

PREA Facility Audit Report: Final

Name of Facility: West

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/20/2017

| Auditor Certification | |
|---|-------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Natasha Shafer | Date of Signature: 03/20/2017 |

| AUDITOR INFORMATION | |
|------------------------------|---------------------|
| Auditor name: | Shafer, Natasha |
| Address: | |
| Email: | nshaferdu@gmail.com |
| Telephone number: | |
| Start Date of On-Site Audit: | 02/01/2017 |
| End Date of On-Site Audit: | 02/03/2017 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | West |
| Facility physical address: | 11500 West Security Ave, Lakewood, Colorado - 80215 |
| Facility Phone | |
| Facility mailing address: | |
| The facility is: | <input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit |
| Facility Type: | <input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correctional facility |

| Primary Contact | | | |
|------------------------|----------------------------|--------------------------|-------------------------|
| Name: | Joe Clark | Title: | PREA Coordinator |
| Email Address: | jclark@int-iccs.org | Telephone Number: | 720-544-5559 |

| Facility Director | | | |
|--------------------------|----------------------------|--------------------------|-------------------------|
| Name: | Kristin Heath | Title: | Program Director |
| Email Address: | kheath@int-iccs.org | Telephone Number: | 303-407-6225 |

| Facility PREA Compliance Manager | | | |
|---|----------------------------|--------------------------|-------------------------|
| Name: | Kristin Heath | Title: | Program Director |
| Email Address: | kheath@int-iccs.org | Telephone Number: | 303-407-6225 |

| Facility Health Service Administrator | | | |
|--|------------|--------------------------|--|
| Name: | N/A | Title: | |
| Email Address: | | Telephone Number: | |

| Facility Characteristics | | | |
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| Designed facility capacity: | | 140 | |
| Current population of facility: | | 109 | |
| Age Range | Adults: 18-99 | Juveniles: | Youthful Residents: |
| Facility security level/resident custody levels: | | Minimum | |
| Number of staff currently employed at the facility who may have contact with residents: | | 25 | |

| AGENCY INFORMATION | |
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| Name of agency: | Intervention Community Corrections Services |
| Governing authority or parent agency (if applicable): | Intervention, Inc. |
| Physical Address: | 1651 Kendall Street, Lakewood, Colorado - 80214 |
| Mailing Address: | |
| Telephone number: | 303-232-4002 |

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

| Agency-Wide PREA Coordinator Information | | | |
|--|---------------------|-------------------|------------------|
| Name: | Joe Clark | Title: | PREA Coordinator |
| Email Address: | jclark@int-iccs.org | Telephone Number: | 720-544-5559 |

AUDIT FINDINGS

Narrative:

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

The auditor sent notices to the facility to announce the PREA Audit on December 11, 2016, the notices were emailed to the Agency PREA Coordinator, Joe Clark and Executive Director, Brian Hulse. During the audit the auditor could visually see the notices posted throughout the facility. The auditor did not receive any communications as a result of the posted Notices.

The auditor made arrangements to begin the day 1 on-site audit at 9:00am, to include introductions, expectations and a tour of the facility. Individuals present for the entrance included: Joe Clark, PREA Coordinator, Brian Hulse, Executive Director, Facility Director/PREA Compliance Manager(Kendall), Cassie Sattazahn, Facility Director/PREA Compliance Manager (West), Kristin Heath, Human Resource Representative, Sandy Estelle, and additional staff from Kendall and West facilities.

The PREA Audit was conducted February 1st through the 3rd at the Intervention Inc., West Community Confinement Facility. The audit was conducted by the certified PREA Auditor for Juvenile and Adult Facilities, Natasha Shafer. The facility has a design capacity of 140 and serves female clients ages 18-99. The average length of stay or time under supervision is 62 days. The average daily population is 101.

Facility Characteristics:

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

ICCS West is an all-female facility located at 1500 West Security Ave Lakewood, CO 80215. The facility is central to employment and service opportunities for our clients. Higher education is available to clients at Red Rocks Community College, located approximately three miles southwest of the facility. Opened on December 5, 2011, the building is a state of the art 25,968 square foot 4-story structure with residential rooms on the third and fourth floors. Adequate ingress and egress is available for handicapped individuals. An elevator provides access to all levels of the building. Handicap accessible restrooms are available on all floors. In addition, each residential floor has rooms that provide handicap accessible showers. The facility complies with the Colorado Community Corrections Standards.

Programs Offered at this Facility

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

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

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

Residential Dual Diagnosis Treatment (RDDT) - This program provides treatment services designed to measurably reduce recidivism, incarceration and re-incarceration for the mentally ill and substance using offender population. The RDDT program is designed to effect a complete change in lifestyle, which includes control of compulsive behaviors, elimination of criminal behavior, and the acquisition of positive attitudes, values and behaviors which reflect honesty, responsibility, non-violence, and a balanced reliance on self and others. ICCS' goal is to retain or return those offenders to the community with the ability to succeed in society as productive individuals while preserving community safety.

John Eachon Re-Entry Program (JERP) - ICCS provides services to transition and diversion clients who have been diagnosed with serious and persistent mental illness and substance abuse problems. The provision of services to JERP clients is unique as it integrates services from ICCS and the Jefferson Center for Mental Health (JCMH). Upon approval referrals may be accepted with a singular mental health diagnosis. Most JERP clients are not fully employable. The multidisciplinary approach allows the JERP clients to receive appropriate treatment, evaluation, medication, and other support services, not otherwise attainable in the community setting.

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

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

Sex Offender (SXO) - Following Sex Offender Management Board (SOMB) standards, ICCS provides residential case management, accountability oversight and "Bridge Treatment" (provided by SOMB approved providers) to offenders who are or will become involved in Sex Offense Specific Treatment. ICCS staff is part of the containment team who meet regularly to insure compliance on the part of the offender. Per SOMB ICCS staff is a part of the Containment Team.

Sex Offender Lifetime Program - Along with RSA and parole, ICCS staff travels to prisons that facilitate the Sex Offender Treatment Monitoring Program and interview potential candidates face to face. ONLY those who are thoroughly vetted by the group are allowed to progress in the screening process. The program allows a step down program for offenders that need the support to become established with a residence, treatment and employment, which enhances community safety.

Community Return to Custody Facility (CRCF) - CRCF allows non-violent class four, five and six felony parole clients, who have been revoked from parole for technical violations, the opportunity to serve their revocation term of up to 180 days in a community based facility instead of being returned to the DOC. ICCS staff and the Community Parole Officer assigned to the facility require the clients to address specific issues that led to their regression from parole.

Work Release - ICCS provides housing and monitoring services to female offenders at ICCS-West who are serving a Work Release sentence, at no additional cost to the taxpayer.

Summary of Audit Findings:

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

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| Number of standards exceeded: | 2 |
| Number of standards met: | 33 |
| Number of standards not met: | 0 |
| Number of Standards Not Applicable: (The total number of standards that were audited at the agency level) | 6 |

The position of the Agency PREA Coordinator has been assigned to the same person for the past two years, which helps with PREA compliance sustainability. He has done a good job working with and supporting Intervention, Inc. in preparation for the audit, and responding to the auditors' request for additional information during and after the on-site audit. Information requested was always provided without question and without delay. When there was a delay in accessing documents the PREA Coordinator responded quickly to remedy the problem.

The agency Executive Director and facility PREA Compliance Manager were responsive during the on-site audit and committed themselves to make themselves available should the auditor need their attention. All staff observed conducting the job duties during the tour and interviewed staff were professional and expressed a commitment to prevent sexual abuse and sexual harassment allegation within the facility. Camera coverage in the facility was very comprehensive and where there were blind spots and potential blind spots the facility mitigated the risk after their 2015 audit. An ongoing vulnerability assessment is recommended as over-time vulnerable areas will be exposed. The facility doors and windows provide adequate viewing to supervise and monitor areas requiring privacy. This auditor witnessed movement in the facility by both staff and clients, and feel staff movement and security checks are frequent enough to deter sexual abuse. While unannounced rounds are not required per the community confinement PREA standards, the staff and client interviews indicate there is adequate staff presence throughout the facility throughout the day. Clients report they can shower and change their clothes in privacy and are not concerned with being seen in the nude.

The following staff were interviewed: 10 randomly selected, specialized staff representing the Executive Director, the agency PREA Coordinator, Facility Director/PREA Compliance Manager, the Case Manager supervisor, one Human Resources staff, the Training Officer (who is also the PREA Coordinator), Intake Staff (who provides initial PREA information), Supervisory Staff, Staff First Responders, Staff on the Incident Review Team, and Community Corrections Specialist (direct care staff). Interviews indicated all of the staff received PREA training as required per the standards. Refresher training appears to be on-going as all staff indicated they have received PREA training a few times throughout the year. The staff were strong in reporting and indicated they would take any report from any sources, as well as any suspicion, allegation, or knowledge seriously and report it. They were clearly knowledgeable of the investigation and notification processes within the facility. During the interview, everyone provided adequate information describing their responsibilities as first responders. Specialized staff were very

professional and knowledgeable of their specific role and responsibility regarding the PREA Standards.

Ten clients representing all facility program levels and admission were randomly selected for an interview. The client interviews indicated they were very knowledgeable of PREA and the purpose of the standards. Every client interviewed reported they received information upon intake about their right to be free from sexual abuse and sexual harassment, signed an acknowledgement form, and watched a video. This all happened within the first hour of their admission. None of the clients reported being a victim or being aware of anyone else being a victim of sexual abuse or sexual harassment during the on-site audit. The clients were knowledgeable of the multiple ways to report sexual abuse and sexual harassment, and each indicated they felt comfortable enough to report an incident to a trusted staff member. All of the clients indicated they were aware of the DOC hotline and would also use the hotline to report anonymously if they needed to. The clients can use the grievance process or write letters to the director or other staff. There were no issues with reporting. Based on the interviews with the clients there are no male staff members consistently working within the facility; therefore, searches are always conducted by female staff.

The auditor found clients who identify as transgender (1 in the past 12 months) was housed according to the clients' biological sex. The client was released long before the auditors' on-site visit, which did not allow the auditor to interview the client. The agency and facilities policy regarding the placement and treatment for clients who identify as transgender states housing and placement decisions will be a case-by-case determination, which is in-line with the standard 115.242.

Reviewed documentation for each standard as well as interviews and observations confirmed the facility exceeds expectations in 2 standards and is in compliance with 33 standards.

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.

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| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS Policy Number 160: PREA Standards, Training, and Screening, Policy 275: PREA Violation Sanctions, and Intervention Inc. Organization Chart</p> <p>ICCS West has a written “zero tolerance” policy towards preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy includes description of how the agency responds to allegations of sexual abuse and sexual harassment as well how they will go about reducing and preventing these incidents. The PREA policy explains sanctions for clients, staff, volunteers, and contractors who participate in the listed prohibited behaviors of sexual abuse, sexual harassment and policy violation. Intervention Inc. has one dedicated PREA Coordinator and ICCS West has designated their Facility Director as their PREA Compliance Manager who reports to the Executive Director. Both the PREA Coordinator and PREA Compliance Manager report they have the authority to coordinate and oversee PREA Compliance.</p> |

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| 115.212 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
| | Not applicable. |

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| 115.213 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West 2016 Staffing Plan, Staffing Plan Development document, ICCS Policy 400: Staff Scheduling</p> <p>ICCS West has a current staffing plan adopted June 22, 2016, which highlights the required elements of the standard. The agency policy states the plan will be reviewed annually. The current staffing plan has three recommendations to include: security rounds, interactions with clients off cameras, frequency of headcounts, and a result of the 2015 PREA auditor the facility repositioned security cameras and mirrors. Staffing does not deviate from the staffing plan, which requires 2 staff from 11pm-3pm, and 3 staff from 3pm-11pm. The staffing plan does not include the signature of the Executive Director confirming there was a review or approval of the plan.</p> <p>The facility has deployed video monitoring systems to augment staffing. The systems are adequate and deficiencies are few. The cameras are positioned throughout the facility to capture anything that occurs in open and blind spot areas.</p> <p>Recommendation:</p> <p>Ensure the Executive Director of the agency signs-off on the staffing plan indicating there was a review and approval of the plan.</p> |

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| 115.215 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS Policy 450: Searches, Policy 410 Resident Counts, Training Outline (Search Video)</p> <p>ICCS West does not employ male staff. The policy prohibits staff of the opposite sex from conducting a pat search of an opposite gender client. Body cavity searches are not allowed. All of the staff and client interviews confirmed that these policies have been followed without exception. There were no cross gender pat, visual or strip searches conducted by medical personnel or for an exigent circumstance during the last 12 months. Strip searches are only allowed with the approval from the Executive Director or the Program Director. Authorized strip searches require the presence of two same sex staff members, one of which must be a supervisor.</p> <p>The policy prohibits staff viewing while the clients using the restroom, changing clothes, and during shower routine outside of a routine security check. The policy also prohibits staff from searching or physically examining a transgender or intersex client for the sole purpose of determining a client's genital status. ICCS West admitted one client who identifies as transgender in the past 12 months.</p> <p>Recommendation: Implement a search log for all searches. This practice could potentially protect the facility if an allegation of sexual abuse was alleged against a female staff member.</p> |

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| 115.216 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 160: PREA Standards, Training, and Screening, Policy 165: PREA Reporting, Investigation, & Response, Policy 405: Intake Paperwork and Procedures, PREA Comic-Transgender brochure, PREA Comic-Female brochure, MOU Voiance Language Service, Training Outline, PREA Brochure-West (Spanish)</p> <p>ICCS West provided to the auditor the zero-tolerance policy as well as written PREA material in English and Spanish i.e., handbook, client brochures, etc. The agency as well as ICCS West provides interpretation services for clients who may be deaf, speech impaired, and limited in English proficiency or who are disabled. The facility provided the auditor with a signed MOU with contact information for speech and language and limited English interpretation service providers. ICCS West did not identify any clients in their custody during the on-site audit to be interviewed as Limited English Proficiency or needing other interpreting services at the time or in the last 12 months.</p> |

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| 115.217 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 220: Background Investigation process on Employees, Background clearance checks for 10 random staff</p> <p>ICCS West policy prohibits hiring or promoting persons in the categories enumerated in this standard. The agencies practice is to obtain sexual harassment information when engaging the services of a contractor through the application process by providing potential candidates with supplemental questions during the application process. When a person is considered for employment, criminal background checks are conducted through the Colorado Bureau of Information background check. The agency performs criminal background checks every 5 years on current employees and contractors who may have contact with clients.</p> |

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| 115.218 | Upgrades to facilities and technology |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Physical plant layout and camera inventory</p> <p>ICCS West has not made any modifications to or any renovations in this facility as of August 20, 2012 and they currently have approximately 50 cameras throughout the facility to augment the staff's supervision and monitoring of the clients.</p> <p>ICCS West opened on December 5, 2011; the building is a state of the art 25,968 square foot 4-story structure with residential rooms on the third and fourth floors. Given the facility's modern design there are no immediate plans to expand or modify the facility from its current build.</p> |

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| 115.221 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 165 PREA Reporting, Investigation, & Response</p> <p>ICCS West policy outlines the protocol for conducting investigations of sexual abuse; and indicates the facility investigators will conduct internal administrative investigations. The policy requires the facility to request information from the Lakewood Police Department on the progress of each investigation. The policy states, "ICCS will ask of law enforcement that all PREA standards be adhered to while investigating any allegation, also that no alleged victim be required to submit to any polygraph or other truth-telling device to determine whether to proceed with an investigation." During the past 12 months, there have been no known incidents of sexual abuse necessitating such investigation. WGS provided memorandum of understanding verifying their agreement with The Blue Bench to provide advocacy support to a victim of sexual abuse.</p> <p>The policy also states, "All clients who report that they have been the victim of sexual assault, sexual violence, sexual misconduct or sexual contact will be receive timely, unimpeded access to emergency medical treatment and crisis intervention. The nature and scope of which will be determined by medical and mental health practitioners according to their professional judgment."</p> |

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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 165: PREA Reporting, Investigation, & Response</p> <p>ICCS West received four allegations of client on client sexual harassment, 2 of which were referred to law enforcement for investigation in the past 12 months.</p> <p>ICCS West policy states, "All suspected, threatened or reported acts of sexual assault, sexual violence, sexual misconduct or sexual contact that occur in community corrections or any other location where clients are housed, work or are provided services, will be investigated in accordance with established local law enforcement agency's investigative standards and protocols dictated by the Criminal Investigations Division duty supervisor and case investigator." The facility has four trained investigators who are responsible for completing the administrative investigation.</p> |

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| 115.231 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>ICCS West policy 255 Staff Training requires all new staff to receive 40 hours of orientation to include PREA information. Training logs were provided demonstrating staff have received the training. New employee education involves viewing a video regarding information on PREA. The reviewed training curriculum and training modules adequately addressed each of the 11 topics identified in 115.232 (a)-1. The Training Coordinator who also serves as the PREA Compliance Manager at the facility could provide documentation of on-going PREA training and the training curriculum.</p> |

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| 115.232 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>ICCS West policy 265 Intern/Volunteer Training indicates interns and volunteers will receive formal orientation appropriate to their assignments and additional training, as needed. There are 10 areas covered in the training and one of those areas is the PREA standards and reporting responsibilities. The policy states, "Each intern/volunteer or contractor will be trained on the ICCS Zero Tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Individual training will be based on the services they provide and level of contact they have with residents. Each individual will sign a training form indicating they understand the training they have received."</p> <p>Reviewed signed acknowledgment forms for 5 volunteer/intern/contractor/vendors. The signed acknowledgment states, "the volunteer/intern/contractor/vendor understand the ICCS Zero Tolerance Policy and my duty to immediately report any forbidden acts to the Program Director, PREA Coordinator, or Security. I further understand that if I do not report any violation, or suspicion, of which I have knowledge, I will no longer be permitted access to any ICCS facility."</p> |

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| 115.233 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>ICCS West policy 160 PREA Standards, Training, and Screening states, "Upon arrival at ICCS, all new clients will be provided a pamphlet with the Facts You Need to Know that will give reporting methods and an overview of PREA Standards and Definitions. This will be provided regardless if a resident is transferred from another ICCS facility, an outside facility, or this is their first time under confinement. This orientation will be provided by Security staff during the intake process." Kendall provided 11 client acknowledgement samples to demonstrate compliance with the standard and the facility policy. The orientation topics include: 1) what behaviors are unacceptable related to client-on-client sexual assault, sexual violence, sexual misconduct and sexual contact, 2) what behaviors are unacceptable related to staff or other non-ICCS staff sexual assault, sexual violence, sexual misconduct and sexual contact, 3) what to do if a client believes they may become a victim of client-on-client or staff or other non-ICCS staff sexual assault, sexual violence, sexual misconduct or sexual contact, 4) what to do if a client believes they may become a victim of client-on-client or staff or other non-ICCS staff sexual assault, sexual violence, sexual misconduct or sexual contact, and 5) the options or alternatives available for reporting these incidents. The clients interviewed were able to articulate answers and responses to the questions provided by the PREA Resource Center. Information on the advocacy organization (The Blue Bench) was made available to Kendall clients and was posted throughout the facility as well as the hotline information.</p> <p>Interviews:</p> <p>The interviewed Intake Staff described the orientation process, which covers the PREA posters posted throughout the facility and watching the video. Clients reported they received the information during intake and received a re-assessment within 30 days of their admission. All interviewed clients stated they had identified staff they could trust and feel comfortable with the internal process for reporting. The clients also related they watched a PREA Video as a part of the education process.</p> <p>Reviewed documentation to determine complete compliance:</p> <ul style="list-style-type: none"> * Policy 160 PREA Standards, Training, and Screening * Policy 405 Intake Paperwork and Procedures |

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| 115.234 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>ICCS/Kendall Community Confinement Facility policy 160 PREA Standards, Training, and Screening states, "Before conducting any administrative investigation, all ICCS Supervisors, Program Directors, and the PREA Coordinator will complete Investigator Training as outlined in PREA Standard 115.234(a) through (c). Documentation of training will be maintained in the employee's personnel file." The facility uploaded 4 training certificates for the staff identified and functions in the role as the facility investigator. The facility investigators conduct administrative investigations, and the Lakewood Police Department investigator(s) does all criminal investigations.</p> |

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| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>ICCS West policy PREA Reporting, Investigation, & Response policy states, "All medical and mental health treatment provided to residents who are victims of sexual abuse will be conducted by qualified professionals. ICCS will ensure that any mental health professionals that are contracted to work in the facility will go through the same PREA training as employees and will also be trained how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence or sexual abuse, and how to respond effectively and professionally to victims of sexual abuse and harassment." All case managers/mental health staff shared receiving training covering the required modules required per the standards.</p> <p>Reviewed documentation to determine complete compliance:</p> <p>* Policy PREA Reporting, Investigation, & Response</p> |

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| 115.241 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>ICCS West policy 600 Intake Paperwork and Procedures requires screening of all incoming clients for risk of sexual abuse victimization or sexual abusiveness toward other clients. The policy requires that clients be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Risk assessment is conducted using an objective-screening instrument and is completed by the client's Case Manager. The intake screening considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:</p> <ol style="list-style-type: none"> (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; and (9) The resident's own perception of vulnerability. <p>The intake screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing clients for risk of being sexually abusive. The policy requires that the facility reassess each client's risk of victimization or abusiveness within 30 days of intake. The policy requires that a client's risk level be reassessed at any other time, when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness. The policy prohibits disciplining clients for refusing to answer or for not disclosing complete information related to any risk assessment screening question. The agency implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the client's detriment by staff or other clients.</p> <p>Interviews:</p> <p>During interviews 100% of the Case Managers interviewed reported they were responsible for completing the risk assessment within 24 hours of the client's admission. Clients are screened for risk and vulnerability within 24 hours of intake; although policy and PREA standard provides 72 hours after admission; the client's Case Manager completes the screening. 100% of the intake staff interviewed identified the Case Manager as the staff responsible for completing the risk assessment and reassessment. The Case Managers interviewed denied encountering a client who refused to answer any questions, and none of the clients interviewed stated they refused to answer any questions.</p> <p>Reviewed documentation to determine complete compliance:</p> |

- * **Policy 160 PREA Standards, Training, and Screening**
 - * **Policy 600 Intake Paperwork and Procedures**
 - * **Victim/Predator Screening (blank)**
 - * **Victim/Predator Screening for all clients interviewed**
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| 115.242 | Use of screening information |
| | <p data-bbox="247 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="247 246 518 280">Auditor Discussion</p> <p data-bbox="247 324 1476 784"> ICCS West utilizes information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those clients at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility makes individualized determinations about how to ensure the safety of each client. The facility has designated rooms for male clients who might be at risk of victimization near the facility control center. The facility makes housing and program assignments for transgender or intersex residents in the facility on a case--by--case basis. Policy 160 PREA Standards, Training, and Screening states, "Facility and housing assignments for transgender and intersex residents will be made on a case-by-case basis. Their own view of their safety shall be given consideration as well as the safety of other residents and the community as a whole. At no time, will housing be based solely on a residents genital status or assigned gender." </p> <p data-bbox="247 840 375 873">Interview:</p> <p data-bbox="247 929 1476 1344"> There were inconsistent statements between the staff rather a transgender and intersex client would be housed according to assigned gender at birth. Most of the direct care providers communicated to the auditor that a transgender female could never be housed at their female facility if the client had not undergone a sex reassignment. The Executive Director and PREA Coordinator stated the agency/facility would consider the clients' placement on a case-by-case basis and would consider placing a client at a facility that serves a transgender persons gender identity. It is this auditors' opinion that with the change in leadership the policy has not been trained to the staff concerning placement and housing decisions for transgender and intersex clients. The interview with one of the clients at the facility during the on-site audit admitted a housing request change had not been made under the new leadership. </p> <p data-bbox="247 1400 486 1433">Recommendation:</p> <p data-bbox="247 1489 1460 1601"> The PREA Coordinator should conduct a training with all staff of every classification to explain the agencies policy, practice and position with regard to the placement decision and housing assignments for clients who identify as transgender. </p> <p data-bbox="247 1657 1037 1691">Reviewed documentation to determine complete compliance:</p> <p data-bbox="247 1747 957 1780">* Policy 160 PREA Standards, Training, and Screening</p> |

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| 115.251 | <p>Resident reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>ICCS West policy 165 PREA Reporting Investigation, & Response requires the facility to provide multiple ways, internally and externally, for clients to report allegations of sexual abuse, sexual harassment, or retaliation. These include telling a trusted staff member, contacting a confidential victim advocacy organization (The Blue Bench) or the Colorado Department of Corrections hotline. Policy also states clients shall have access to outside victim advocates or Rape Crisis organizations to report abuse or sexual harassment anonymously. West received 4 verbal reports alleging sexual abuse or harassment in the past 12 months. West does not and would not detain or house any youth solely for civil immigration purposes.</p> <p>Interviews:</p> <p>All interviewed clients related that if they had been the victim of sexual abuse or sexual harassment they would report it to a trusted staff member, specifically their Case Managers. Interviewed clients consistently stated they believed staff would take any report of sexual abuse or sexual harassment seriously and that they would take whatever action was necessary to protect them.</p> <p>Reviewed documentation to determine complete compliance:</p> <ul style="list-style-type: none"> * Policy 160 PREA Standards, Training, and Screening * Policy 165 PREA Reporting, Investigation, & Response * 4 client reports of sexual harassment * Training outline * Rules of Conduct and House Policy |
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| 115.252 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 340: Client Grievance, Complaints and Appeals</p> <p>ICCS West policy states clients' may file a grievance for the following purposes: to report sexual abuse, to report a substantial risk of imminent sexual abuse, to report retaliation against an employee or client due to reporting involvement in a PREA incident or investigation, and to document disapproval or challenge the agency's response to, investigation of, or conclusion and disciplinary action of a sexual abuse allegation. Grievances may be filed verbally or in writing. The agency's policy also outlines that a client will be monitored for retaliation up to 90 days or until the investigation is unfounded. ICCS West informed the auditor that in the last 12 months there was one grievance filed for sexual abuse; and zero alleging sexual harassment, zero emergency grievances filed, and zero sexual harassment grievances and or administrative/criminal investigations that were completed within 90 days or that required extensions up to 70 days. The one grievance alleging sexual abuse reached a final decision within 90 days after being filed.</p> |

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| 115.253 | Resident access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 165: PREA Reporting, Investigation, & Response, Large Wall Posters, Door Poster, Rules of Conduct and House Policies, PREA Brochure-West, MOU-The Blue Bench (Signed)</p> <p>ICCS/Kendall Community Confinement Facility policy 165 PREA Reporting, Investigation, & Response policy provides clients with access to The Blue Bench to report abuse or sexual harassment privately and anonymously. Clients have access to the contact information and to the facility phone. During the documentation review this auditor reviewed the client Rules of Conduct and House policy handbook and noticed contact information for The Blue Bench is located throughout the facility. Clients have access to their Case Manager as-needed, and at least once per week. The information includes the address and phone number for the agency. All clients reported being aware of the hotline reporting number, mentioning posters were hanging "all over" the facility.</p> |

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| 115.254 | Third party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>ICCS West publicly makes information available on how to report client abuse or sexual harassment through the agency website. The facility also post posters throughout the facility with the contact information for the hotline and The Blue Bench, which is the rape crisis center.</p> <p>Reviewed documentation to determine complete compliance:</p> <p>* ICCS website</p> |

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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: Policy 160 PREA Standards, Training, and Screening, Policy 165 PREA Reporting, Investigation, & Response</p> <p>ICCS/Kendall Community Confinement Facility policy 160 PREA Standards, Training, and Screening, requires any person(s) providing services in the facility who receives information, regardless of its source, concerning sexual abuse or sexual harassment and retaliation, or who have reason to suspect, or who observe an incident, are required to immediately report the incident. Staff shall also be required to accept allegations made verbally, in writing, anonymously, and from third parties and treat them all equally. The staff member who receives the allegation must log it into the client's chronological notes along with any relevant information.</p> <p>Policy 165 PREA Reporting, Investigation, & Response policy applies to ICCS contractor, vendors, interns, volunteers, and staff. The policy details the responsibility to report suspected and actual abuse and neglect of clients. The facility also provided new employee PREA and reporting responsibility training. In each instance of a suspected or reported sexual assault involving a client or clients, the Program Director or designee, will immediately contact and consult with local law enforcement in determining the most expedient and effective course of action in the investigation of the crime. The staff member who receives the allegation must log it into the client's chronological notes along with any relevant information.</p> <p>Interviews:</p> <p>During the staff interviews they were able to enumerate multiple ways staff and clients could make reports of allegations of sexual abuse or sexual harassment. They also stated emphatically that they always take any suspicion, report, knowledge, or allegation seriously regardless of how the information comes to them or from whom. None of the interviewed clients had reported an allegation of sexual abuse or sexual harassment but all were confident that staff would report sexual abuse allegations and that they would take a report from any source serious.</p> |

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| 115.262 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 340: Client Grievance, Complaints, and Appeal When staff learn that a client is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the client per Policy 340 Client Grievance, Complaints, and Appeals. The policy clearly outlines that any employee who is a witness to or has knowledge of any sexual abuse or sexual harassment is responsible for immediately making a report to the PREA Coordinator or on-call Administrator. The facility indicated on the PAQ that they have not had any clients at the facility in the past 12 months who have been subject to a substantial risk of imminent sexual abuse.</p> <p>Interviews:</p> <p>Interviewed staff stated emphatically they would take any allegations or information that a client is at substantial risk of imminent sexual abuse seriously and immediately protects the client by keeping the client near a staff member for close supervision and monitoring. The Facility Director and the PREA Compliance Manager, in their interviews, explained actions they would take in the event a client was subject to a substantial risk of imminent sexual abuse. The Superintendent indicated that she would act immediately. Actions might include ensuring the client does not have contact with the perpetrator, moving the perpetrator to another location within the facility or transferring them out of the facility, make adjustments as needed, inform staff and have the incident investigated and take further action depending on the results. If the alleged potential perpetrator was a staff, the Facility Director stated that staff would be placed on administrative leave while an investigation is being conducted. All interviewed clients denied that they had experienced any feelings of or actual risk of imminent sexual abuse at the facility and all had confidence that staff would respond and keep them safe if they reported it.</p> |

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| 115.263 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 160: Standard, Training, and Screening ICCS West defines how an allegation from another facility would be handled and processed by the receiving facility. Upon receiving an allegation that a resident was sexually abused or sexually harassed while confined at another facility, the Facility Director shall contact the head of the facility the incident occurred within 72 hours and document the notification in the client's chronological notes. The PAQ indicated that the facility received zero allegations of sexual abuse that occurred at another facility. ICCS West will investigate, per ICCS Policy #165, any allegations brought to their attention by another facility about an incident that occurred at ICCS West.</p> |

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| 115.264 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy 165 PREA Reporting, Investigation, & Response requires and describes staff response to an allegation of abuse and how the victim and abuser will be managed. Upon learning of an allegation that any potential crime scene exist appropriate steps shall be taken to collect any evidence. If the alleged abuse occurred within a time period that allows for the collection and physical evidence exist the first responder shall lock down clients, isolate them away from the scene, secure the area and treat as a crime scene. Also both victim and suspect will be requested not to wash their body, brush their teeth, change clothes, urinate, defecate, smoke, eat or drink anything.</p> <p>Interviews:</p> <p>Interviews with randomly selected staff confirmed that they are aware of their responsibilities as first responders. Each staff was able to articulate the steps they would take upon learning of a report or allegation of sexual abuse. All stated they would immediately separate the alleged victim and perpetrator, make a verbal report to their supervisor, seal off the potential crime scene, instruct client not to wash, shower, change clothes, brush their teeth, use the bathroom and ensure the alleged victim and perpetrator are taken to medical.</p> |

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| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 165: PREA Reporting, Investigation, & Response, ICCS West Facility coordinated response plan</p> <p>ICCS West coordinated response plan is a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan is a summarized statement of the facility policy 165 PREA Reporting, Investigation, & Response.</p> <p>Interviews:</p> <p>Administrative staff and specialized staff are well aware of their individual responsibilities in coordinating their responses to sexual abuse and were able to articulate virtually each step of the first responder in a coordinated response. Direct Care Staff, randomly selected, were able to identify virtually each step of the first responder in compliance with a coordinated response. Direct Care staff are well aware of their duty to take seriously any knowledge, suspicion, report or allegation of sexual abuse or sexual harassment and all of them indicated they would immediately notify their supervisor and make reports as required.</p> |

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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
| | Not applicable. |

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| 115.267 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 165: PREA Reporting, Investigation, & Response</p> <p>ICCS West policy 165 includes provision to protect clients and staff who report sexual abuse or sexual harassment or who may cooperate with investigations from retaliation by other clients or staff. The policy requires monitoring for at least 90 days following a report of sexual abuse. Monitoring continues longer if the additional monitoring indicates a need or a client requests it. The policy also provides that any person who cooperates with an investigation and expresses a fear of retaliation be afforded similar monitoring and protection.</p> <p>The facility PAQ indicates the facility had 4 incidents of retaliation; this was an error. The facility did not receive any allegations of retaliations and therefore; did not have to monitor clients or staffs.</p> |

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| 115.271 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 165: PREA Reporting, Investigation, & Response ICCS West policy 165 PREA Reporting, Investigation, & Response policy provides guidance for internal non-criminal reviews, criminal investigations, and administrative investigations. In each instance of a suspected or reported sexual assault involving a client or clients, the Program Director or designee, will immediately contact and consult with local law enforcement in determining the most expedient and effective course of action in the investigation of the crime. ICCS West will not investigate any criminal allegations, and will instead allow and assist law enforcement to investigate.</p> <p>ICCS West will ask of law enforcement that all PREA standards be adhered to while investigating any allegation, also that no alleged victim be required to submit to any polygraph or other truth-telling device to determine whether to proceed with an investigation. ICCS West will ask of law enforcement that all PREA standards be adhered to while investigating any allegation, also that no alleged victim be required to submit to any polygraph or other truth-telling device to determine whether to proceed with an investigation.</p> <p>Interviews:</p> <p>The agency/facility has 4 NIC trained investigators, who would be responsible for conducting the facility's administrative investigation. Facility investigators would be responsible for reviewing video monitoring recordings, conducting interviews to get enough information to relay to law enforcement investigators, and document allegation. The facility would not conduct compelled interviews, the DA would be responsible such an interview. The Lakewood Police Department would be responsible for collecting physical and DNA evidence. The facility would provide any available electronic monitoring data to the law enforcement investigator in cooperation with the investigation. Where criminal charges are possible the facility would not conduct a compelled interview, such an interview would be conducted by law enforcement or the law enforcement investigator. The facility when assessing credibility would look at prior grievances for a possible theme and get additional information from facility collaterals to help determine a client's credibility. Investigative reports completed by the Lakewood Police Department could be accessed by the facility upon request.</p> |

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| 115.272 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Documents reviewed: ICCS West Policy 165 PREA Reporting, Investigation, & Response ICCS West Community Confinement Facility policy 165 PREA Reporting, Investigation, & Response explicitly states, "In cases where the incident was investigated by ICCS, and not law enforcement, a standard of "preponderance of the evidence" will be used in determining whether allegations are considered substantiated, unsubstantiated, or unfounded." |

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| 115.273 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Documents reviewed: ICCS West Policy 165: PREA Reporting, Investigation, & Response ICCS West Community Confinement Facility policy 165 PREA Reporting, Investigation, & Response states, "If a client alleges sexual abuse while a resident of ICCS, ICCS will inform the client-victim of the outcome of the investigation, whether it was conducted by ICCS or local law enforcement. If the allegation was against a staff member, and not deemed unfounded, ICCS will keep the client-victim apprised of that staff member's employment status at ICCS and also inform the client-victim when/if the offending staff member is indicted or convicted on related criminal charges. If the allegation was against another client, ICCS will inform the client-victim when/if their abuser is indicted or convicted of criminal charges related to sexual abuse in the facility. ICCS will document in the client-victim's chronological notes all notifications, and attempts to notify, until such time as the client-victim is no longer a client of ICCS. At that time, ICCS's obligation to report to the client-victim about their abuser is fulfilled." The facility PAQ indicated ICCS West has had 4 sexual abuse or sexual harassment allegations where 1 resulted in an investigation by law enforcement. |

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| 115.276 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>ICCS West policy 275 PREA Violation Sanction states, “Any allegation against an ICCS employee that is substantiated or unsubstantiated will subject the employee to disciplinary sanctions up to, and including, termination. Discipline will be commensurate with the nature of the offense and circumstances. Any allegation against an ICCS employee that is substantiated or unsubstantiated will subject the employee to disciplinary sanctions up to, and including, termination. Discipline will be commensurate with the nature of the offense and circumstances. All acts of sexual abuse by a staff member will result in their termination and reported to local law enforcement. Any employee who resigns during an investigation, or before their employment can be terminated, will not be a basis for terminating the investigation. All administrative and criminal investigations will continue until completion.”</p> |

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| 115.277 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 275: PREA Violation Sanctions ICCS West policy 275 PREA Violation Sanctions states, “Any allegation of sexual abuse or harassment against a volunteer or contract worker that is criminal in nature will be reported to local law enforcement for investigation. Any licensing body will also be notified of any substantiated or unsubstantiated allegation. ICCS will take actions to prohibit further contact with clients by any volunteer or contract worker in any other cases of sexual contact or harassment.”</p> <p>The facility has not reported a contractor or volunteer to law enforcement for engaging in sexual abuse of residents in the past 12 months. Will take into consideration the allegation, determine if housing assignment was an issue, would conduct a post autopsy and determine if there are any changes necessary going forward.</p> |

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| 115.278 | <p data-bbox="245 91 798 129">Disciplinary sanctions for residents</p> <p data-bbox="245 170 893 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 248 520 282">Auditor Discussion</p> <p data-bbox="245 327 1469 1211"> Documents reviewed: ICCS West Policy 275: PREA Violation Sanctions ICCS West policy 275 PREA Violation Sanctions states, “Any sexual contact on ICCS grounds is strictly prohibited. Any client who is found to have participated in any sexual incident with another client may be issued a Class I Incident Report for violation #112, even if the act was consensual and not coerced or forced. Discipline for this offense will be commensurate with the nature and circumstances of the event, their disciplinary history, and sanctions imposed for comparable offenses by residents with similar histories. A resident’s possible mental disabilities shall also be considered when determining a sanction. ICCS and local law enforcement will aggressively pursue criminal charges against any clients who are found to have participated in any criminal sexual act or harassment. In addition to administrative sanctions or criminal charges, ICCS reserves the right to terminate any client’s placement that is found guilty of an allegation. If there is available therapy, counseling, or other interventions designed to address and correct the underlying reason(s) and motivation(s) for the abuse, ICCS will consider whether to require the offending resident to participate in such as a condition of placement. A client may only be issued an Incident Report for having sexual contact with an employee, volunteer, or contractor worker if it is found that the employee, volunteer, or contract worker did not consent to such contact. Per ICCS Policy #340, a resident may be disciplined for filing a report of sexual abuse in bad faith. If an investigation does not establish sufficient evidence to substantiate an allegation, this will not constitute a false report or lying as the resident may have had reasonable belief that the alleged conduct occurred.” </p> <p data-bbox="245 1267 1469 1384"> The facility did not have administrative or criminal findings of client on client sexual abuse in the past 12 months. There are no investigative reports or documentation of sanctions imposed against clients for sexual abuse in the past 12 months. </p> |
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| 115.282 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 165 Reporting, Investigation, & Response, St. Anthony's MOU</p> <p>ICCS West policy 165 PREA Reporting, Investigation, & Response states, "All clients who report that they have been the victims of sexual assault, sexual violence, sexual misconduct or sexual contact will receive timely, unimpeded access to emergency medical treatment and crisis intervention. The nature and scope of treatment will be determined by medical and mental health practitioners according to their professional judgment. A full medical evaluation and assessment will be provided to the client-victim, which will include appropriate testing for communicable diseases of both the victim and the perpetrator. All client-victims will also be granted access to pregnancy test, emergency contraception, and sexually transmitted infection prophylaxis where applicable. If a pregnancy does result from the sexual assault, the victim shall receive timely and comprehensive information about, and timely access to, all pregnancy-related medical services."</p> <p>There are no medical facilities or staff on site, all medical needs for a sexual abuse allegation within the facility would be provided at St. Anthony medical center.</p> |

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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 165: PREA Reporting, Investigation, & Response, St. Anthony's MOU</p> <p>ICCS West policy 165 PREA Reporting, Investigation, & Response states, "All clients who report that they have been the victim of sexual assault, sexual violence, sexual misconduct or sexual contact will be receive timely, unimpeded access to emergency medical treatment and crisis intervention. The nature and scope of which will be determined by medical and mental health practitioners according to their professional judgment. A full medical evaluation and assessment will be provided to the client-victim, which will include appropriate testing for communicable diseases of both the victim and the perpetrator. All client-victims will also be granted access to pregnancy test, emergency contraception, and sexually transmitted infection prophylaxis where applicable. If a pregnancy does result from the sexual assault, the victim shall receive timely and comprehensive information about, and timely access to, all pregnancy-related medical services." West is an all-male facility, therefore; not requiring a sexual assault victim to receive a pregnancy test. West is an all-male facility, therefore; not requiring a sexual assault victim to receive a pregnancy test.</p> <p>There are no medical facilities or staff on site, all medical services for a sexual abuse allegation within the facility would be provided St. Anthony medical center. Crisis intervention services are provided by the facility's assigned Case Managers who are trained professionals who will provide the same level of care that would be delivered in the community.</p> |

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| 115.286 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Documents reviewed: ICCS West Policy 165: PREA Reporting, Investigation, & Response, 4 incident review reports</p> <p>ICCS West policy 165 PREA Reporting, Investigation, & Response states, “In response to every substantiated or unsubstantiated case of sexual assault, sexual violence, sexual misconduct, or sexual contact on a client, there will be an administrative review initiated by the non-investigating supervisor with input from the investigating supervisor and applicable staff. This review should occur within thirty (30) days of the conclusion of the investigation. The purpose of such a review is to:</p> <ul style="list-style-type: none"> • determine proper policy and procedure adherence • consider whether the allegation or investigation reveals a need to change, or improve, policy or procedure to better prevent, detect, or respond to sexual abuse • consider whether the allegation or incident was motivated by race, ethnicity, gender identity (lesbian, gay, bisexual, transgender, or intersex), status, or perceived status, gang affiliation, or motivated/caused by any other facility dynamics • examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse • assess adequacy of staffing levels in the area during different shifts • assess whether monitoring technology is adequate in the area <p>West is an all-female facility including staff and clients. The male presence in the facility is minimal and would include the Executive Director PREA Coordinator, and the one assigned maintenance staff.</p> |

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| 115.287 | Data collection |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| 115.288 | Data review for corrective action |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| 115.289 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor was provided a tour by the agency PREA Coordinator. The tour included all areas of the facility that clients and staff have access to. The facility's stairway has access to the facility roof which is cordoned off by a metal chain with a sign indicating no access; the stairs are monitored by cameras. Clients are never allowed beyond the chain. The auditor was positioned on the second floor meeting room, where access by the clients is only with the permission of the facility staff. During the on-site audit the auditor only accessed the interview room and the restroom, and did not have ingress or egress key. During the facility tour the auditor observed the PREA audit notices throughout the facility. During interviews with residents all reported being aware of the pending audit by reading the audit notices.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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Appendix: Provision Findings

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| 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 |

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| 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 |

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| 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 OR the response to 115.212(a)-1 is NO.) | na |

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| 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 | |
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| | Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? | yes |

| 115.213 (b) | Supervision and monitoring | |
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| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.) | na |

| 115.213 (c) | Supervision and monitoring | |
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| | 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 | |
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| | 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 | |
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| | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents) | na |
| | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) | na |

| 115.215 (c) | Limits to cross-gender viewing and searches | |
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| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | no |
| | Does the facility document all cross-gender pat-down searches of female residents? | no |

| 115.215 (d) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | 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 inmate, 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? | no |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 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 | yes |

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

| 115.216 (b) | Residents with disabilities and residents who are limited English proficient | |
|--------------------|--|------------|
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

| 115.216 (c) | Residents with disabilities and residents who are limited English proficient | |
|--------------------|---|------------|
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |

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

| 115.217 (b) | Hiring and promotion decisions | |
|-------------|---|-----|
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or 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 |

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|--------------------|---|------------|
| 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 |

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| 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 |

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|--------------------|---|-----|
| 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 |

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| 115.217 (h) | Hiring and promotion decisions | |
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |

| | | |
|--------------------|--|----|
| 115.218 (a) | Upgrades to facilities and technology | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | na |

| | | |
|--------------------|--|----|
| 115.218 (b) | Upgrades to facilities and technology | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | na |

| | | |
|--------------------|---|-----|
| 115.221 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |

| | | |
|--------------------|---|-----|
| 115.221 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |

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|--------------------|---|-----|
| 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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |

| 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). | na |

| | | |
|--------------------|---|-----|
| 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 |

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|--------------------|---|-----|
| 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 |

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| 115.222 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) | yes |

| 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 |

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|--------------------|---|-----|
| 115.231 (b) | Employee training | |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |

| | | |
|--------------------|--|-----|
| 115.231 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |

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| 115.231 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |

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| 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 |

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|--------------------|---|-----|
| 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 |

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|--------------------|---|-----|
| 115.232 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

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| 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 |

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|--------------------|---|-----|
| 115.233 (b) | Resident education | |
| | Does the agency provide refresher information whenever a resident is transferred to a different facility? | yes |

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|--------------------|---|-----|
| 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 |

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|--------------------|---|-----|
| 115.233 (d) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |

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| 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 |

| | | |
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| 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 have received 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)). | no |
| | 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)). | no |
| | 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)). | no |

| | | |
|--------------------|---|-----|
| 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? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? | yes |

| | | |
|--------------------|--|----|
| 115.235 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility does 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? | yes |

| 115.235 (d) | Specialized training: Medical and mental health care | |
|-------------|--|------------|
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | yes |

| 115.241 (a) | Screening for risk of victimization and abusiveness | |
|-------------|--|------------|
| | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive 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? | 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? | 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? | yes |

| 115.251 (a) | Resident reporting | |
|--------------------|---|-----|
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

| | | |
|--------------------|---|-----|
| 115.251 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |

| | | |
|--------------------|---|-----|
| 115.251 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |

| | | |
|--------------------|---|-----|
| 115.251 (d) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |

| | | |
|--------------------|---|-----|
| 115.252 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |

| 115.252 (b) | Exhaustion of administrative remedies | |
|-------------|---|-----|
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | 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 | |
|--------------------|--|------------|
| | <p>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.)</p> | <p>yes</p> |
| | <p>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.)</p> | <p>yes</p> |
| | <p>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.)</p> | <p>yes</p> |

| 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 |

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|--------------------|--|-----|
| 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 |

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|--------------------|--|-----|
| 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 and 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 |

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|--------------------|--|-----|
| 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 |

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| 115.273 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |

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|--------------------|---|------------|
| 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 |

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|--------------------|---|------------|
| 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 |

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|--------------------|---|-----|
| 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.) | 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.) | 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 |

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| 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 |

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| 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 |

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| 115.286 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |

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| 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 | |
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| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

| 115.401 (h) | Frequency and scope of audits | |
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| | 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 | |
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| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |

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| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |

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| 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 |