

PREA Facility Audit Report: Final

Name of Facility: ICCS Weld

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/28/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Karen d. Murray

Date of Signature: 02/28/2025

AUDITOR INFORMATION

Auditor name: Murray, Karen

Email: kdmconsults1@gmail.com

Start Date of On-Site Audit: 01/21/2025

End Date of On-Site Audit: 01/22/2025

FACILITY INFORMATION

Facility name: ICCS Weld

Facility physical address: 1101 H Street, Greeley, Colorado - 80631

Facility mailing address: 11500 W. Security Ave., Lakewood, Colorado - 80215

Primary Contact

Name:	DeMarques Taylor
Email Address:	dtaylor@int-iccs.org
Telephone Number:	3034076213

Facility Director	
Name:	Raquel DeNaeyer
Email Address:	rdenaeyer@int-iccs.org
Telephone Number:	9705842524

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

Facility Characteristics	
Designed facility capacity:	204
Current population of facility:	156
Average daily population for the past 12 months:	151
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	19-66
Facility security levels/resident custody levels:	8
Number of staff currently employed at the facility who may have contact with residents:	47
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Intervention Community Corrections Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	12600 W. Colfax Ave, Suite B-410, Lakewood, Colorado - 80215
Mailing Address:	
Telephone number:	3032324002

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

Agency-Wide PREA Coordinator Information

Name:	DeMarques Taylor	Email Address:	dtaylor@int-iccs.org
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

4

- 115.233 - Resident education
- 115.242 - Use of screening information
- 115.283 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.286 - Sexual abuse incident reviews

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-01-21
2. End date of the onsite portion of the audit:	2025-01-22

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	1.800.DOC.TIPS - Agency external reporting entity - State of Colorado Ombudsman SAVA - Sexual Abuse Victim Advocate https://www.int-cjs.org/iccsprea - Third Party Reporting

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	204
15. Average daily population for the past 12 months:	148
16. Number of inmate/resident/detainee housing units:	34
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	148
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	00
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	5

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility does not utilize segregated housing. Please know clients in all categories shown above were not available for interviews due being at work, community responsibilities or sleeping due to shift work.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	47
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Thursday before the onsite review the facility provided rosters by targeted categories and by housing unit. Once the Auditor randomly chose clients by target, random clients were chosen to provide an even number of male and female clients in as many housing units as possible.

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Please know clients in all categories shown above were not available for interviews due being at work, community responsibilities or sleeping due to shift work.
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Please know clients in all categories shown above were not available for interviews due being at work, community responsibilities or sleeping due to shift work.

44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Please know two LEP clients were interviewed informally.
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1

48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Please know clients in all categories shown above were not available for interviews due being at work, community responsibilities or sleeping due to shift work.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not utilize segregated housing.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	12
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Community Correction Specialists from each of the facilities three shifts were interviewed by shift, gender and work assignment.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

7

56. Were you able to interview the Agency Head?

☒ Yes

☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☒ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

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

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	3	0	3	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	3	0	3	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	1	0
Staff-on-inmate sexual abuse	2	0	0	2
Total	2	1	1	2

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

3

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

95. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:

1

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: - ICCS Weld PAQ - ICCS Policy #160 PREA Standards, Training & Screening, dated 7.24.2023 - ICCS Organizational Chart, not dated Interviews: - Random Clients - Targeted Clients - Community Correction Specialists

4. Administrative Personnel
5. PREA Coordinator / Technical Compliance Specialist
6. Assistant Director of Operations
7. Executive Director / Head of Agency

Through interviews with clients and staff and review of client and personnel files, review of facility and agency protocols and a facility tour, it is evident that this facility interweaves requirements of PREA in their daily protocols. Both clients and staff could speak about PREA practices and protocols being used as is described in the agency's PREA Policy.

Client interviews resulted in the following unsolicited comments regarding the facility and personnel.

- 100% of clients interviewed state they feel respected by staff.
- 100% of clients interviewed stated the search and urinalysis processes conducted by staff is done so respectably.
- 100% of clients interviewed stated they feel sexually safe in the program.
- 100% of clients interviewed stated all staff knock and announce before entering dorms and restrooms.
- LGBTI members stated they are respected by staff, are happy with their dorm assignments and get along well with their roommates.

Staff interviews resulted in the following unsolicited comments regarding the agency.

- Agency Administration and Program Managers meet monthly and conduct policy reviews, program issues, and investigations.
- We meet clients where they are at...

Site Observation:

During the tour, multiple informal interviews were conducted with clients and personnel. Informal interviews with clients demonstrated they were aware of PREA and how to report through information posted in the facility. Formal interviews with clients demonstrated they were aware of the PREA Coordinator and had staff at the facility they trusted in if they needed to report.

During the tour of the facility, the Auditor witnessed standardized PREA postings with internal and external reporting information in hallways and client common areas with the following information in English and Spanish:

- Break the Silence facility postings with internal and external contact information.
- SAVA advocate brochures with address and phone number information.
- Multi-colored laminated audit notices were observed at the facility entrance, in client hallways, common areas and throughout administrative hallways.

The facility has multiple cameras throughout all areas of the inside and outside of the building. Cameras were viewed in the Community Correction Specialists work areas and all cameras appeared to be clear and in working order.

(a) The ICCS Weld PAQ states the agency Safe Prisons/PREA Plan mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract.

ICCS Policy #160 PREA Standards, Training & Screening page 1, section A. 1. States, states, "In accordance with Colorado Revised Statutes, the Colorado Community Corrections Standards and the mandates of the Prison Rape Elimination Act of 2003, Intervention Community Corrections Services is committed to the establishment of a zero-tolerance standard of client sexual assault, sexual violence, sexual misconduct and sexual contact by other clients, staff or other non-ICCS staff persons. All substantiated violations of state statutes pertaining to sexual crimes will be aggressively pursued for prosecution. All established sanctions will also be pursued for violators as appropriate."

(b) The ICCS Weld PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The position of the PREA Coordinator in the agency's organizational structure as the PREA/Technical Compliance Specialist who reports directly to the Director of Operations/Quality Assurance.

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

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

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Staffing Plan Development – ICCS Weld, dated 2023 Interviews: 1. Community Correction Specialists 2. Executive Director / Head of Agency The interview with Community Correction Specialists demonstrated counts are conducted throughout their shifts. Staff reported counts are completed with a male and female staff when available.

The interview with the Executive Director demonstrated he provides input on the annual staffing plan analysis and through a safety lens in general. Layout is important to the Executive Director as he believes the agency fits hand-in-glove with legislation. The Executive Director stated the agency has monthly meetings with all Program Managers to monitor compliance with all aspects of PREA standards.

(a) The ICCS Weld PAQ states the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of clients is 151. The average daily number of clients on which the staffing plan was predicated is 141.

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

1. Administrative Findings
2. Camera Placement and Finding Recommendations
3. Staff Schedules for three shifts
4. Facility Demographics
5. Staffing Plan Review

The plan is signed and dated by the Program Manager and the PREA Coordinator on 12.31.2025.

(b) The ICCS Weld PAQ states each time the staffing plan is not complied with, the facility documents and justifies deviations. The PAQ states there were no deviations from the staffing plan in the past 12 months.

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

	Through such reviews, the facility meets the standard requirements.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #116 Contraband Detection, dated 1.13.2025 3. ICCS Policy #105 On-Grounds Surveillance, dated 6.26.2023 4. ICCS Policy # 100 Resident Counts, dated 8.28.2023 Interviews: 1. Random Clients 2. Targeted Clients 3. Community Correction Specialists Interviews with clients demonstrated cross gender announcements were made each time any gender staff member enters a dorm and or restroom. All 20 clients interviewed stated the search and urinalysis testing was conducted respectfully by staff and each felt safe in the program. Very safe was mentioned quite often. Interviews with Community Correction Specialists demonstrated each announcing his or her presence each time the enter a dorm or a restroom. Many staff reported opposite gender staff enter opposite gender restrooms. Staff reported they had been trained in cross gender search protocols and the facility only conducted strip searches in exigent circumstances. However, many Community Correction Specialists were unaware of proper cross gender searches. Post audit conversation with the PREA Coordinator included the following. "It is our procedure that we don't conduct cross-gender pat down searches. Instead, they use

a metal detector wand and go over the person but there's no touching. This is the procedure for cross-gender pat down searches and would apply to pat down searches for transgender or intersex residents. This step is outlined in Policy 116 Contraband Detection, paragraph E. This policy is something all staff members acknowledged reading via our electronic training system through the Paylocity website."

Site Review Observation:

During the tour each time a restroom or a dorm was entered an announcement was made by both male and female staff. During the tour the search area was observed to be in the Community Correction Specialists work area, under the view of many cameras and other staff members. Several pat searches were observed, and each appeared to be respectful with staff advising the client of where they were going to touch their body or backpack, before placing hands on them or their property. The drug test area was observed to be in a bathroom near the check-in desk area. The bathroom does not have cameras and staff close the door while the client provides urine samples.

(a) ICCS Weld PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months, there were zero cross-gender strip or cross-gender visual body cavity searches of residents.

ICCS Policy #116 Contraband Detection, page 1, section Policy, states, "In order to ensure the safety of clients, staff, and the community, ICCS will conduct searches of persons, property, rooms, and vehicles. Searches may be conducted at any time, scheduled, unscheduled, and unannounced. Searches may be conducted when it is suspected there may be contraband or as a routine matter to guard against contraband."

(b) ICCS Weld PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The number of pat-down searches of female residents that were conducted by male staff is zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s) was zero.

(c) ICCS Weld PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

ICCS Policy #116 Contraband Detection, page 2, section H. states, “Upon the authorization of the Executive Director or the Program Director, private strip searches may be conducted. Strip searches will only be authorized if staff have cause to believe that contraband has been introduced to the facility, a significant danger to the facility exists, or the item of contraband is believed to be criminal in nature. Authorized strip searches require the presence of two same sex staff members, one of which must be a supervisor. Additionally, every effort will be made to conduct the search in a manner that respects the dignity of the client and staff members conducting the search. “

(d) ICCS Weld PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

ICCS Policy #105 On-Grounds Surveillance, page 1, section C. 1., states, “. Cameras and mirrors shall never be placed inside any bathroom, shower room, residential room, or any other area where residents may be in a state of undress. They may also not be positioned to aim directly or indirectly into these areas that may cause incidental viewing of a client in a state of undress. In restrooms used solely for the purpose of monitoring urine sample submissions, mirrors may be used to enhance the ability of staff to appropriately observe the urine sample submission.”

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

(e) The ICCS Weld PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Such searches have not occurred in the past 12 months.

