the Sexual Assault Response Team (SART). A review of the PREA Annual Reports confirmed that each annual report includes aggregated data.</p>

115.287 (c): The PAQ indicated that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 4.005, page 7 states CJSD will collect data regarding all sexual misconduct that occurs. CJSD will supply upon request by the Bureau of Justice Statistics an annual report on the number of instances of sexual violence in the facility. Data will be collected on each instance of sexual abuse and sexual harassment and will be reported on an annual basis. 4.040, page 2 states such data shall be collected and organized using the most recent "Survey of Sexual Violence Form put out by the DOJ. The PC indicated that the facility utilizes the PREA Incident Debriefing Report to collect data. The report includes allegation type and investigative outcome. A review of the PREA Annual Reports confirms that it includes aggregated data and encompasses information and data on all allegations, including allegation type and investigative outcome.

115.287 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 4.005, page 7 states CJSD will collect data regarding all sexual misconduct that occurs. CJSD will supply upon request by the Bureau of Justice Statistics an annual report on the number of instances of sexual violence in the facility. Data will be collected on each instance of sexual abuse and sexual harassment and will be reported on an annual basis. 4.040, page 2 states data shall be compiled from all incident reporting sources, including, but not limited to: police reports; behavior reports; sexual assault response team reports; incident review reports; case notes; and emails or other electronic communication.

115.287 (e): The PAQ indicated this provision does not apply. The agency does not contract for the confinement of its residents.

115.287 (f): The PAQ indicated that this provision is not applicable as the Department of Justice has not requested agency data.

Based on a review of the PAQ, 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA, 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, the PREA Incident Debriefing Report and the PREA Annual Report, this standard appears to be compliant.

115.288	Data review for corrective action
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1385 591" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data 3. PREA Annual Report <p data-bbox="280 698 437 734">Interviews:</p> <ol data-bbox="280 770 948 878" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the PREA Coordinator <p data-bbox="280 985 612 1021">Findings (By Provision):</p> <p data-bbox="280 1128 1487 2087">115.288 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 4.040, page 3 states the PC shall compile data annually which will be reviewed by the Sexual Assault Response Team (SART). The SART will: compare current year data to previous year data; compile a list of identified problem areas or areas for improvement; take corrective action to address those areas; and document any reasons (if any) for not taking corrective action. Following the receipt of the annual report the SART shall meet to review the report and assess the effectiveness of agency sexual abuse prevention, detection and response. A review of the PREA Annual Reports indicates that reports include allegation data. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions, general information and progress in meeting PREA standards. The most recent report outlined updates to video monitoring technology and changes due to COVID-19. The report included information on staff training and resident education and also provided findings from the most recent PREA audit. The report compares the data from the current year with the previous year. The interview with the Agency Head Designee indicated that when there is an incident they review and make necessary practice changes. She stated that the agency does not have a lot of allegations, but they would utilize information and data from the allegations to</p>

change practice that goes along with any identified issues. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. She stated that the data helps to evaluate training with clients and staff and how to approach topics. She indicated the data helps the agency/facility adapt moving forward. The PC confirmed that the data is included in an annual report and that data is securely retained.

115.288 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 4.040, page 3 states the PC shall compile data annually which will be reviewed by the Sexual Assault Response Team (SART). The SART will: compare current year data to previous year data; compile a list of identified problem areas or areas for improvement; take corrective action to address those areas; and document any reasons (if any) for not taking corrective action. Following the receipt of the annual report the SART shall meet to review the report and assess the effectiveness of agency sexual abuse prevention, detection and response. A review of the PREA Annual Reports indicates that reports include allegation data. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions, general information and progress in meeting PREA standards. The most recent report outlined updates to video monitoring technology and changes due to COVID-19. The report included information on staff training and resident education and also provided findings from the most recent PREA audit. The report compares the data from the current year with the previous year.

115.288 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 4.040, page 3 states following this review, the final report shall be issued and distributed/made available to agency personnel; to the public (via the agency website or Mesa County Attorney's Office); and to the DOJ (upon request). The interview with the Agency Head Designee confirmed that she approves the annual report and it is publicly available. The report is published online at <https://cjsd.mesacounty.us/programs-and-services/community-corrections/residential-services/>.

115.288 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 4.040, page 3 states nothing in this section precludes redaction of any information which compromises

the security and/or safety of the facility and/or staff. All personal identifiers shall be removed prior to publication. Policy further states that all reports and data shall be maintained for a period of ten years from the date of the final annual report. A review of the PREA Annual Report confirms that no personal identifying information is included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC indicated that there are no specific identifiers in the report and as such there is not a need to redact any information. She stated the report includes only broad statistics and information.

Based on a review of the PAQ, 4.040 - Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, the PREA Annual Report, the website and information obtained from interviews with the Agency Head Designee and PC, this standard appears to be compliant.

115.289	Data storage, publication, and destruction
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 453 374">Documents:</p> <ol data-bbox="280 412 1382 589" style="list-style-type: none"> <li data-bbox="280 412 687 445">1. Pre-Audit Questionnaire <li data-bbox="280 483 1382 517">2. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data <li data-bbox="280 555 636 589">3. PREA Annual Report <p data-bbox="280 698 437 732">Interviews:</p> <ol data-bbox="280 770 866 804" style="list-style-type: none"> <li data-bbox="280 770 866 804">1. Interview with the PREA Coordinator <p data-bbox="280 913 611 947">Findings (By Provision):</p> <p data-bbox="280 1057 1481 1464">115.289 (a): The PAQ stated that the agency ensures that incident based data and aggregated data is securely retained. The PAQ indicated that data is maintained in an upper level drive that only administrative staff have access to. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. She stated that the data helps to evaluate training with clients and staff and how to approach topics. She indicated the data helps the agency/facility adapt moving forward. The PC confirmed that the data is included in an annual report and that data is securely retained.</p> <p data-bbox="280 1574 1481 1861">115.289 (b): The PAQ states that the agency will 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 through other means. A review of the website: https://cjsd.mesacounty.us/programs-and-services/community-corrections/residential-services/ confirmed that the current annual report, which includes aggregated data, is available to the public online.</p> <p data-bbox="280 1971 1453 2089">115.289 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PAQ further stated that the agency maintains sexual abuse data collected pursuant to 115.287</p>

for at least ten years after the date of initial collection, unless federal, state, or local law requires otherwise. 4.040, page 3 states nothing in this section precludes redaction of any information which compromises the security and/or safety of the facility and/or staff. All personal identifiers shall be removed prior to publication. A review of the PREA Annual Report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.289 (d): 4.040, page 3 states that all reports and data shall be maintained for a period of ten years from the date of the final annual report. A review of historical annual reports indicated that aggregated data is available from 2019 to present online. The PC stated that information prior to 2019 is available upon request.

Based on a review of the PAQ, 4.040 - Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility the stand alone facility for the Mesa County Criminal Justice Service. The facility is being audited in the first year of the audit cycle.</p> <p>115.401 (b): The facility the stand alone facility for the Mesa County Criminal Justice Service. The facility is being audited in the first year of the audit cycle.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from residents.</p> <p>115.401 (n): The facility provided photo confirmation that the audit announcement was placed throughout the facility six weeks prior to the audit. Additionally, during the tour the auditor observed English and Spanish audit announcements in each housing unit. Th announcements advised the residents that they could confidentially correspond with the auditor.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): 115.403 (f): The facility was previously audited on January 28-30, 2019. The final audit report is publicly available via the agency website. The facility is a stand-alone and no other audit reports are available.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	no
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.273 (c)	Reporting to residents	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes