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

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: Click or tap here to enter text. ☒ **N/A**
If no Interim Audit Report, select N/A
Date of Final Audit Report: May 3, 2020

Auditor Information

Name: Natasha Mitchell	**Email:** nshaferdu@gmail.com
Company Name: Not applicable	
Mailing Address: PO Box 110993	**City, State, Zip:** Aurora, CO 80042-0993
Telephone: 720-371-2172	**Date of Facility Visit:** February 27-28, 2020

Agency Information

Name of Agency: Intervention Community Corrections Services - Kendall			
Governing Authority or Parent Agency *(If Applicable)*: Intervention, Inc.			
Physical Address: 1651 Kendall St		**City, State, Zip:** Lakewood, CO 80214	
Mailing Address: 1651 Kendall St		**City, State, Zip:** Lakewood, CO 80214	
The Agency Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information: https://www.int-cjs.org/iccsprea			

Agency Chief Executive Officer

Name: Brian Hulse	
Email: bhulse@int-iccs.org	**Telephone:** 303-589-4705

Agency-Wide PREA Coordinator

Name: Sophie Matic	
Email: smatic@int-iccs.org	**Telephone:** 720-544-5551
PREA Coordinator Reports to: Executive Director	**Number of Compliance Managers who report to the PREA Coordinator:** N/A

Facility Information

Name of Facility: Intervention Community Corrections Services - Kendall			
Physical Address: 1651 Kendall St		**City, State, Zip:** Lakewood, CO 80214	
Mailing Address (if different from above): SAA		**City, State, Zip:** SAA	
The Facility Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Facility Website with PREA Information: https://www.int-cjs.org/iccsprea			
Has the facility been accredited within the past 3 years? ☐ Yes ☒ No			

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Colorado Community Corrections Standards

Facility Director

Name:	Josey Hall		
Email:	JHall@int-iccs.org	**Telephone:**	720-544-2092

Facility PREA Compliance Manager

Name:	Sophie Matic		
Email:	smatic@int-iccs.org	**Telephone:**	720-544-5551

Facility Health Service Administrator ☒ N/A

Name:	Click or tap here to enter text.		
Email:	Click or tap here to enter text.	**Telephone:**	Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:	228
Current Population of Facility:	202

Average daily population for the past 12 months:	211
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	18-99
Average length of stay or time under supervision	9 months
Facility security levels/resident custody levels	Minimum
Number of residents admitted to facility during the past 12 months	692
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	679
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	425
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☒ Yes ☐ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☒ State or Territorial correctional agency ☐ County correctional or detention agency ☒ Judicial district correctional or detention facility ☒ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☒ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☐ N/A
Number of staff currently employed by the facility who may have contact with residents:	69
Number of staff hired by the facility during the past 12 months who may have contact with residents:	49
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	22
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8

Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	1
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	0
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	74
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☐ Yes ☒ No
Are mental health services provided on-site?	☒ Yes ☐ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☒ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☒ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A

Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☐ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☒ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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

Introduction

The Prison Rape Elimination Act (PREA) onsite audit of the Intervention Community Corrections Services – Kendall facility was conducted February 27-28, 2020. The facility is located at 1651 Kendall St, Lakewood, Colorado. The audit was conducted by Natasha Mitchell from Colorado who is a U.S. Department of Justice Certified PREA Auditor for juvenile and adult facilities. The auditor conducted the audit as a single auditor with no additional support staff. The auditor was awarded the contract as an independent contractor on December 10, 2019 and immediately began communicating with the agency to begin preparing for the pre-onsite and onsite audit phases. The facility participated in a PREA audit in February of 2017 and demonstrated full compliance on March 20, 2017.

Audit Methodology
Pre-Onsite Audit Phase

Prior to the onsite audit, the auditor-initiated discussions concerning the logistics in preparation for the onsite audit, as well as the presence of the auditor's onsite visit. The auditor primarily communicated with the agency PREA Coordinator though telephone conversations, email and text messages.

Notice of Audit Posting

The audit notices were forwarded to the PREA Coordinator on January 7, 2020. The audit notices included a statement regarding confidentiality and the resident's ability to correspond with the auditor through U.S. postal mail and/or email at nshafer12014@gmail.com. The auditor received an email confirmation from the PREA Coordinator to verify the notices were posted throughout the facility on January 17, 2020. During the onsite phase of the audit, the auditor observed the audit notices strategically posted throughout the facility, which were visible to visitors, clients, staff, contractors and volunteers. The auditor confirmed through client and staff interviews that the audit notices were posted at least 3 weeks prior to the auditor's onsite visit.