	ICCS Policy #116 Contraband Detection, page 1, section C., states, “Staff will not search or physically examine a transgender or intersex client for the sole purpose of determining the client’s genital status. If genital status is unknown, it will be determined by reviewing medical records or as part of a broader medical examination conducted by a private medical practitioner.” (f) The ICCS Weld PAQ states 100% of security staff at each facility receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner consistent with security needs. Through such reviews, the facility meets the standard requirements.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Document Review: 1. ICCS Weld PAQ 2. ICCS Policy # 160 PREA Standards, Training & Screening, dated 7.24.2023 3. BIG Language Solutions Client Portal Instructions 4. ICCS Policy # 161 PREA Reporting, Investigation & Response, dated 11.1.2017 Interviews: 1. Targeted Clients 2. Community Correction Specialist Interviews with two cognitively, one disabled, and one informal interview with a LEP clients demonstrated each were provided with PREA education within two to three days of intake by watching a video and reviewing a presentation on PREA. The Clients stated they are tested on the education they were provided and have three chances to pass the test. If Clients do not pass the test the meet with their Case Manager who will make sure they understand PREA, rules, how to report, and understand their rights.

The interview with the Community Correction Specialist demonstrated clients are invited to watch a video, given a PREA pamphlet and asked to sign an acknowledgment during the intake process. The Community Corrections Specialist stated after one week the clients complete Coping with Community Corrections video, that also includes PREA. Each client then receives the agency rule book with information on zero tolerance for sexual harassment and sexual abuse and retaliation.

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

ICCS Policy # 160 PREA Standards, Training & Screening, page 4, section 4., states, "ICCS will take measures to ensure that all residents with limited English skills or with disabilities have an equal opportunity to participate in and benefit from all aspects of ICCS's efforts to prevent, detect, and respond to sexual assault, sexual, violence, sexual misconduct, and sexual contact."

(b) The ICCS Weld PAQ states the agency has established procedures to provide residents with limited English equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy compliance can be found in provision (a) of this standard.

The facility provided client portal instructions for BIG Language Solutions demonstrating the facility has access to language line services.

(c) The ICCS Weld PAQ states the agency prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.64, or the investigation of the resident's allegations. In the last 12 months the facility has had zero instances where residents were used as interpreters.

ICCS Policy # 161 PREA Reporting, Investigation & Response, page 2, section 6, fourth paragraph states, "ICCS will not allow residents to act as interpreters, readers, or assistants in cases of sexual abuse allegations unless an extended delay

	may compromise a resident’s safety, the performance of the first staff member on the scene, or the investigation of the resident’s allegations.” Through such reviews, the facility meets the standard requirements.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #406 Staff Background Check, dated 1.13.2025 3. ICCS Policy #412 Hiring Policies, dated 1.13.2025 4. ICCS Policy #630 Interns and Volunteers, dated 11.1.2019 5. ICCS Employee Handbook, dated 1.2024 6. Post Audit: Revised Policy #412 Hiring Policies, dated 2.6.2025 Interviews: 1. Client Account Specialist II The interview with the Client Account Specialist demonstrated all applicants and contractors complete administrative adjudication questions and criminal history background checks upon hire, promotion and or contracts for services and every five years thereafter. Institutional reference checks are completed for each applicable applicant by the PREA Coordinator and institutional reference check information is provided to PREA compliant facilities. The Client Account Specialist stated he is made aware of employee criminal activity through ComCor Information Billing system and personnel, volunteers and contractors have immediate affirmative duty to report events of sexual harassment and sexual assault. Site Observation: By utilizing the PREA Audit Community Confinement Facilities - Documentation Review Employee File/Records template, 17 of 17 employees, two of two contractor files reviewed had background checks upon hire and within every five years,

thereafter. The facility was able to demonstrate administrative adjudication questions were asked during the hiring and promotion processes and institutional references were requested and completed for applicable applicants.

Pre-Audit Observation:

Agency to add policy language requiring the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist in the services of any contractor, who may have contact with residents.)

Corrective Action Plan:

- Revise appropriate agency policy with above stated language.
- Upload the revised policy to the On-line Audit System.

Post audit the facility revised policy language. ICCS Policy #412 Hiring Policies, page 2, section F., states, "ICCS shall maintain and implement hiring and promotion policies that provide equal opportunities and prohibit discrimination in accordance with federal, state and local law. ICCS does not exclude employment of otherwise qualified ex-offenders. Any history of sexual abuse, sexual harassment, or sexual misconduct of any kind will be considered in all promotion and hiring decisions."

(a) The ICCS Weld PAQ states the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

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

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997);

2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in this section.”

(b) The ICCS Weld PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with residents.

(c) The ICCS Weld PAQ states agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, the number of people hired who may have contact with residents who have had criminal background checks was 21.

ICCS Policy #406 Staff Background Check, page 1, section A., states, “If any applicant is being considered for employment, the hiring manager must conduct a reference check from at least one past employer. If the applicant has any work history in a criminal justice setting, best efforts will be made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.”

(d) The ICCS Weld PAQ states the agency policy requires that criminal background records be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months there were zero contracts for services where criminal background record checks were conducted on all contractors covered in the contract who might have contact with residents. The PAQ states, “However this is required for interns/volunteers.”

ICCS Policy #630 Interns and Volunteers, page 2, section H. states, “Each intern/volunteer will fill out an application, which includes consenting to a background investigation process as regular employees.”

(e) The ICCS Weld PAQ states the agency requires background checks to be

	completed every five years. During the pre-audit phase, the facility provided the following information regarding the system used to ensure criminal background checks are completed every five years. "ICCS Finance Manager receives notification through CCIB whenever an employee is due for their 5-year background check. CCIB is the state Community Corrections Information and Billing system that works in compliance with DCJ, and this is the system used at all facilities to complete background checks. The site doesn't offer a spreadsheet but notification boxes that include the names of individuals who need their 5-year background check completed. Currently, at ICCS Weld there is an administrative staff member who conducts all the initial background checks through CCIB for all individuals onsite, but the organizations Finance Manager is responsible for completing the 5-year background checks for all 6 facilities and she is located in the building I work at in Lakewood, CO." ICCS Policy #406 Staff Background Check, page 2, section 5, states, "Each potential hire will be given a criminal history background check form to be completed and signed. The potential hire's name, social security number, date of birth, gender and place of birth are entered in the Community Corrections Information & Billing (CCIB) system along with any arrests or conviction information. The OCC, using this information submitted in CCIB, will conduct an initial name, criminal history and warrant check through the Colorado Crime Information Center (CCIC) and National Crime Information Center (NCIC) databases. Every 5 years, CCIB will prompt Administrative Staff to have an updated background check completed." (g) The ICCS Weld PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. ICCS Policy #406 Staff Background Check, page 2, section F., states, "Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination." Through such reviews, the facility meets the standard requirements.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Document Review: 1. ICCS Weld PAQ 2. Camera Schematics Interviews: 1. Executive Director / Head of Agency Interviews with the agency Director demonstrated the agency has not acquired a new facility or modifications have been made to the existing facility since the last PREA audit. However, the Executive Director spoke to additional cameras being added and the use of technology to leverage evolution has been a game changer, but cameras are not a replacement for staff. (a) The ICCS Weld PAQ states the facility has not made substantial expansions or modifications to existing facilities since the last PREA audit. (a) The ICCS Weld PAQ states the facility has installed electronic surveillance system since the last PREA audit. The facility provided schematics with designated cameras and where each new camera has been installed. Through such reviews, the facility meets the standard requirements.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 PREA Reporting, Investigations, & Response, dated 11.1.2017 3. Memorandum of Understanding, Northern Colorado Medical Center, dated

11.4.2024

4. Memorandum of Understanding, SAVA Center, dated 11.19.2024
5. Law Enforcement MOU Request – Email Correspondence, dated 10.31.2024

Interviews:

1. PREA Coordinator / Technical Compliance Specialist

The interview with the PREA Coordinator demonstrated clients would be taken to Northern Colorado Medical Center for forensic exams and victims would be provided advocacy services by the local Sexual Abuse Victim Advocacy (SAVA) agency.

(a) The ICCS Weld PAQ states the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility is the Greeley Police Department. The PAQ states, “The local police department is responsible for conducting criminal sexual abuse investigations.”

ICCS Policy #161 PREA Reporting, Investigations, & Response, page 1, section Policy, states, “ICCS will adhere to a survivor-based approach to all allegations of sexual misconduct in its facilities. This will include multiple avenues for anyone to safely file a report of sexual misconduct without fear of apathy or retaliation. All ICCS contractors, vendors, interns, volunteers and staff, will take every allegation seriously. ICCS will adhere to a coordinated response working closely with community agencies like law enforcement, hospitals, mental health treatment providers, and rape crisis centers to provide victims with services that equal that of the community level of care. This will be accomplished while showing full transparency while still protecting victim anonymity.”

(b) The ICCS Weld PAQ states the protocol is not developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

(c) The ICCS Weld PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. The number of forensic exams conducted during the past 12 months is zero.

The facility provided a Memorandum of Understanding, (MOU) between the Northern Colorado Medical Center and ICCS. The memorandum appears to be current with a one-year renewal date after 11.1.2024. The memorandum is signed by the ICCS Executive Director and the Northern Colorado Medical Center S.A.N.E. Coordinator.

(d) The ICCS Weld PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff or community member.

The facility provided a Memorandum of Understanding, (MOU), SAVA Center and ICCS. The memorandum appears to be current and expires only after either party notifies via a written notice. The memorandum is signed by the ICCS Executive Director and the SAVA Center Executive Director.

(e) The ICCS Weld PAQ states qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals.

(f, g, h) The ICCS Weld PAQ states the agency is responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency requested that the responsible agency follows the requirements of paragraphs §115.21 (a) through (e) of the standards.

The facility provided an email demonstrating the agency PREA Coordinator has reached out to the City of Greeley Police Department requesting an updated MOU as the last version is dated 2015. The police department responded on 11.14.2024 stating the request has been forwarded to the District Attorney's Office.

Through such reviews, the facility meets the standard requirements.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 Interviews: 1. Community Correction Specialists 2. PREA Coordinator / Technical Compliance Specialist / Investigator Interviews with all staff demonstrated each would contact their immediate supervisor with any information regarding sexual harassment and sexual abuse regardless to how the allegation was received. Interviews with the PREA Coordinator demonstrated all allegations of sexual harassment and sexual abuse are investigated and she keeps a detailed spreadsheet of investigations. On Site Review: The facility had three sexual harassment and three sexual abuse investigations in the past 12 months. The sources of allegations were reported through third parties, emails to staff, staff searches of personal belongings (cell phone), and verbally to staff members. One investigation was referred to law enforcement. (a) The ICCS Weld PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had six allegations of sexual abuse and sexual harassment. Five investigations resulted in an administrative investigation, and one was referred for criminal investigation. ICCS Policy #161 PREA Reporting, Investigation, & Response page 1, section Policy, states, "ICCS will adhere to a survivor-based approach to all allegations of sexual misconduct in its facilities. This will include multiple avenues for anyone to safely

file a report of sexual misconduct without fear of apathy or retaliation. All ICCS contractors, vendors, interns, volunteers and staff, will take every allegation seriously. ICCS will adhere to a coordinated response working closely with community agencies like law enforcement, hospitals, mental health treatment providers, and rape crisis centers to provide victims with services that equal that of the community level of care. This will be accomplished while showing full transparency while still protecting victim anonymity.”

(b) The ICCS Weld PAQ states the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website at via the organizations website at <https://www.int-cjs.org/iccsprea>

ICCS Policy #161 PREA Reporting, Investigation, & Response page 2, section B. 4., states, “The Program Director or designee will respond immediately, assess the situation and notify the local law enforcement agency.”

ICCS Policy #161 PREA Reporting, Investigation, & Response page 3, section C. 2., states, “All suspected, threatened or reported acts of sexual assault, sexual violence, sexual misconduct or sexual contact that occur in community corrections or any other location where clients are housed, work or are provided services, will be investigated in accordance with established local law enforcement agency’s investigative standards and protocols dictated by the Criminal Investigations Division duty supervisor and case investigator.

In each instance of a suspected or reported sexual assault involving a client or clients, the Program Director or designee, will immediately contact and consult with local law enforcement in determining the most expedient and effective course of action in the investigation of the crime. ICCS will not investigate any criminal allegations and will instead allow and assist law enforcement to investigate. ICCS will ask of law enforcement that all PREA standards be adhered to while investigating any allegation, also that no alleged victim be required to submit to any polygraph or other truth-telling device to determine whether to proceed with an investigation. All potential legal considerations will be brought to the attention of the responsible law enforcement officer who may in turn consult with the District Attorney's office for legal guidance.”

	Through such reviews, the facility meets standard requirements.
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #160 PREA Standards, Training, & Screening, dated 7.24.2023 3. ICCS PREA PowerPoint Presentation, not dated 4. ICCS Policy #625 Staff Training and Development, dated 1.22.2024 5. ICCS Staff PREA Acknowledgment Form, not dated Interviews: 1. Community Correction Specialists 2. PREA Coordinator / Technical Compliance Specialist Interviews with staff demonstrated each were aware of and received initial and annual PREA training either in person with the PREA Coordinator and through the agency learning management system, Paylocity, before having access to clients. The interview with the PREA Coordinator demonstrated the Paylocity training database is linked to employee email accounts and annual and refresher PREA information, to include policy updates, are sent to employees who then acknowledge receipt and understanding of the training and the learning management system keeps a record of the completed training. Site Observation: Utilization of the PREA Audit Community Confinement Documentation Review Employee File / Records Review template demonstrated 17 of 14 employee training files reviewed had annual and refresher training completed in the past two years.

(a) The ICCS Weld PAQ states the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.

ICCS Policy #160 PREA Standards, Training, & Screening, page 2-3, section C. Staff Training and Orientation, 1., states, "All newly hired ICCS employees will attend a training session specific to the issues surrounding sexual assault, sexual violence, sexual misconduct and sexual contact. At a minimum, this training will include:

- a. Definition of the three client-on-client types of allegations listed above.
- b. Definition of the two staff-on-client types of allegations listed above.
- c. Clear directions and expectations that forbid sexual assault, sexual violence, sexual misconduct and sexual contact with clients, including the potential sanctions of engaging in such conduct.
- d. How to prevent client-on-client sexual assault, sexual violence, sexual misconduct and sexual contact.
- e. How to respond to cases of imminent risk of client-on-client sexual assault, sexual violence, sexual misconduct and sexual contact.
- f. How investigations of alleged inmate sexual assault, sexual violence, sexual misconduct and sexual contact are conducted.
- g. How to preserve evidence resulting from a client sexual assault, sexual violence, sexual misconduct or sexual contact incident.
- h. The importance of immediately securing a crime scene.
- i. Chain of command notification and reporting requirements.
- j. Proper incident documentation.
- k. Ensuring that client victim(s) receive medical and mental health assessments and treatment.
- l. Mandatory reporting requirements and potential sanctions for failing to report sexual assault, sexual violence, sexual misconduct and sexual contact perpetrated against clients."

The facility provided an ICCS PREA PowerPoint Presentation. Training objectives include the following.

- History of PREA
- Who is Protected

- Prevention of Assault/Abuse/Harassment
- First Responder Responsibilities
- Pat Searches and Strip Searches: Rights and Wrongs
- Recognizing Red Flags
- ICCS Mission Statement
- ICCS Core Values
- What is PREA
- What does this mean to ICCS?
- How is ICCS meeting these goals?
- Definitions
- LGBTQIA+ and Gender Non-Conforming Offenders
- Client Rights
- Who can accept allegations?
- How can clients report?
- Who Investigates Allegations?
- What does not fall under PREA?
- Outcomes
- First Responder Duties
- Pat/Property Searches
- Strip Searches – NEEDS REVISED LANGUAGE
- Red Flags – Recognizing Staff Sexual Misconduct
- How can you protect yourself?
- Questions and Answers

(b) The ICCS Weld PAQ states training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

	(c) The ICCS Weld PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements annually. The PAQ states, "PREA Refresher Training Curriculum pages 10, 12, 13, 14, 17, 23, 24, 29, 30." (d) The ICCS Weld PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification ICCS Policy #625 Staff Training and Development, page 1, section B., states, "Each employee will complete an initial training packet which documents training on all essential responsibilities associated with the employee's job description. The training packet will be signed by the employee and the employee's primary trainer. The employee's supervisor will also sign the training packet, verifying the employee has demonstrated proper practice of the skills documented in the training packet." The facility provided ICCS Training Attendance roster demonstrating PREA Refresher training was delivered. Information on the roster includes the Student Name, time in, time out and employee signature. The facility provided an ICCS Staff PREA Acknowledgment form. Employees attest to the following, after receiving education on the agency Employee Handbook. "I, acknowledge that I understand the ICCS Zero Tolerance Policy and my duty to immediately report any forbidden acts to the Program Director, PREA Coordinator, or Security. I further understand that if I do not report any violation, or suspicion, of which I have knowledge, I will no longer be permitted access to any ICCS facility." Through such reviews, the facility meets standard requirements.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. ICCS Weld PAQ

2. Volunteer / Intern / Contractor / Vendor PREA Acknowledgement, not dated

Interviews:

1. Contractor – Behavioral Health Therapist

The interview with the Contractor demonstrated she had completed training of the agency zero tolerance policy before having access to clients. The Contractor stated

Site Observation:

Utilization of the PREA Audit Community Confinement Documentation Review Employee File / Records Review template demonstrated the contractor had received education on the agency zero tolerance policy in 2024.

(a) The ICCS Weld PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 75.

The facility provided a Volunteer / Intern / Contractor / Vendor PREA Acknowledgement demonstrating each are educated on the following.

- PREA Compliance and Agency Zero Tolerance Policy
- Forbidden engagement of any kind
- No such thing as consensual sexual contact
- Reporting
- Failure to Report
- Retaliation Protections

(b) The ICCS Weld PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have

	been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (c) The ICCS Weld PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. The facility provided a Volunteer / Intern / Contractor / Vendor PREA Acknowledgement demonstrating each attest to the following. I, _____, acknowledge that I understand the 'CCS Zero Tolerance Policy and my duty to immediately report any forbidden acts to the Program Director, PREA Coordinator, or Security. I further understand that if I do not report any violation, or suspicion, of which I have knowledge, I will no longer be permitted access to any ICCS facility. The acknowledgement is signed by the volunteer, intern and or contractor and agency personnel. Through such reviews, the facility meets standard requirements.
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115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #160 PREA Standards, Training, & Screening, dated 7.24.2023 3. Prison Rape Elimination Act Orientation Information Acknowledgment Form, not dated 4. PREA Brochure for Residents: Facts You Should Know, English and Spanish, not dated 5. 2024 New PREA Door Poster, English and Spanish, not dated Interviews: 1. Random Clients

2. Targeted Clients

3. Community Corrections Specialist

Interviews with the 10 random, two vulnerable, two cognitively delayed, four LGBTI, one non-binary, one disabled, one client who reported sexual abuse, and one informal LEP client demonstrated each were provided with PREA education within two to three days of intake by watching a video and reviewing a presentation on PREA. The Clients stated they are tested on the education they were provided and have three chances to pass the test. If Clients do not pass the test they meet with their Case Manager who will make sure they understand PREA, rules, how to report, and understand their rights.

The interview with the Community Correction Specialists demonstrated clients are invited to watch a video, given a PREA pamphlet and asked to sign an acknowledgment during the intake process. The Community Corrections Specialist stated after one week the clients complete Coping with Community Corrections video, that also includes PREA. Each client then receives the agency rule book with information on zero tolerance for sexual harassment and sexual abuse and retaliation.

Site Observation:

Utilizing the PREA Audit – Community Confinement Facilities Documentation Review – Resident Files/Records template demonstrated 20 of 20 clients interviewed had been admitted into the facility within the past 12 months and each of the client files reviewed had evidence of PREA education on the same or next day of admission.

(a) The ICCS Weld PAQ states residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during the past 12 months who were given this information at intake was 275.

ICCS Policy #160 PREA Standards, Training, & Screening, page 3-4, section D. 1-2., states, "Client Orientation, Screening and Education

1. PREA orientation will be provided by Community Corrections Specialist staff during the intake process. See ICCS Policy #235.

2. Orientation topics will include:

- a. What behaviors are unacceptable related to client-on-client sexual assault, sexual violence, sexual misconduct and sexual contact.
- b. What behaviors are unacceptable related to staff or other non-ICCS staff sexual assault, sexual violence, sexual misconduct and sexual contact.
- c. What to do if a client believes they may become a victim of client-on-client or staff or other non-ICCS staff sexual assault, sexual violence, sexual misconduct or sexual contact.
- d. How to report incidents of sexual assault, sexual violence, sexual misconduct or sexual contact on themselves or other client, and safeguards against retaliation.
- e. The options or alternatives available for reporting these incidents.”

The facility provided a PREA Brochure for Residents: Facts You Should Know. The brochure includes the following information.

- Community Corrections Program Zero-Tolerance Policy
- Reporting Procedures for Prohibited Sexual Behavior
- Self-Protection, to include the right to be safe from sexual assault and unwanted sexual advances.
- Prevention/Intervention
- Treatment and Counseling services
- Seeking Relief for Retaliation
- Disciplinary Actions for Making False Allegations

(b) The ICCS Weld PAQ states the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months was nine. During the past 12 months, the number of residents transferred from a different community confinement facility who received refresher information was nine.

(c) The ICCS Weld PAQ states Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled and those who have limited reading skills. The PAQ states, “In Spanish only. The brochure can be translated into another foreign language upon request of the facility.” “Our rules of conduct for residents includes PREA education and is offered in an audio format.” “Audio recording, close

caption video and in English/Spanish print.”

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

3. “It will be the responsibility of the case manager to ensure that the client understands policy, procedures, and processes, which will include arranging appropriate foreign language interpretation for foreign language speaking clients. The orientation will be provided in conjunction with the risk assessment screening used to determine the potentiality of a client being at risk for victimization or poses a risk of being a perpetrator of sexual assault, violence, misconduct or contact. See ICCS Policy #600.

4. I CCS will take measures to ensure that all residents with limited English skills or with disabilities have an equal opportunity to participate in and benefit from all aspects of ICCS’s efforts to prevent, detect, and respond to sexual assault, sexual, violence, sexual misconduct, and sexual contact.”

(d) The ICCS Weld PAQ states the agency maintains documentation of resident participation in PREA education sessions.

The facility provided a Prison Rape Elimination Act Orientation Information Acknowledgement form demonstrating clients were educated on the following.

Intervention Community Corrections Services (ICCS) has a zero tolerance towards sexual assault, sexual misconduct, staff sexual misconduct and sexual harassment. This includes any sexual act, touching, comments or gestures.

If you are a victim of sexual assault, sexual misconduct, sexual harassment, or staff sexual misconduct, you can report it in one of the following ways:

- Notify a staff member
- Tell your case manager or community parole officer
- Contact the Director: Raquel DeNaeyer, 970-584-2520 ext.2524, 1101 H St. Greeley, CO. 80631
- Contact the ICCS PREA Coordinator: DeMarques Taylor, 303-407-6213, 11500 W. Security Ave. Lakewood, CO. 80215
- Call the Colorado Department of Corrections (CDOC) TIPS line at: 1-877-DOC-TIPS (1-877-362-8477)

	· Contact the CDOC PREA Coordinator at 2862 South Circle Drive, Colorado Springs, CO 80906 · Report the incident directly to the police If you are in need of rape crisis counseling, please notify staff so that they can assist you. If you want to receive confidential counseling, you can refer to the PREA Resource Guide (to be released in the near future). If you need this information explained to you in a different language or format, please notify staff. I have been provided with an orientation and written information (“Facts You Should Know” brochure) regarding policies and procedures for reporting sexual assault, sexual misconduct and sexual harassment and how to access rape crisis counseling. Acknowledgments are affirmed through client printed name, signature, date and staff signature, title and date. (e) The ICCS Weld PAQ states the agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The facility provided a 2024 New PREA Door Poster in English and Spanish which speaks to the following. · Zero Tolerance Policy · Reporting information, internal and external · SAVA Rape Crisis Center contact telephone information Through such reviews of the facility ensuring clients are clearly aware of PREA education they are provided through cognitive testing; the facility exceeds standard requirements.
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. ICCS Weld PAQ
2. ICCS Policy #160 PREA Standards, Training, & Screening, dated 7.24.2023
3. PREA Coordinator and Technical Compliance Specialist Training Checklist, dated 9.18.2023
4. NIC Certificates of Completion PREA: Investigating Sexual Abuse in a Confinement Setting
5. NIC Transcripts PREA: Investigating Sexual Abuse in A confinement Setting: Advanced Investigations

Interviews:

1. PREA Coordinator / Technical Compliance Specialist / Investigator

The interview with the Investigator demonstrated he had completed specialized training for investigators through the National Institution of Corrections website.

Site Observation:

During the pre-audit phase certificates of completion were uploaded to the online audit system.

(a) The ICCS Weld PAQ states agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

ICCS Policy #160 PREA Standards, Training, & Screening, page 3, section 5., states, "Before conducting any administrative investigation, all ICCS Supervisors, Program Directors, and the PREA Coordinator will complete Investigator Training as outlined in PREA Standard 115.234(a) through (c). Documentation of training will be maintained in the employee's personnel file."

(b) The ICCS Weld PAQ states the agency maintains documentation showing that investigators have completed the required training. Documentation is maintained by

	the PREA Coordinator. The number of investigators currently employed who have completed the required training is four. The facility provided four NIC Certificates of Completion PREA: Investigating Sexual Abuse in a Confinement Setting demonstrating each of the facility investigators have completed specialized training for investigators. The facility provided a NIC Transcripts PREA: Investigating Sexual Abuse in A confinement Setting: Advanced Investigations demonstrating the agency investigator who completes a majority of the facility PREA investigations completed the required specialized training. Through such reviews the facility meets standard requirements.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. (3) NIC Training Certificates PREA 201 for Medical and Mental Health Practitioners Interviews: 1. PREA Coordinator / Technical Compliance Specialist The interview with the PREA Coordinator demonstrated that the facility does not employ medical personnel. Site Observation: During the pre-audit phase certificates of completion were uploaded to the online audit system.

	(a) The ICCS Weld PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is three. The agency does not employ medical personnel. (b) The ICCS Weld PAQ states the agency has no medical staff at this facility. (c) The ICCS Weld PAQ states the agency maintains documentation showing that mental health practitioners have completed the required training, if applicable. The facility provided three training certificates for PREA 201 for Medical and Mental Health Providers from the NIC Learning Center for each of the facility's mental health providers. Through such reviews the facility meets the standard requirements.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #702, Treatment Matching, Dosage, Risk Reduction, and Client Responsibility, dated 1.13.2025 3. Colorado Division of Criminal Justice – Office of Community Confinement Screening for Risk of Sexual Victim Vulnerability/Abusiveness, dated 6.14.16 4. ICCS Case Load Aide Check List, not dated 5. Post Audit: Revision ICCS Policy #702, dated 2.6.2025 6. Post Audit: ICCS Memorandum, RE: PREA §115.241 (f), dated 2.12.2025 Interviews:

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

Interviews with 10 random and 10 targeted clients demonstrated a large percentage could attest to answering questions regarding prior confinement placement, prior sexual abuse, and safety concerns within the first three days of admittance. The LGBTI community stated they were comfortable in their dorms and have been treated respectfully by clients and staff. One client stated he appreciated the facility being confidential about how he identifies.

The interview with the Case Manager demonstrated that all clients are assessed within 72 hours of being admitted, are told they are in a safe space and explains why the facility is asking risk screening questions. The Case Manager stated she assesses clients by watching body language, criminal history review before arrival, prior abuse and or abusiveness, and how the client visual appears when answering risk screening questions. The Case Manager stated during risk screening all clients are offered mental health services, are paired with staff of their gender choice, are reassessed 30 days from intake and clients are met with every two weeks, thereafter.

Pre-Audit Observation:

Policy language: a resident's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness to be added to appropriate agency policy.

Corrective Action Plan:

- Revise appropriate agency policy with above stated language.
- Upload the revised policy to the On-line Audit System.

Site Observation:

Utilization of the PREA Community Confinement Documentation Review Resident File / Records Review template, 20 of 20 clients interviewed have been in the program under 12 months. 20 of 20 clients had a completed risk assessment within 72 hours of intake and 14 of 20 clients had a completed risk assessment within 30 days of intake.

Corrective Action Plan:

- Appropriate facility personnel to complete documented training on §115.241
- Appropriate facility personnel provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.241 are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question.
- Upload requested documentation to the online audit system.

Post audit the facility provided revised policy #702, page 1, section B, stating, "Within 30 days of the client's intake, the Case Manager will conduct a reassessment of the PREA Risk Assessment for Sexual Victim Vulnerability/Abusiveness. Results will be recorded in ETRAC2 under the Assessments tab in the client section. If at any time during the client's residential program, there is a referral, request, incident of sexual abuse, or receipt of additional information that impacts the clients risk level of sexual victimization or abusiveness, the Case Manager will conduct a reassessment of the PREA Risk Assessment for Sexual Victim Vulnerability/Abusiveness. Results will be recorded in ETRAC2 under the assessments tab."

Post audit the facility provided a memorandum authored by the agency PREA Coordinator, addressed to the DOJ PREA Auditor providing specific directives and specific information regarding each provision of § 115.241 and how continued compliance will be sustained, moving forward.

(a) The ICCS Weld PAQ states the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

ICCS Policy #702, Treatment Matching, Dosage, Risk Reduction, and Client Responsibility, page 1, section A., states, "Case Management Staff will meet with intakes within 24 hours of arrival to introduce themselves and to conduct the Prison Rape Elimination Act (PREA) Risk Assessment for Sexual Victim Vulnerability/Abusiveness, Colorado Criminal Justice Mental Health Screen-Adult (CCJMHS-A), and issue the Simple Screening Instrument-Revised (SSI-R) for the client to complete.

The Case Manager will set an appointment with the client within 72 hours of intake to complete the LSI interview and offense specific assessments if applicable. "

The facility provided an ICCS Case Load Aide Check List demonstrating that 'PREA Survey' be completed within 72 hours intake.

(b) The ICCS Weld PAQ states the agency policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 272. Policy compliance can be found in provision (a) of this standard.

(c-e) The ICCS Weld PAQ states the risk assessment is conducted using an objective screening instrument.

The facility provided a Colorado Division of Criminal Justice – Office of Community Confinement Screening for Risk of Sexual Victim Vulnerability/Abusiveness which is inclusive of the following information.

- Victim/Vulnerability Factors
- Victim Vulnerability
- o Non victim; known victim, possible victim
- Aggressive/Abusiveness Factors
- Aggressive/Abusiveness
- o Non victim; known victim, possible victim
- Risk factor information forwarded to staff responsible for room, work, education and programming assignments.
- Name
- Age
- Physical stature
- Mental or developmental disability
- Physical disability
- First incarceration
- History of sex offense convictions – against an adult or child

- Lesbian/Gay/Bi-sexual/Transgender/Gender non-conforming or Intersex
- History of sexual victimization – consider juvenile and adult experiences
- Offender’s perception of vulnerability
- History of institutional violence or sexual abuse
- Gang affiliation
- Other factors not addressed that may influence risk

(e) The ICCS Weld PAQ states the agency policy requires that the facility reassesses each resident’s risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident’s arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 231. The PAQ, “At the bottom of the form is where the 30-day reassessment findings are recorded.”

ICCS Policy #702, Treatment Matching, Dosage, Risk Reduction, and Client Responsibility, page 1, section B., states, “Within 30 days of the client’s intake, the Case Manager will conduct a reassessment of the PREA Risk Assessment for Sexual Victim Vulnerability/Abusiveness. Results will be recorded in ETRAC2 under the Assessments tab in the client section.”

(f) The ICCS Weld PAQ states the agency policy requires that a resident’s risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.

(g) The ICCS Weld PAQ states the agency policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the residents own perception of vulnerability.

	Through such reviews, the facility meets standard requirements.
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115.242	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy# 160 PREA Standards, Training & Screening, dated 7.24.2023 3. Room Assignment Cheat Sheet, not dated Interviews: 1. Targeted Clients 2. Correctional Case Manager 3. PREA Coordinator / Technical Compliance Specialist 4. Program Manager Interviews with one non-binary, one vulnerable client and four members of the LGBTI community stated they were well respected in the facility by both staff and clients and were very happy with their dorm assignments. The interview with the Case Manager demonstrated each client is met with weekly and asked if they feel safe in the program, if they have any needs and if their needs are being met. The interview with the PREA Compliance Manager demonstrated potential aggressive or vulnerable clients are not housed in the same dorm, are housed with like clients. The interview with the Program Manager demonstrated she or a member of her administrative team meet with transgender and intersex clients upon intake, discuss their needs and preferences and provide them with a designated shower time before they are assigned a dorm.

Site Observation:

During the pre-audit phase, agency policy was revised to include language that victims are reassessed upon receipt of a sexual abuse incident; however, the language is not present stating aggressors are also reassessed. Specialized interviews demonstrating outcomes of client risk assessments are available to be viewed by all employees. Client files were observed to be in a hallway providing access to employees passing by to sensitive client information.

During the onsite review, the PREA Compliance Manager was able to display the color-coded tracker demonstrating the visual system for management staff awareness of possible victims and aggressors and assurance that such clients are not housed or have program assignments together.

(a) The ICCS Weld PAQ states the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

ICCS Policy# 160 PREA Standards, Training & Screening, page 4, section E. 3., states, "The results of the assessment will be forwarded to the Community Corrections Specialist Supervisor or designee, who will use the information to make individualized determinations to ensure those at high risk of being sexually victimized are not housed in the same room as those at high risk of being abusive." During the pre-audit phase the following conversation took place between the PREA Auditor and the agency PREA Coordinator. "I see policy# 160 speaks to bed assignments; however, can you please demonstrate how the agency/facility uses information from the risk screening required by §115.241 to inform bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive

Currently, Community Corrections Specialist Supervisors/Team Leads complete room/bed assignments based on the resident's results from the sexual victimization risk assessment and according to the Sexual Abuse Room Assignment chart (previously uploaded to the OAS) where the chart identifies acceptable and non-acceptable placements based on the resident's results. Regarding treatment, if residents who are involved in a PREA investigation as an alleged or determined abuser/victim, they are separated and required to attend different treatment groups so that they are not in treatment groups together. Regarding education, the hours and availability are much more open and flexible so that clients can attend really

anytime during the entire day. Our Community Education Outreach (CEO) staff are very responsive and cognizant of any inappropriate behavior or contact that occurs in the education labs and communicate any issues with clients Case Manager's and Case Manager Supervisor so that the behavior is addressed as soon as possible."

The facility provided a Room Assignment Cheat sheet demonstrating offenders are color coded in the following manner.

- Red: Do Not: Known Abuser/Known Victim

- Yellow: Okay:

- o Known Abuser/Possible Victim

- o Possible Abuser/Possible Victim

- o Possible Abuser/Known Victim

- o Possible Abuser/Known Abuser

- Green: Preferred:

- o Known Abuser/Known Abuser

- o Known Abuser/Non Victim

- o Known Victim/Known Victim

- o Non Abuser/Non Victim

- o Non Abuser/Known Victim

- o Non Abuser/Possible Victim

- o Possible Abuser/Non Victim

- o Possible Abuser/Possible Abuser

(b) The ICCS Weld PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident. The PAQ states, "In general, based on the clients results from the sexual victimization screening form, they are then assigned according to what is safest/and according to the attached chart." Policy compliance can be found in provision (a) of this standard.

(c) The ICCS Weld PAQ states the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

	ICCS Policy# 160 PREA Standards, Training & Screening, page 4-5, section E. 5., states, “Facility and housing assignments for transgender and intersex residents will be made on a case by-case basis. Their own view of their safety shall be given consideration as well as the safety of other residents and the community as a whole. At no time will housing be based solely on a resident’s genital status or assigned gender at birth.” Through reviews of the focus of each department ensuring aggressive and vulnerable clients are housed appropriately and with the high level of respect to ensure client needs are met, the facility exceeds the standard requirements.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 3. PREA Brochure for Residents: Facts You Should Know, English and Spanish, not dated 4. ICCS Policy #160 PREA Standards, Training and Screening, dated 7.24.2023 5. PREA Brochure for Employees/Contract Workers/Volunteers, not dated 6. Post Audit: Email Confirmation from Viapath Interviews: 1. Random Clients 2. Targeted Clients Interviews with clients demonstrated each would report through the hotline number posted ‘everywhere’ throughout the facility, report directly to a trusted staff member, or write a note to their Case Manager. Many clients were aware they could also report through the grievance process, telling a trusted adult in the community that all reports could be confidential.

Site Observations:

During the tour, PREA postings were observed throughout the facility to include information on sexual harassment, sexual abuse, internal and external reporting contact information, and the external advocate phone and address information.

Upon testing resident phones when attempting to contact 1.877.DOC.TIPS hotline demonstrated phone calls must be either collect-calls or the resident must use a pin card to make a phone call.

Corrective Action Plan:

- Completed documented training to all applicable staff on the requirements of §115.251.
- Upload requested documentation to the online audit system.

Post audit the facility provided email communications from the phone service provider, Viapath, confirming that both the external reporting line and the advocate can be reached without entering a client pin number and at no cost to the client.

(a) The ICCS Weld PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

ICCS Policy #161 PREA Reporting, Investigation, & Response, page 1-2, section A., states, "Clients will be made to feel free to immediately report any act, threatened act of sexual assault, sexual violence, sexual misconduct or sexual contact to any ICCS staff member, contractor, vendor, or volunteer. Although it is preferred that clients report such acts to an ICCS employee, the report may be made to any person listed in this Policy. Mandatory reporting responsibilities will apply to all staff. Clients may use any means at their disposal to report incidents of sexual assault, sexual violence, sexual misconduct or sexual contact when they are a victim of such acts upon themselves, or when they have direct knowledge that such acts have been perpetrated or are being planned to be perpetrated upon any other client. In an effort to provide clients with several reporting options, including outside agencies that accept reports, and options that would protect the reporting party's identity

from being revealed to other clients, the following specific reporting options will be afforded:

1. Direct verbal report to any ICCS staff member, contractor/vendor, or ICCS volunteer.
2. Direct written report to any ICCS staff member, contractor/vendor, or ICCS volunteer.
3. May be completed through the use of U.S. Mail, kite, note, grievance or any other written method.
4. Through the DOC tip line (1-877-DOC-TIPS/1-877-362-8477)
5. Contacting local law enforcement by dialing 911 or a distributed non-emergency number.
6. Email link from website.

Clients should be encouraged to provide as much detail as possible when reporting acts against themselves or other inmates. At a minimum, the report should include name(s) of victim(s), date(s) of occurrence, location(s) where acts occurred, any known or potential witnesses and a brief description of the act that was perpetrated.

Fellow residents, family members, attorneys, medical personnel, or outside advocates will be encouraged to report any suspicions or allegations as well through any of the above avenues.

On 12.29.2024 at 4:23 pm MST, a message was left on the DOC tip line. After proper introductions and the reason for the call, the Auditor requested a call back asking what procedures are followed when a report of sexual harassment, sexual abuse or retaliation is left on this hotline. On 1.3.2025 at 8:00 am a call back was received from the Ombudsman's Office. The gentleman explained he would report to the facility and follow up to ensure an investigation was completed.

(b) The ICCS Weld PAQ states the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Procedure compliance can be found in provision (a) of this standard.

The facility provided a PREA Brochure for Residents: Facts You Should Know in

English and Spanish. The brochure provides the following information.

You may report incidents of prohibited sexual behavior or seek relief against retaliation by:

- o Call the toll-free CDOC TIPS Line at: 1-877-DOC-TIPS 1-877-362-8477
- o Contacting local law enforcement
- o Reporting the incident to the community corrections PREA Coordinator or Program Director:

DeMarques Taylor

(PREA Coordinator)

11500 W. Security Ave.

Lakewood, CO 80215

303-407-6213

Raquel DeNaeyer

(Program Director)

1101 H St.

Greeley, CO. 80631

970-584-2520

(c) The ICCS Weld PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

ICCS Policy #160 PREA Standards, Training and Screening, page 5, section F. Mandatory Reporting Responsibilities, 1., states, "It is recognized that effective prevention of sexual assault, violence, misconduct and contact against a client must include effective reporting requirements. To this end, all suspected or reported acts of sexual assault, violence, misconduct and contact alleged to be perpetrated by another client, ICCS employee or any other person, will be immediately reported to the Program Director or PREA Coordinator, either privately or openly, via phone or

	email, depending on the circumstances and allegations. The Program Director or PREA Coordinator will then immediately notify the Executive Director and other supervisors if necessary. This mandate to report will be the responsibility of: - All ICCS employees. - All contractors/vendors, to include mental health contractors, educational contractors, food service/vending contractors. - All volunteers and interns within the ICCS facility. - All clients" (d) The ICCS Weld PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Policy compliance can be found in provision (c) of this standard. The facility provided a PREA Brochure for Employees/Contract Workers/Volunteers with reporting information as described in provision (c) of this standard. Through such reviews, the facility meets standard requirements.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: - ICCS Weld PAQ - ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 - Client Statement via Parole Officer of the Colorado Department of Corrections - Investigation, Notice of Findings and Administrative Review Related to Client Statement Interviews: - Random Clients

2. Targeted Clients

3. PREA Coordinator / Technical Compliance Specialist

Interviews with clients demonstrated a large percentage were aware of grievance procedures in connection with their rights.

The interview with the PREA Coordinator demonstrated all grievances received were immediately investigated.

Site Observation:

Grievances were seen attached to kiosk machines throughout the facility.

(a) The ICCS Weld PAQ states the agency does have an administrative procedure for dealing with resident grievances regarding sexual abuse.

ICCS Policy #161 PREA Reporting, Investigation, & Response, page 3-4, section C. 2., second paragraph, states, "In each instance of a suspected or reported sexual assault involving a client or clients, the Program Director or designee, will immediately contact and consult with local law enforcement in determining the most expedient and effective course of action in the investigation of the crime. ICCS will not investigate any criminal allegations and will instead allow and assist law enforcement to investigate. ICCS will ask of law enforcement that all PREA standards be adhered to while investigating any allegation, also that no alleged victim be required to submit to any polygraph or other truth-telling device to determine whether to proceed with an investigation. All potential legal considerations will be brought to the attention of the responsible law enforcement officer who may in turn consult with the District Attorney's office for legal guidance."

The facility provided a discharged client statement via a Parole Officer of the Colorado Department of Corrections. The report indicates the client had a sexual relationship with a staff member of ICCS Weld.

The facility provided an investigation, Notice of Findings and an Administrative review regarding the client statement to the Parole Officer.

Through such reviews, the facility meets standard requirements.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 3. PREA Brochure for: Residents – Facts You Should Know, in English and Spanish, dated 1. Memorandum of Understanding, SAVA Center, dated 11.19.2024 2. Post Audit: Email Confirmation From Viapath Interviews: 1. Random Clients 2. Targeted Clients 3. Program Manager Interviews with clients demonstrated a large percentage were aware of SAVA House and the offerings provided through the sexual abuse advocacy agency. In addition, clients were aware the facility had two victim advocates within their employ and available to them upon request. The interview with the Program Manager demonstrated she was building a positive relationship with the Sexual Abuse Victim Advocates, (SAVA) by inviting them to visit the facility once a month, addressing the clientele to share their offerings and make themselves visible and available. Site Observation: During the tour SAVA Advocate brochures were observed to be posted throughout male and female hallways, common areas and the entrance of the facility. Upon testing resident phones when attempting to contact the community SAVA advocate, demonstrated phone calls must be either collect-calls or the resident must use a pin card to make a phone call.

Corrective Action Plan:

- Completed documented training to all applicable staff on the requirements of §115.253.
- Appropriate facility personnel provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.253 are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question.
- Upload requested documentation to the online audit system.

Post audit the facility provided email communications from the phone service provider, Viapath, confirming that both the external reporting line and the advocate can be reached without entering a client pin number and at no cost to the client.

(a) The ICCS Weld PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

ICCS Policy #161 PREA Reporting, Investigation, & Response page 4, section D. Victim and Witness Considerations, 1., states, “. Client-victims are entitled to the same level of statutory victim advocate services as any other victim. For this reason, any perpetrated act that violates Colorado Revised Statutes where a victim is identified, the On-Call Supervisor, Program Director, PREA Coordinator or designee will immediately provide all identified victims of the incident with contact information for a local victim advocate. Client-victims will be allowed to speak to the victim advocate confidentially without staff monitoring. The victim advocate group will also not inform ICCS or law enforcement of this call unless the victim asks them to, or the victim threatens harm to themselves or others. All clients who report being threatened with, or report being a victim of sexual assault, sexual violence, sexual misconduct or sexual contact will be referred to mental health for an evaluation.”

The facility provided a PREA Brochure for: Residents – Facts You Should Know. Section E. Treatment and Counseling provides clients with the phone number and address of the SAVA Rape Crisis Center.

(b) The ICCS Weld PAQ states the facility the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. During the pre-audit phase the following conversation took place between the PREA Auditor and the agency PREA Coordinator. "Can you please demonstrate how the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law? Per the ICCS Weld Security Supervisor, "They are made aware of all the options to report and who to report to within the first day. They watch the PREA video and sign and acknowledgment in the first hours."

(c) The ICCS Weld PAQ states the agency, or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse.

The facility provided a Memorandum of Understanding, (MOU), SAVA Center and ICCS. The memorandum appears to be current and expires only after either party notifies via a written notice. The memorandum is signed by the ICCS Executive Director and the SAVA Center Executive Director.

On 1.29.2025 at 7:18 pm this writer contacted the SAVA Center at 1.877.352.7273. After proper introductions and the reason for the call the operator they would be patched over to an advocate directly. Every call they are connected. The operator stated they all go through training to ensure they know how to handle those in crisis. This writer was then transferred to an advocate. After proper introductions and the reason for the call the advocate stated she is aware of the MOU, they would accompany clients to the hospital during the SANE. The agency offers ongoing mental health services either in person, at the facility, or the best way to communicate with the victim based on their needs, barriers, and preferences.

Through such reviews, the facility meets standard requirements.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. ICCS Weld PAQ

Interviews:

1. Random Clients
2. Targeted Clients
3. Community Correction Specialists
4. PREA Coordinator / Technical Compliance Specialist

Interviews with clients demonstrated a large percentage were aware of third-party reporting options who could be a family member, attorney or another client.

Interviews with staff demonstrated each would accept any type of report regarding allegations received through a third party.

Site Observation:

During the facility tour, agency informational PREA postings of the facility third party reporting information including internal and external reporting information was observed in the visitation areas.

(a) The ICCS Weld PAQ states the agency, or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The PAQ states, "<https://www.int-cjs.org/i-ccsprea>. The address and contact numbers for each facility are provided on the ICCS website for third-party reports to be submitted.

During the pre-audit phase, the agency PREA Coordinator responded to the Auditor request for information on filing third party reports. "When accessing <https://www.int-cjs.org/i-ccsprea> and I could not locate an area where I could make a third-party report. Could you please direct me to where a report can be filed? Currently, the website states "Fellow residents, family members, attorneys, medical personal, or outside advocates will be encouraged to report any suspicions or allegations as well through any of the following avenues." And then lists each facilities contact

	information so anyone could call the facility to submit an allegation or send a letter. We do occasionally receive calls to a facility from either an anonymous source or a family member submitting a PREA report on behalf of a resident. The website does not have a designated box or field where the report can be submitted electronically. The third-party individuals are encouraged to either submit the report by either a phone call, in person or by mail through the facility phone numbers and addresses provided. I was able to review standard 115.54 for community corrections and it states that 'there is an easily accessible mechanism' for third parties to report the information. Do you take that to mean specifically that there's a way to 'electronically' submit the information." Through such reviews, the facility meets standard requirements.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #160 Standards, Training and Screening, dated 4.24.2023 Interviews: 1. Random Clients 2. Targeted Clients 3. Community Correction Specialists 4. PREA Coordinator / Technical Compliance Specialist Interviews with the staff and clients demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment. On Site Observation: The facility has had three sexual abuse and three sexual harassment allegations in the past 12 months. Investigations demonstrate a large percentage of

investigations began the week allegations were received and completed within 30 days of receipt of the allegation.

(a) The ICCS Weld PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The PAQ states, "all suspected or

reported acts of sexual assault, violence, misconduct and contact alleged to be perpetrated by

another client, ICCS employee or any other person, will be immediately reported to the Program

Director or PREA Coordinator, either privately or openly, via phone or email, depending on the

circumstances and allegations. The Program Director or PREA Coordinator will then immediately

notify the Executive Director and other supervisors if necessary."

ICCS Policy #160 Standards, Training and Screening, page 5, section F. 1-2., states, "It is recognized that effective prevention of sexual assault, violence, misconduct and contact against a client must include effective reporting requirements. To this end, all suspected or reported acts of sexual assault, violence, misconduct and contact alleged to be perpetrated by another client, ICCS employee or any other person, will be immediately reported to the Program Director or PREA Coordinator, either privately or openly, via phone or email, depending on the circumstances and allegations. The Program Director or PREA Coordinator will then immediately notify the Executive Director and other supervisors if necessary. This mandate to report will be the responsibility of:

- a. All ICCS employees.
- b. All contractors/vendors, to include mental health contractors, educational contractors, food service/vending contractors.
- c. All volunteers and interns within the ICCS facility.
- d. All clients

	2. Staff shall be required to report any acts of retaliation by other staff members or residents against someone who reported, or is thought to have reported, an allegation. (a) The ICCS Weld PAQ states, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Through such reviews, the facility meets standard requirements.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 Interviews: 1. Community Correction Specialists Interviews with staff demonstrated that victims would be immediately separated from aggressors and placed in a safe place until administrative personnel or law enforcement could arrive. (a) The ICCS Weld PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.

	ICCS Policy #161 PREA Reporting, Investigation, & Response page 3, section C. 2., states, "All suspected, threatened or reported acts of sexual assault, sexual violence, sexual misconduct or sexual contact that occur in community corrections or any other location where clients are housed, work or are provided services, will be investigated in accordance with established local law enforcement agency's investigative standards and protocols dictated by the Criminal Investigations Division duty supervisor and case investigator." Through such reviews the facility meets standard requirements.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #160 PREA Standards, Training and Screening, dated 4.26.2023 Interviews: 1. Program Manager The interview with the Program Manager demonstrated that she was aware that upon receiving an allegation that a client was sexually abused while confined at another facility, she had the responsibility to notify the head of the facility where the allegation occurred within 72 hours, although she would make this notification immediately. The Program Manager stated the PREA Coordinator keeps records of all outgoing and incoming records of reports. (a-b) The ICCS Weld PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero. The PAQ states, "Staff shall inform their Program Director or PREA Coordinator of all allegations they receive, even if the incident occurred at a facility not operated by ICCS. Upon receipt of such an

	allegation, the Program Director shall contact the head of the facility if the incident occurs within 72 hours and document this notification in the client's chronological notes." ICCS Policy #160 PREA Standards, Training and Screening, page 5, section F.5., states, "Staff shall inform their Program Director or PREA Coordinator of all allegations they receive, even if the incident occurred at a facility not operated by ICCS. Upon receipt of such an allegation, the Program Director shall contact the head of the facility if the incident occurs within 72 hours and document this notification in the client's chronological notes. Likewise, ICCS will investigate, per ICCS Policy #162, any allegations brought to their attention by another facility about an incident that occurred at ICCS." (c) The ICCS Weld PAQ states the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy compliance can be found in provision (a/b) of this standard. (d) The ICCS Weld PAQ states the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero. The PAQ states, "ICCS will investigate, any allegations brought to their attention by another facility about an incident that occurred at ICCS." Policy compliance can be found in provision (a/b) of this standard. Through such reviews, the facility meets the standard requirements.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 PREA Reporting, Investigation & Response, dated 11.1.2017

3. Post Audit: ICCS Weld PREA Mini Training PowerPoint

4. Post Audit: Training Attendance Listing

5. Post Audit: ICCS Memorandum, RE: PREA §115.264 & §115.265, dated 2.18.2025

Interviews:

1. Community Correction Specialists

Interviews with Community Correction Specialists demonstrated a significant percentage were unaware of first responder action to be taken when sexual abuse may occur or when reported.

Site Observation:

Random staff interviews demonstrated first responders their priority is to ensure clients are safe and separated; however, staff were not aware of where or how to separate clients and protocols to preserve evidence.

Corrective Action Plan:

- Completed documented training to all applicable staff on the requirements of §115.264.
- Appropriate facility personnel provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.264 are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question.
- Upload requested documentation to the online audit system.

Post audit the facility provided an ICCS Weld PREA Mini Training PowerPoint with the following learning objectives.

- Review the First Responder Duties/Ensure everyone has a copy in their id lanyard.
- Review the 'Coordinated Response' to instances of sexual abuse.

Post audit the facility provided an attendance listing demonstrating 20 facility staff attended training virtually with the agency PREA Coordinator.

Post audit the facility provided a memorandum authored by the agency PREA Coordinator, addressed to the DOJ PREA Auditor providing specific directives and specific information regarding each provision of §115.264 & §115.265 and how continued compliance will be sustained, moving forward.

(a) The ICCS Weld PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, zero allegations occurred where a resident was sexually abused.

ICCS Policy #161 PREA Reporting, Investigation & Response, page 3, section B. 11., states, “. If the alleged event occurred within a time period that allows for the collection of physical evidence, both the victim and suspect will be requested not to wash their body, brush their teeth, change clothes, urinate, defecate, smoke, eat or drink anything.”

(b) The ICCS Weld PAQ states the facility’s policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.

	ICCS Policy #161 PREA Reporting, Investigation & Response, page 2, section B., first paragraph states, "All ICCS employees will adhere to established policy and procedure to ensure that any and all crime scenes and any and all items of evidence are protected from contamination." Through such reviews, the facility meets standard requirements.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Document Review: 1. ICCS Weld PAQ 2. PREA Allegation Response Steps, not dated 3. ICCS Memorandum, RE: §115.65 Coordinated Response, dated 2.7.2025 4. Post Audit: ICCS Weld PREA Mini Training PowerPoint 5. Post Audit: Training Attendance Listing 6. Post Audit: ICCS Memorandum, RE: PREA §115.264 & §115.265, dated 2.18.2025 Interviews: 1. PREA Coordinator / Technical Compliance Specialist Discussion taking place during the pre-audit phase provided the agency with time to build a coordinated response. The PREA Coordinator stated an email notification had been sent to all staff through the Paylocity email/training system to make staff aware. Site Observation: Staff interviews demonstrated personnel were not aware of the facility coordinated response.

Corrective Action Plan:

- Complete documented training for all applicable staff on the requirements of §115.265.
- Appropriate facility personnel provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.265 are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question.
- Upload requested documentation to the online audit system.

Post audit the facility provided an ICCS Weld PREA Mini Training PowerPoint with the following learning objectives.

- Review the First Responder Duties/Ensure everyone has a copy in their id lanyard.
- Review the 'Coordinated Response' to instances of sexual abuse.

Post audit the facility provided an attendance listing demonstrating 20 facility staff attended training virtually with the agency PREA Coordinator.

Post audit the facility provided a memorandum authored by the agency PREA Coordinator, addressed to the DOJ PREA Auditor providing specific directives and specific information regarding each provision of §115.264 & §115.265 and how continued compliance will be sustained, moving forward.

Post audit the facility provided a memorandum by the agency PREA Coordinator addressed to the DOJ PREA Auditor with a corrective action plan to ensure all facility personnel are aware of their required duties as is stated in the Coordinated Response.

(a) The ICCS Weld PAQ states the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility provided a PREA Allegation Response document providing response directions for the following departments.

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

	Document Review: 1. ICCS Weld PAQ Interviews: 1. Executive Director / Head of Agency The Executive Director stated the agency has not entered into collective bargaining agreements of any kind. (a) The ICCS Weld PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Through such reviews, the facility meets standard requirements.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 3. Memorandum, RE: PREA Corrective Action Plan Memo and Steps, dated 2.7.2025 4. Training Email Notification for Retaliation Monitoring Instruction, dated 1.16.2025 5. Post Audit: ICCS Memorandum, RE: PREA §115.67 (c) (d), dated 2.7.2025 Interviews: 1. Community Corrections Specialist Supervisor The interview with the facility Supervisor demonstrated he explains retaliation

monitoring with the victim during the investigative interview. The Supervisor explains to the victim that he or she is not in trouble and that his office and other designated staff are a safe place to report retaliation. During retaliation monitoring the Supervisor monitors grievance and incident reports, information from staff on their interactions with the client and any other information that may be obtained through word of mouth. Retaliation monitoring documentation begins during the first meeting, and we talked about periodic documentation at least every 30 days, up to 90 days or as long as is necessary.

Pre-Audit and Site Observation:

Review of investigations demonstrated retaliation monitoring was not documented and may have not begun upon receipt of an allegation of sexual abuse.

Corrective Action Plan:

- Appropriate facility personnel provide document training on each provision of §115.267.
- Appropriate facility personnel provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.267 are met. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question.
- Upload documentation to the online audit system.

Post audit the facility provided a memorandum authored by the agency PREA Coordinator, addressed to Agency Program Administration providing specific directives and specific steps of when to begin and steps to complete retaliation monitoring for at least 90 days.

Post audit the facility provided an email notification to appropriate facility personnel providing the training memorandum and action plan direction for retaliation monitoring.

(a) The ICCS Weld PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Program Manager, Community Corrections Specialist, Supervisor and the PREA Coordinator are the designated staff completing retaliation monitoring.

	ICCS Policy #161 PREA Reporting, Investigation, & Response, page 5, section D. 4., states, “. Any client or staff who reports or is witness to any sexual abuse or sexual harassment or cooperates with any investigation into an allegation will be provided the same protection as any victim. They will be met with on a regular basis, for periodic status checks, to monitor for signs of retaliation from other clients or staff. These meetings will continue for a minimum of 90 days, longer if deemed necessary, and be documented in the client’s notes or staff personnel file. Both the Program Director and PREA Coordinator, or designee, will act as the designated staff members to monitor possible retaliation, but it is the duty of all ICCS staff, volunteers, and contractors to report any possible retaliation of threats made towards victims and witnesses.” (c) The ICCS Weld PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. The number of times an incident of retaliation occurred in the past 12 months was zero. Policy compliance can be found in provision (b) of this standard. Through such reviews, the facility meets standard requirements.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 Interviews: 1. PREA Coordinator / Technical Compliance Specialist / Investigator

The interview with the investigator demonstrated he completes a majority of the agency administrative investigations. The investigator stated he will have designated investigators at the facility do preliminary interviews and collection of any possible evidence and he will then travel to the facility shortly thereafter and he completes the investigation after review of all evidence and interviews of all parties involved in the allegation.

Site Observation:

Review of investigations by utilizing the PREA Audit – Community Confinement Documentation Review – Investigations template demonstrated of the six investigations reviewed during the onsite review, three of those investigations were sexual abuse, one of the sexual abuse incidents were referred to law enforcement and three investigations were sexual harassment. Each investigation was completed in accordance with each standard provision.

(a) The ICCS Weld PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.

ICCS Policy #161 PREA Reporting, Investigation, & Response page 3-4 states, section C. Investigative Procedures, 1-3., state,

1. "CRS 18-3-401 through 18-3-417 and 18-7-701 will govern determination of specific violations of Colorado law pertaining to unlawful sexual acts.
2. All suspected, threatened or reported acts of sexual assault, sexual violence, sexual misconduct or sexual contact that occur in community corrections or any other location where clients are housed, work or are provided services, will be investigated in accordance with established local law enforcement agency's investigative standards and protocols dictated by the Criminal Investigations Division duty supervisor and case investigator. In each instance of a suspected or reported sexual assault involving a client or clients, the Program Director or designee, will immediately contact and consult with local law enforcement in determining the most expedient and effective course of action in the investigation of the crime. ICCS will not investigate any criminal allegations and will instead allow and assist law enforcement to investigate. ICCS will ask of law enforcement that all PREA standards be adhered to while investigating any allegation, also that no alleged victim be required to submit to any polygraph or other truth-telling device to determine whether to proceed with an investigation. All potential legal considerations will be brought to the attention of the responsible law enforcement officer who may in turn consult with the District Attorney's office for legal guidance.
3. ICCS will only share information as required by law in order to protect the confidentiality of its clients.

	(h) The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later was one. Through such reviews, the facility meets standard requirements.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 Interviews: 1. PREA Coordinator / Technical Compliance Specialist / Investigator Interviews with the Investigator demonstrated he would apply a preponderance of evidence when deciding the outcome for substantiated or unsubstantiated sexual abuse investigations. (a) The ICCS Weld PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. ICCS Policy #161 PREA Reporting, Investigation, & Response page 3-4 states, section C. Investigative Procedures, 4., states, "In cases where the incident was investigated by ICCS, and not law enforcement, a standard of "preponderance of the evidence" will be used in determining whether allegations are considered substantiated, unsubstantiated, or unfounded." Through such reviews, the facility meets standard requirements.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard Auditor Discussion Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Response, dated 11.1.2017 3. ICCS Investigations (6) Interviews: 1. Targeted Client 2. PREA Coordinator / Technical Compliance Specialist / Investigator The interview with a targeted client suggested he had not been made aware of the outcome of the investigation. After reviewing the investigation, the facility had a signed document demonstrating the client had been made aware of the outcome of the investigation. Interviews with the Investigator demonstrated the facility or agency Investigator or the facility Administrative Team members would personally notify the victim of the outcome of all sexual abuse investigations. Site Observation: The facility had three sexual abuse investigations, one allegation was reported through an anonymous source with no victim named and two of those investigations had documentation demonstrating each victim had been notified of the outcome of their investigation. (a) The ICCS Weld PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was six. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in

writing, of the results of the investigation was three.

ICCS Policy #161 PREA Reporting, Investigation, & Response, page 6, section F. 1., states, "Reporting to Residents 1. If a client alleges sexual abuse while a resident of ICCS, ICCS will inform the client-victim of the outcome of the investigation, whether it was conducted by ICCS or local law enforcement."

The facility provided six investigations for review.

(b) The ICCS Weld PAQ states an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero.

(c) The ICCS Weld PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There have been six substantiated and unsubstantiated complaints in the past 12 months.

ICCS Policy #161 PREA Reporting, Investigation, & Response, page 6, section F. 2., "If the allegation was against a staff member, and not deemed unfounded, ICCS will keep the client-victim apprised of that staff member's employment status at ICCS and also inform the client-victim when/if the offending staff member is indicted or convicted on related criminal charges.

(d) The ICCS Weld PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

	ICCS Policy #161 PREA Reporting, Investigation, & Response, page 6, section F. 3., states, "If the allegation was against another client, ICCS will inform the client-victim when/if their abuser is indicted or convicted of criminal charges related to sexual abuse in the facility." (e) The ICCS Weld PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there have been four notifications to a resident, pursuant to this standard. Of those notifications made in the past 12 months, the number that were documented was three. Through such reviews, the facility meets the standards requirements.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Weld Policy #162 PREA Violations Sanctions, dated 10.25.2018 Interviews: 1. Program Manager Interviews with the Program Manager demonstrated the facility has had three staff who have been disciplined for violation of an agency sexual abuse or sexual harassment policy in the past 12 months. The Program Manager stated staff involved in a substantiated sexual abuse investigation are terminated from employment, reported to appropriate licensing agencies, law enforcement, and can no longer work for the agency. (a) The ICCS Weld PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

	ICCS Weld Policy #162 PREA Violations Sanctions, page 2, section B. Employees, Volunteers, and Contract Workers, first paragraph, states, “Any allegation against an ICCS employee that is substantiated or unsubstantiated will subject the employee to disciplinary sanctions up to, and including, termination. Discipline will be commensurate with the nature of the offense and circumstances.” (b) The ICCS Weld PAQ states in the last 12 months, there has been three staff from the facility that had violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was two. ICCS Weld Policy #162 PREA Violations Sanctions, page 2, section B., third paragraph, states, “All acts of sexual abuse by a staff member will result in their termination and reported to local law enforcement. Any employee who resigns during an investigation, or before their employment can be terminated, will not be a basis for terminating the investigation. All administrative and criminal investigations will continue until completion.” (c) The ICCS Weld PAQ states the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months there have been two staff requiring discipline for sexual abuse or sexual harassment. (d) The ICCS Weld PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, two staff members have been terminated for sexual abuse or harassment. Through such reviews, the facility meets standard requirements.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. ICCS Weld PAQ
2. ICCS Weld Policy #162 PREA Violations Sanctions, dated 10.25.2018

Interviews:

1. Program Manager

Interviews with the Program Manager demonstrated the facility had two contractors who have been disciplined for violation of an agency zero tolerance policy in the past 12 months. The Program Manager stated contractors and volunteers involved in a substantiated sexual abuse incident would never be allowed back into the facility, and the agency in which they work, appropriate licensing agencies and law enforcement would be notified.

(a) The ICCS Weld PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, two contractors have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was two.

ICCS Weld Policy #162 PREA Violations Sanctions, page 2, section B., third paragraph, states, "Any allegation of sexual abuse or harassment against a volunteer or contract worker that is criminal in nature will be reported to local law enforcement for investigation. Any licensing body will also be notified of any substantiated or unsubstantiated allegation."

(b) The ICCS Weld PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Through such reviews, the facility meets standard requirements.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard Auditor Discussion Document Review: 1. ICCS Weld PAQ 2. ICCS Weld Policy #162 PREA Violations Sanctions, dated 10.25.2018 Interviews: 1. Program Manager The interview with the Program Manager demonstrated three clients have been involved in a substantiated sexual abuse incident. The Program Manager stated clients involved in a sexual abuse incident as the aggressors are typically terminated from the program and reported to law enforcement. (a-b) The ICCS Weld PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was three. In the past 12 months, the number of criminal findings guilty of resident-on-resident sexual abuse that have occurred at the facility was zero. ICCS Weld Policy #162 PREA Violations Sanctions, page 1-2, section A. Clients, states, "Any sexual contact on ICCS grounds is strictly prohibited. Any client who is found to have participated in any sexual incident with another client may be issued a Class I Incident Report for violation #112, even if the act was consensual and not coerced or forced. Discipline for this offense will be commensurate with the nature and circumstances of the event, their disciplinary history, and sanctions imposed for comparable offenses by residents with similar histories. A resident's possible mental disabilities shall also be considered when determining a sanction." (c) The ICCS Weld PAQ states, "The facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

	(d) The ICCS Weld PAQ states the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. ICCS Weld Policy #162 PREA Violations Sanctions, page 1-2, section A. Clients, states, "A client may only be issued an Incident Report for having sexual contact with an employee, volunteer, or contractor worker if it is found that the employee, volunteer, or contract worker did not consent to such contact." (e) ICCS Weld PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. (f) ICCS Weld PAQ states the agency prohibits all sexual activity between residents. Through such reviews, the facility meets standard requirements.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Weld Policy #161, PREA Reporting, Investigation, & Response, dated 11.1.2017 Interviews: 1. PREA Coordinator / Technical Compliance Specialist The interview with the PREA Coordinator demonstrated clients would be transported to Northern Colorado Medical Center for forensic exams.

(a) The ICCS Weld PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The facility would always refer to local mental health or the emergency room for medical and mental health emergency situations.

ICCS Weld Policy #161, PREA Reporting, Investigation, & Response, page 4, section D.2., first paragraph, states, "All clients who report that they have been the victim of sexual assault, sexual violence, sexual misconduct or sexual contact will be receive timely, unimpeded access to emergency medical treatment and crisis intervention. The nature and scope of which will be determined by medical and mental health practitioners according to their professional judgment. A full medical evaluation and assessment will be provided to the client victim, which will include appropriate testing for communicable diseases of both the victim and the perpetrator. All client-victims will also be granted access to pregnancy tests, emergency contraception, and sexually transmitted infection prophylaxis where applicable. If a pregnancy does result from the sexual assault, the victim shall receive timely and comprehensive information about, and timely access to, all pregnancy-related medical services."

(c) The ICCS Weld PAQ states, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Policy compliance can be found in provision (a) of this standard.

(d) The ICCS Weld PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

ICCS Weld Policy #161, PREA Reporting, Investigation, & Response, page 4, section D.2., third paragraph, states, "ICCS will offer ongoing medical and mental health care to any client who has been victimized by sexual abuse in any facility, even if it was prior to their arrival at ICCS. All medical and mental health treatment provided to residents who are victims of sexual abuse will be conducted by qualified professionals. ICCS will ensure that any mental health professionals that are contracted to work in the facility will go through the same PREA training as employees and also be trained how to detect and assess signs of sexual abuse and

	harassment, how to preserve physical evidence or sexual abuse, and how to respond effectively and professionally to victims of sexual abuse and harassment. These services will be free of charge to the client-victim, whether or not they name their abuser or cooperate with any investigation.” Through such reviews, the facility meets standard requirements.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ Interviews: 1. Contract – Behavioral Health Therapist Interviews with contract personnel demonstrated that victims and perpetrators of sexual abuse would be immediately evaluated, and it is their responsibility to provide individual medical and mental health care. (a) The ICCS Weld PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The PAQ states, “These services are provided through or with our local community rape crisis center, SAVA. Attached is the MOU.” (d) The ICCS Weld PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. (c) The ICCS Weld PAQ states If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

	(f) The ICCS Weld PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. (h) This ICCS Weld PAQ states the facility does not attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Through such reviews of the facility providing immediate evaluations for a continuum of care, the facility exceeds the standard requirements.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 PREA Reporting, Investigation, & Review, dated 11.1.2017 3. Sexual Abuse Administrative Reviews (4) Interviews: 1. Program Manager The Program Manager stated members of the Administrative Team, Security Supervisor, Case Manager, Executive Director, agency Director of Operations, Human Resource, all agency Program Managers and the Investigator would be present during incident reviews. The Program Manager stated during incident reviews the team reviews ways to the incident could have been prevented, camera footage, staffing patterns, if there were enough staff – onsite and offsite, staff and client behaviors, and retaliation monitoring for bullying or harassment occurrences. Site Observation: Investigation file review demonstrated each of the three sexual abuse investigations

had a completed sexual abuse incident review completed within 15 days of the close of the investigation.

(a) The ICCS Weld PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there have been six criminal and administrative investigations of alleged sexual abuse completed at the facility,

ICCS Policy #161 PREA Reporting, Investigation, & Review, page 6, section G. Administrative Review Process, 1. a-f, states, "In response to every substantiated or unsubstantiated case of sexual assault, sexual violence, sexual misconduct, or sexual contact on a client, there will be an Administrative Review initiated by a non-investigating supervisor with input from other administrators and any applicable staff. If the allegation involved only residents, this Administrative Review should occur during an All Staff Meeting (unless reason exists not to). If the allegation involves a staff member, the Administrative Review should occur in the monthly Administration Team Meeting. All Administrative Reviews should happen within thirty (30) days of the conclusion of the investigation. The purpose of such a review is to:

- a) Determine proper policy and procedure adherence.
- b) Consider whether the allegation or investigation reveals a need to change, or improve, policy or procedure to better prevent, detect, or respond to sexual abuse.
- c) Consider whether the allegation or incident was motivated by race, ethnicity, gender identity (lesbian, gay, bisexual, transgender, or intersex), status, or perceived status, gang affiliation, or motivated/caused by any other facility dynamics.
- d) Examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- e) Assess adequacy of staffing levels in the area during different shifts.
- f) Assess whether monitoring technology is adequate in the area."

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

Date of Investigation Report:

Date of Administrative Review:

Facility: Select One

Complainant's Name:

Investigation Report Completed By:

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

Nature of Allegation: Select One

Investigator's Findings: Select One

In response to every substantiated or unsubstantiated case of sexual assault, sexual violence, sexual misconduct, or sexual contact on a client, there will be an administrative incident review initiated by a non-investigating supervisor with input from the investigating supervisor and applicable staff. This review should occur within thirty (30) days of the conclusion of the investigation. The purpose of this review is to answer the following questions.

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

1. Was proper policy and procedure followed during the investigation?
2. Did the allegation or investigation reveal a need to change, or improve, policy or procedure to better prevent, detect, or respond to sexual abuse?
3. Was the allegation or incident motivated by race, ethnicity, gender identity status or perceived status, gang affiliation, or motivated/caused by any other facility dynamics?
4. Examine the area where the incident allegedly occurred. Were there physical barriers in the area that enable abuse?
5. Are staffing levels in the area adequate during different shifts?
6. Is the video monitoring system adequate in this area?
7. Any other recommendations for improvement?

Administrative Review completed by:

Name

	Title (b) The ICCS Weld PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was four. (c) The ICCS Weld PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Policy compliance can be found in provision (a) of this standard. (d) The ICCS Weld PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator. (e) The ICCS Weld PAQ states the facility implements recommendations for improvement or documents its reasons for not doing so. Through such reviews of the entire agency administrative team reviewing all sexual abuse incidents, as they arise, the facility exceeds the standard requirements.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard Auditor Discussion Document Review: 1. ICCS Weld PAQ 2. ICCS Policy #161 Reporting, Investigations and Response, dated 11.1.2017 3. ICCS 2024 PREA Investigation Data

(a) The ICCS Weld PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

ICCS Policy #161 Reporting, Investigations and Response, page 6, section H. Corrective Actions, Data Publication, and Storage, 1-2, state,

1. “Annually, the PREA Coordinator will meet with the Quality Assurance Director, the Executive Director, and all Program Directors to review the previous year’s findings, any incidents from the previous year, and any other problem areas. Corrective action will be taken to improve the effectiveness of ICCS’s prevention, detection, training, and response policy and procedure.
2. These findings will be documented in an annual report prepared by the PREA Coordinator comparing the previous year to years past and assess progress in addressing sexual misconduct in its facilities. ICCS will redact any information that would present a clear and specific threat to the safety and security of any facility, but will indicate the nature of the material redacted.
3. The PREA Coordinator will then collect all data needed to complete a Department of Justice (DOJ) Survey of Sexual Violence (SSV) Form for each facility and publish this information, for each facility, and for the aggregate information for all the facilities combined, along with the Corrective Action reports for each facility, on its website.
 - a. before publishing this data, all personal identifiers will be removed
 - b. data will consist of all information from the previous calendar year and be published no later than June 30.
 - c. this data will be maintained for a minimum of ten years”

The agency provided ICCS 2024 PREA Investigation data demonstrating the following information is captured in an excel spreadsheet.

- Month
- Facility
- Investigation (names of those involved)
- Type
- Outcome

	(b) The ICCS Weld PAQ states the agency aggregates incident-based sexual abuse at least annually. (c) The ICCS Weld PAQ states the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. (d) The ICCS Weld PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (e) This provision is not applicable as ICCS Weld does not have private facilities. (f) The ICCS Weld PAQ states the agency did not provide the Department of Justice (DOJ) with data from the previous calendar year upon request. Through such reviews, the facility meets the standard requirements.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ 2. Post Audit: ICCS Annual PREA Report Pre-Audit Observation: The agency is currently working on completing an annual report. Corrective Action Plan: · Upload the completed annual report, signed by the agency head, to the online

audit system.

- Upload requested documentation to the online audit system.

Post audit the facility provided an annual report outlining the following information.

- Three years of investigation outcomes by each of the agency facilities.
- Trends
- Outcomes by unfounded, unsubstantiated, substantiated
- Recommendations
- Action Plans
- Signature by the Agency Executive Director

(a) The ICCS Weld PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

ICCS Policy #161 Reporting, Investigations and Response, page 6, section H. Corrective Actions, Data Publication, and Storage, 3, states, "The PREA Coordinator will then collect all data needed to complete a Department of Justice (DOJ) Survey of Sexual Violence (SSV) Form for each facility and publish this information, for each facility, and for the aggregate information for all the facilities combined, along with the Corrective Action reports for each facility, on its website.

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

(b) The ICCS Weld PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The annual report compares data for 2022 and 2023 . The annual report provides progress in addressing sexual abuse.

	(c) The ICCS Weld PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. (d) The ICCS Weld PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Through such reviews, the facility meets standard requirements.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. ICCS Weld PAQ (a) The ICCS Weld PAQ states the agency ensures that incident-based and aggregate data are securely retained. (b) The ICCS Weld PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. The Agency Annual Report is available on the following website: https://www.int-cjs.-org/iccsprea (c) The ICCS Weld PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

	Through such reviews, the facility meets standard requirements.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once. (b) This is the fourth audit cycle for ICCS Weld and the third year of the fourth audit cycle. (h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility. (i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). (m) The Auditor was permitted to conduct private interviews with residents. (n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. Through such reviews, the facility meets the standard requirements.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(b) The agency has posted the current 2021 PREA audit report, on their website.

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

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	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.)	
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
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	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.)	
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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	Use of screening information	

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

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

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

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

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

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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

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

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

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

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