The auditor received the Pre-Audit Questionnaire (PAQ) and supporting documentation on February 13, 2020. The documentation was provided to the auditor for review through a secure flash drive that was hand delivered by the PREA Coordinator. The auditor reviewed the PAQ, policy, procedures, logs, rosters and additional supporting documentation prior to the onsite visit using the Auditor Compliance Tool and Checklist of Documentation.

Staff and Resident Rosters
The Intervention Community Corrections Services – Kendall facility provided the following information for interview selection and documentation sampling:

Client Roster	Identified clients for interviews on February 27, 2020
Resident who reported a sexual abuse	N/A
Disabled and limited English proficient Residents	1

Transgender, Intersex, Gay, Lesbian and Bisexual	1
Residents in isolation	N/A
Residents who disclosed prior sexual victimization	1
Facility Staff Roster	
Complete Staff Roster	The roster was provided to the auditor on February 27, 2020
Specialized Staff	Specialized staff were identified on the roster
Contractors who have contact with residents	Contractors were identified on the roster
Volunteers who have contact with residents	N/A
All grievances/allegations made in the previous 12 months	The facility PAQ indicates there were zero grievances that alleged sexual abuse in the past 12 months
All allegations of sexual abuse and sexual harassment reported for investigation in the past 12 months	The facility PAQ indicates there were 9 allegations of sexual abuse and/or sexual harassment that were reported in the past 12 months
External Contacts The following external interviews were conducted:	
Advocacy and SAFE/SANE Programs	The Blue Bench

Onsite Audit Phase

Site Review

The auditor accessed and observed all areas of the facility. The auditor was provided with the facility physical layout prior to the onsite audit, which allowed the auditor to familiarize herself with the facility. The facility has one (1) building with a rated capacity of two-hundred twenty-eight (228) clients. There are seventy-three (73) multiple occupancy rooms and is one (1) two-person room. All of the rooms contain bunk beds and client storage areas. The restrooms include sinks, toilets and an area for residents to shower. In addition to the sleeping rooms, there is a laundry room, basement that is utilized as the storage area, receiving and discharge (intake) area, classroom, food service and recreation yard. On the first day of the onsite audit the population count was two hundred (200) clients.

Processes and areas observed

During the onsite visit the control area was appropriately staffed, and routine programming was taking place. The auditor gathered information about the daily routine, which involves clients leaving the facility to work or engage in community activities that is permitted according the facility rules. The auditor observed the PREA audit notices and zero tolerance posters visible throughout the facility and the placement of cameras were strategically placed to increase security. The auditor witnessed the clients participating in educational programming and when observing client movement in the hallways they were cleaning or making contact with the facility staff.

Interviews

Staff and client interviews were conducted in an office located in the west wing in the vicinity of office space designated for case managers. The location provided adequate privacy and minimized disruption to facility programming. Specialized staff were selected based on their respective duties in the facility. The Community Correctional Specialist (CCS) were randomly selected by the auditor during the onsite audit based on the staff schedule on February 27th. The random sample of CCS staff were selected from all shifts and teams. There were two hundred (200) clients on the day the interviews were conducted. The auditor interviewed twenty (20) clients, representing all males. Eight (8) clients

represented a targeted population (i.e., limited English speaker, an identified disability, identified as LGBTQI, housed in isolation, etc.).

Interviews Protocols	**Number of Interviews**
Agency Head/Executive Director	1
Facility Director	1
PREA Coordinator	1
Mental Health Staff	1
Investigation Staff	3
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Staff (Unannounced rounds)	3
SAFE/SANE	The Blue Bench
Staff on the Incident Review Team	7
Designated staff member charged with monitoring retaliation	3
Random Sample of Staff`	7
Random Sample of Clients	12
Resident identified as lesbian, gay, bisexual, transgender or intersex	2
Resident who reported a sexual abuse	N/A
Resident with an identified disability or limited English speaking	5
Resident in isolation	N/A
Residents who disclosed prior sexual victimization during risk screening	1
Total Number of Staff Interviews	19
Total Number of Clients Interviews	20
Total Number of Interviews	39

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

ICCS-Kendall is a male only residential community corrections facility located at 1651 Kendall Street Lakewood, CO 80214. The facility is central to employment and service opportunities for Residents. ICCS provides in-house substance abuse treatment, cognitive skills groups as well as 12-step type support programs with a full complement of educational programming. Specific mental health services are also provided through BTS and independent mental health services business. The building is a 1922 vintage 2-story hospital building with residential rooms on the first and second floors along with handicap accessibility to the entryway, toilets and showers. Adequate ingress and egress is available for handicapped individuals. The facility is in compliance with the Colorado Community Corrections Standards.

Programs Offered at this Facility

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

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

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

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

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

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

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

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

Federal Probation Clinical Services - Through Behavioral Treatment Services (BTS), clinicians provide assessments for mental health and substance abuse issues for federal parole clients. This includes Cognitive Behavioral Therapy and other treatment on an individual or group basis. This modality allows for federal probationers to maintain their community placement.

Short Term Intensive Residential Treatment (STIRT) – This is a three-week intensive inpatient treatment program opened to Diversion, Transition, and Condition of Parole clients. After completion of the program, clients will step down to an out-patient level treatment for a gradual adjustment in continuing support.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: Not applicable

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Not applicable

PREVENTION PLANNING

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

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

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 160 PREA Standards, Training, and Screening
- Policy 162 PREA Violations Sanctions
- Policy 275 Discipline

- Organizational Chart

115.211(a)-1

The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

POLICY:

The Prison Rape Elimination Act (PREA) of 2003 supports the elimination, reduction and prevention of sexual assault and rape (sexual violence) within corrections systems. The act applies to all federal, state and local prisons, jails, police lock-ups, private facilities and community settings such as residential facilities. Intervention Community Corrections Services will comply with the Prison Rape Elimination Act and has zero tolerance for any sexual conduct of any type among offenders or between offenders and staff members, regardless of whether such conduct is consensual. ICCS will maintain a PREA Coordinator, representing the entire agency. Within each residential facility, the Program Director will act as PREA Compliance Managers.

115.211(a)-3

The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

B. Definitions

The following are definitions of Sexual Abuse, Non-Consensual Acts, Sexual Misconduct, and Sexual Harassment, per Department of Justice (DOJ) Survey of Sexual Violence (SSV):

1. Abusive Sexual Contact (Client-on-Client) - Contact of any person without their consent or of a person unable to consent or refuse. Contact between the penis and vagina or penis and anus including penetration, however slight; or contact between mouth and penis, vagina, or anus; or penetration of the anus or genital opening of another person by a hand, finger, or other object.

2. Nonconsensual Sexual Acts (Client-on-Client) - Contact of any person without their consent or of a person unable to consent or refuse. Intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.

3. Sexual Harassment (Client-on-Client) - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.

4. Staff Sexual Misconduct (Staff-on-Client) - Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor, or agency representative. Romantic relationships between staff and inmates are included. Consensual or nonconsensual sexual acts include: intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire; or completed, attempted, threatened, or requested sexual acts; or occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.

5. Staff Sexual Harassment (Staff-on-Client) - Repeated verbal statements, comments, or gestures of a sexual nature to a client by an employee, volunteer, contractor, official visitor, or agency

representative, including: demeaning references to gender or derogatory comments about body or clothing; or profane or obscene language or gestures.

Sexual contact on ICCS grounds is strictly prohibited. Any client who is found to have engaged in any sexual incident with another client may be issued a Class I Incident Report, 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 client's possible mental disabilities will also be considered when determining a sanction.

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

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.

The policy includes definitions for sexual abuse, and sexual harassment; as well as sanctions. Policy 160 related to zero-tolerance states explicitly the following, "Intervention Community Corrections Services will comply with the Prison Rape Elimination Act and has zero tolerance for any sexual conduct of any type among offenders or between offenders an staff members, regardless of whether such conduct is consensual."

Disciplinary sanctions for clients can involve issuance of a Class I Incident Report. Discipline for a PREA violation will be commensurate with the nature and circumstances of the event, their disciplinary history, and sanctions imposed for comparable offenses by clients with similar histories.

ICCS has a comprehensive policy prohibiting sexual abuse and sexual harassment. The policy mandates zero tolerance of all forms of sexual abuse and sexual harassment. The policy contains definitions that are compliant and consistent with the PREA definitions in the PREA Definitions section. The policy further outlines the agency's prevention, detection, and response to sexual abuse and sexual harassment.

115.211(b)

The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

PROCEDURE:

A. Zero Tolerance Statement

In accordance with Colorado Revised Statutes, the *Colorado Community Corrections Standards* and the mandates of the Prison Rape Elimination Act of 2003, Intervention Community Corrections Services is committed to the establishment of a zero tolerance standard of client sexual assault, sexual violence, sexual misconduct and sexual contact by other clients, staff or other non-ICCS staff persons. All substantiated violations of state statutes pertaining to sexual crimes will be

aggressively pursued for prosecution. All established sanctions will also be pursued for violators as appropriate.

The Program Director, PREA Coordinator, or designee will oversee compliance, training, and reporting efforts in each facility. ICCS will utilize a system-wide coordinated effort consisting of the PREA Coordinator, Program Director, Supervisors, Case Managers, and Community Corrections Specialists as well as outside law enforcement agencies, hospitals, mental health agencies, and rape crisis centers to prevent and reduce incidents of assault, sexual violence, sexual misconduct, and sexual contact.

This commitment will include efforts to provide a safe environment and a staff that is prepared to respond to all allegations of client or staff sexual assault, sexual violence, sexual misconduct and sexual contact. It will be the practice of ICCS to provide appropriate treatment and counseling for any victims of sexual assault.

It will be strictly forbidden for any ICCS employee, volunteer, contractor/vendor, other government employee or any other non-ICCS staff person who has access to the residential facility or clients in an official capacity, to engage in any act with a client that constitutes sexual assault, sexual violence, sexual misconduct or sexual contact.

Background investigations on any potential employees will be conducted in accordance with ICCS Policy #220. Background investigations on ICCS volunteers or contract employees will be conducted in accordance with ICCS Policy #265.

Interviews with the PREA Coordinator report she has sufficient time and authority to develop, implement, and oversee the agencies efforts to comply with the PREA standards at the facilities under the agency's jurisdiction. The PREA Coordinator reports directly to the agency Executive Director.

Interviews:
- PREA Coordinator
- Facility Director

Conclusion:
Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

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

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's

obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (b)

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

115.212 (c)

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

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents reviewed:

- Facility PAQ

ICCS does not contract with other agencies for the confinement of clients sentenced to their program.

Interviews:

- Executive Director
- PREA Coordinator

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the 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 ☐ No 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

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

115.213 (c)

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

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents reviewed:

- Facility PAQ
- Policy 105 On-Ground Surveillance
- Policy 400 Security
- Colorado Community Corrections Standards (Rev 207)

115.213(a)-1

For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.

Policy 150

A. Staffing Plan

1. Every calendar year, the Program Director, Community Corrections Specialist Supervisor, and PREA Coordinator, along with any other pertinent staff will meet to update the overall Staffing Plan and any possible changes to the video monitoring system, prevailing staffing patterns, and adequate staff presence and supervision. They shall consider the physical layout of the facility, the composition of the resident population, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

2. Community Corrections Specialists will maintain an ongoing presence in the facility in accordance with policy #415.

Policy 400

PROCEDURE:

A. The Security Supervisor will maintain and post a work schedule for Security staff in the Security Office. The schedule will be updated as needed, but evaluated at least once every thirty (30) days. The Security Staff Shift Leaders will assist the Security Supervisor in maintaining and updating the schedule.

B. Annually, the Security Supervisor along with the Program Director, PREA Coordinator, and any other relevant staff will meet to update the overall Staffing Plan and any possible changes to the video monitoring system, prevailing staffing patterns, and adequate staff presence and supervision. They shall consider the physical layout of the facility, the composition of the resident population, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

115.213(b)-1

Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

Instances where the previous year's staffing plan was not adhered to will also be discussed. Any deviations from this Staffing Plan will be documented and justified accordingly.

Colorado Community Corrections (Rev 2017)
Organizational Management/Accountability (OMA)
OMA-020: Milieu Management
Residential programs shall provide an acceptable staffing pattern that ensures adequate client supervision and provision of services. At a minimum, at least two staff members, whose primary shift duties are client supervision, must be present in the facility at all times. At no time shall the central supervision office be left unattended unless there is an emergency, at which time the office must be locked. Staffing shall be increased as necessary during the facility's busiest hours to ensure sufficient coverage to adequately oversee clients and perform all required duties.
Staff assigned these duties shall be on-site and trained in client supervision policies and procedures.

Interviews:
- Executive Director
- PREA Coordinator
- Facility Director
- Supervisors

The PREA Coordinator and the Facility Director acknowledged there is collaboration in the development and review of the staffing plan. During the review process the team will conduct a walk through to assess vulnerable areas and address the placement and future installation of video monitoring equipment. The facility does not deviate from the staffing plan and will hold someone over or request a staff member adjust their schedule and arrive early when necessary to meet staffing ratios. According to the Colorado Community Corrections standards the facility must have at a least two (2) staff members in the facility at all times, whose primary shift duties involve client supervision.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding supervision and monitoring. No corrective action required.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
  ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☒ Yes ☐ No ☒ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents reviewed:

- Facility PAQ
- Policy 100 Client Supervision
- Policy 116 Contraband Detection
- Policy 160 Client Supervision
- Policy 410 Residents Counts
- Policy 450 Searches
- Resident search documents

115.215(a)-1

The facility conducts cross-gender strip or cross-gender visual body_cavity searches of residents.

Policy 100

7. Upon the authorization of the Executive Director or the Program Director, private strip searches may be conducted. Strip searches will only be authorized if staff has cause to believe that contraband has been introduced to the facility, a significant danger to the facility exists, or the item of contraband is believed to be criminal in nature. Authorized strip searches require the presence of two same sex staff members, one of which must be a supervisor.

8. Upon the authorization of the Executive Director or the Program Director, private strip searches may be conducted. Strip searches will only be authorized if staff has cause to believe that contraband has been introduced to the facility, a significant danger to the facility exists, or the item of contraband is believed to be criminal in nature. Authorized strip searches require the presence of two same sex staff members, one of which must be a supervisor. Additionally, every effort will be made to conduct the search in a manner that respects the dignity of the client.

   Cavity Searches are not allowed under any circumstances.

115.215(b)-1

The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances.

Policy 450

PROCEDURE:

A. Pat Search:

1. Pat Searches of a specific resident's person shall be conducted when a resident is suspected of having contraband on his/her person, or as a scheduled, routine event to guard against contraband. All clothing, wallets, purses, and other items in the resident's possession should be searched. Staff should take special care to notice any hidden areas in the resident's clothing during the search.

2. Only staff of the same sex as the resident will be allowed to conduct a Pat Search. Body cavity searches are not allowed.

3. When conducting a Pat Search, staff will instruct the resident to enter the security office, remove secondary layers of clothing such as coats, shoes, hats, etc., and any items the resident may have in pockets or other concealed areas. Staff will also instruct the resident to turn all pockets inside out, stand with his/her arms extended to the sides and feet positioned shoulder width apart.

4. Prior to the Pat Search, staff shall scan the resident with a wand type metal detector and examine any areas identified as concealing a metallic object. Staff is encouraged to wear Personal Protective Equipment (PPE), such as gloves when conducting Pat Searches.

5. Pat searches will be conducted in a professional and respectful manner. Staff will begin the pat search from the neck and conclude at the ankles. Staff should be careful to not touch any genitals, but should be thorough to pat/inspect surrounding areas such as waist lines of pants, and undergarment material such as bras that may conceal contraband. All other areas of the resident's person must be pat down to detect possible contraband.

115.215(c)-1

Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

Policy 116

If exigent circumstances arise where an emergency cross-gender pat or strip search must be completed for facility or resident safety purposes, the reasons why will be logged in resident's chronological notes to be printed and forwarded to the PREA Coordinator or designee for logging.

115.215(d)-1

The facility 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).

Policy 160

E. Housing

1. While in rooms, clients are expected to maintain coverage of private body areas. Undergarments are not adequate for this purpose. Clients are expected to change clothing in a bathroom that affords them privacy.

Interviews:

- Executive Director
- Facility Director
- Random Staff
- Random Residents

Staff and client interviews indicate staff are prohibited from conducting cross-gender pat searches. Interviews with the clients indicated they have never been searched by a staff member of the opposite gender nor have they observed or heard another client being searched by a staff member of the opposite gender. The clients report they share rooms with other clients and per facility rules and expectations they are required to exit their rooms fully clothed and change their clothes in the bathroom. All interviewed clients report they consistently hear and observe staff announce their presence when conducting rounds and counts. Consistently the practice includes staff knocking, then announcing their presence and waiting for a verbal announcement from clients in the bathroom before opening the door. When checking client rooms, the staff will knock and announce, then open the door. All clients report there is adequate privacy and they feel confident in the practices.

The clients also report they have the ability to use the restroom to complete their hygiene throughout the day; therefore, they have the ability to shower. Most clients report they have never seen more than two people showering at the same time, and in those instances there was adequate shower coverings to provide privacy.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

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

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

115.216 (a)

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

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

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

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents reviewed:

- Facility PAQ
- Policy 160 Client Supervision
- Policy 161 PREA Reporting, Investigation, & Response/Client Supervision
- Policy 165 Administration/PREA Reporting, Investigation, & Response
- Policy 235 Client Advisement
- Policy 405 Security/Intake Paperwork and Procedures
- Policy 600 Case Management/Intake Paperwork and Procedures
- Zero Tolerance Posters in Spanish

115.216(a)-1

The agency has established procedures to provide disabled residents 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 160

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

Policy 235

3. Staff shall ask the resident if he/she can speak, read, and understand English. If the resident does not speak and understand English, staff shall seek a bi-lingual individual to assist in the intake process. If the resident cannot read, staff will read any necessary information to the client. If the resident is deaf or hearing impaired, staff will seek an individual who can interpret the information effectively. Resident interpreters or assistants may not be used unless an extended delay in obtaining an effective interpreter could compromise the resident's safety. All materials will be provided in multiple formats to ensure effective communication with residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. These formats will include, but are not limited to, written material and verbal communication.

115.216(b)-1

The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy 160

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.

Policy 600

E. If a Case Manager is notified by Security that a client is unable to read and or write during their initial intake, the Case Manager must go over the basics of PREA and the resident's rights during their intake meeting. All Case Manager Supervisors will have a copy of PREA educational tools to assist Case Managers with this.

115.216(c)-1

Agency policy prohibits 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 §115.264, or the investigation of the resident's allegations.

Policy 161

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.

Policy 235

3. Staff shall ask the resident if he/she can speak, read, and understand English. If the resident does not speak and understand English, staff shall seek a bi-lingual individual to assist in the intake process. If the resident cannot read, staff will read any necessary information to the client. If the resident is deaf or hearing impaired, staff will seek an individual who can interpret the information effectively. Resident interpreters or assistants may not be used unless an extended delay in obtaining an effective interpreter could compromise the resident's safety. All materials will be provided in multiple formats to ensure effective communication with residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. These formats will include, but are not limited to, written material and verbal communication.

Interviews:

- Executive Director
- PREA Coordinator
- Random Staff

During the on-site audit there were one (1) client identified as limited English proficient; however, the auditor was unable to interview the client because he was out of the facility working during the onsite visit. The auditor interviewed staff who reported they were bilingual and would assist with translation and interpretation when necessary. The staff also reported they are aware of the translation and

interpretation services provider. During interviews with clients with obvious disabilities the clients were able to communicate with the auditor their understanding of PREA and how to make a report to protect themselves. The clients appear to have been educated about PREA and continue to receive support understanding the expectations of the facility on a pretty consistent basis. The clients were able to provide a basic understanding of what PREA is and their right to be free from sexual abuse and sexual harassment. It was clear during the interviews that the facility has not had to utilize a client to translate or interpret for another client, since the facility has not admitted a client who did not speak and understand English.
Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

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

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents reviewed:

- Facility PAQ
- Policy 220 Background Investigation Process on Employees
- Policy 230 Employee Annual Performance Evaluations
- Sample of ten (10) Background Clearance Checks
- Sample of ten (10) 5-year Background Clearance Checks

115.217(a)-1

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.

Policy 220

POLICY:

Criminal history checks will be done on every applicant or contractor considered for a position with ICCS. No applicant or contractor with a felony conviction will be employed prior to notification to the local community corrections board, the Division of Criminal Justice and referral agencies, as applicable.

No applicant or contractor will be hired who is under current supervision or jurisdiction for parole, probation, or other conditional release for felony or misdemeanor offense. No applicant or contractor will be hired who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or who has been convicted of or civilly or administratively adjudicated for engaging or attempting to engage in a sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

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

115.217(b)-1

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

Policy 220

F. The applicant will be asked about any previous misconduct described in Policy section above during the application or interview process. ICCS will consider any incidents of sexual misconduct or harassment in determining whether to hire an applicant or enlist the services of any contractor. ICCS will also impose a continuing affirmative duty to disclose any such misconduct.

115.217(c)-1

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.

Policy 220

PROCEDURES:

A. Before applicants or contractors are hired, a background investigation is conducted. The investigation verifies compliance with job qualifications and work history. ICCS performs security checks on individuals being considered for certain sensitive positions. Included, but not limited to, positions involving the supervision of clients, handling of money or sensitive documents, computer data entry, etc.

B. Upon hire, each employee or contractor will complete a criminal history background check form. The form will include direct questions about previous sexual misconduct described in the above policy. The form information will be submitted to the Division of Criminal Justice (DCJ) via the Community Corrections Information and Billing (CCIB) system for a criminal history check

through the Colorado Crime Information Center (CCIC) and National Crime Information Center (NCIC) databases.

115.217(c)-2

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks:

Policy 220

D. Before hiring and applicant or contractor, ICCS will 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.

115.217(e)-1

Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Policy 220

E. Every five (5) years, ICCS will conduct subsequent criminal background checks on all employees and contractors.

115.217(f)-1
Policy 230

C. Employees will complete a written self-evaluation. The self-evaluation questions shall include questions about previous misconduct described in PREA Standard 115.217(a)(1-3).

115.217(g)-1

Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy 220

E. Material omissions regarding an applicant, employee's background, or the provision of materially false information, shall be grounds not to hire the applicant or terminate the employee.

115.217(h)-1
Policy 220

J. Unless prohibited by law, ICCS will provide information on substantiated allegations of sexual abuse or harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work.

Interviews:

- PREA Coordinator
- Human Resources Representative

According to the facility PAQ, in the past 12 months the number of persons hired who may have contact with the clients who have had criminal background checks is forty-nine (49). The auditor reviewed files for ten (10) staff member to verify the staff passed a background check upon hire. A review of background clearance documents included contract staff, which the PAQ indicates zero (0) staff covered under a contract who completed a background check who might have contact with residents. Interviews with the Human Resource staff corroborate the background check process.

The ICCS policy prohibits hiring or promoting persons in the categories enumerated in this standard. The agencies practice is to obtain sexual harassment information when engaging the services of a contractor through the application process by providing potential candidates with supplemental questions during the application process. When a person is considered for employment, criminal background checks are conducted through the Colorado Bureau of Information background check. The agency performs criminal background checks every 5 years on current employees and contractors who may have contact with clients.

The ICCS policy requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving prior consent from the former employee. Interviews with the Human Resources staff indicate the previous employer would need to sign a consent form to allow the agency to disclose information. Absent a signed consent the agency will not release any information.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding hiring and promotion decisions. No corrective action is required.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed

or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
- Facility PAQ
- Policy 105 On-Grounds Surveillance/Client Supervision

115.218
Policy 105

B. Staffing Plan

1. Every calendar year, the Program Director, Community Corrections Specialist Supervisor, and PREA Coordinator, along with any other pertinent staff will meet to update the overall Staffing Plan and any possible changes to the video monitoring system, prevailing staffing patterns, and adequate staff presence and supervision. They shall consider the physical layout of the facility, the composition of the resident population, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

2. Community Corrections Specialists will maintain an ongoing presence in the facility in accordance with policy #415.

C. Camera and mirror placement

1. 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.

2. If a new camera or mirror is needed for an area, it will be decided on a case-by-case basis by the Staff Plan group as well as the Executive Director and cost, effectiveness, and need will all be taken into account.

D. Repair

1. When staff observes that a camera is in need of repair, they should notify a supervisor so arrangements can be made to get it fixed in a reasonable amount of time. Because cameras and mirrors are only to be used to supplement and not replace staff, no other actions need to be taken to immediately rectify this situation.

Interviews:

- Executive Director

According to the PAQ, the facility has not made any substantial expansion or modification since the last PREA audit. The Executive Director, Facility Director and PREA Coordinator confirmed the facility has not made any substantial expansions or modifications. The Executive Director shared with the auditor that ICCS recently purchased the building from the City of Lakewood and will begin a multi-year construction and improvement plan project. The Executive Director stated that when designing, acquiring, or planning substantial modifications to facilities, the agency will consider the effects of such changes on its ability to protect clients from sexual abuse. Consideration is given to generally accepted practices with regards to staffing, identifying for blind spots and the client population being served.

ICCS-Kendall has a video monitoring system which records non-stop and is considered a deterrent to sexually acting out and other safety violations. It is also used in post incident investigations, as well as regular on-going quality control reviews by facility supervisors and administrators.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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 ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Services
- Policy 165 PREA Reporting, Investigation, & Response; Administration
- Sample Investigation Report
- Nine (9) Investigation Reports
- MOU with Lakewood Police Department
- MOU with St. Anthony's Hospital

115.221(a)-1 115.221(b)-1

The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

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.

Policy 161

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.

115.221(c)-1

The facility offers to all residents who experience sexual abuse access to forensic medical examinations.

Policy 161

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

115.221(c)-2

2 Forensic medical examinations are offered without financial cost to the victim.

Policy 161

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.

115.221(d)-1

The facility attempts to make available to the victim a victim advocate from a rape_crisis center, either in person or by other means.

Policy 161

D. Victim and Witness Considerations

1. 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.

Interviews:

- SANE Staff
- Random Staff

The facility PAQ indicates ICCS-Kendall investigators are responsible for conducting administrative sexual abuse investigations only. Criminal investigations are conducted by the Lakewood Police Department. The police department follows a uniform evidence protocol consistent with law enforcement agencies sexual abuse crimes unit protocols. The agency follows a uniform evidence protocol for first responders that maximizes the potential for obtaining usable physical evidence for both administrative and criminal prosecutions. The staff were able to articulate their first responder duties, which demonstrated they understand the need to secure the scene to protect and preserve evidence.

According to the facility PAQ and during the interview with the PREA Coordinator clients who report sexual abuse victimization would be transported or make arrangements for their transportation to the local hospital to receive medical treatment and a forensic examination. The facility does not have on-site medical personnel; therefore, clients can receive medical attention at the hospital or clinic of their choice. Forensic medical exams would be offered without financial cost to the victim, which is consistent with the level of care for all community members.

The PAQ indicates the facility transported zero (0) clients to an outside medical facility for a SANE exam.

ICCS-Kendall has established a memorandum of agreement with The Blue Bench, which is a local community rape crisis and advocacy center. The purpose of the agreement is to provide clients with direct access to outside victim support services and advocacy assistance to victims who make an allegation of sexual abuse while residing at ICCS-Kendall facility. The provider agrees to provide emotional support, crisis intervention, support information, and outside referrals for the clients.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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 ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Services
- Policy 165 PREA Reporting, Investigation, & Response; Administration

115.222(a)-1

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).

Policy 161

PROCEDURE:

A. Victim and Witness Reporting Procedures

All allegations or reports of actual or threatened sexual assault, sexual violence, sexual misconduct or sexual contact incidents on a client will be taken seriously and immediately addressed and investigated. The protection of victims, potential victims, witnesses and items of evidence, including the crime scene itself, will be of paramount importance when considering immediate responsive actions.

Clients will be made to feel free to immediately report any act, threatened act of sexual assault, sexual violence, sexual misconduct or sexual contact to any ICCS staff member, contractor, vendor,

or volunteer. Although it is preferred that clients report such acts to an ICCS employee, the report may be made to any persons listed in this Policy. Mandatory reporting responsibilities will apply to all staff.

115.222(b)-1

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.

Policy 161

A. All suspected, threatened or reported acts of sexual assault, sexual violence, sexual misconduct or sexual contact that occur in community corrections or any other location where clients are housed, work or are provided services, will be investigated in accordance with established local law enforcement agency's investigative standards and protocols dictated by the Criminal Investigations Division duty supervisor and case investigator.

   In each instance of a suspected or reported sexual assault involving a client or clients, the Program Director or designee, will immediately contact and consult with local law enforcement in determining the most expedient and effective course of action in the investigation of the crime. ICCS will not investigate any criminal allegations, and will instead allow and assist law enforcement to investigate. ICCS will ask of law enforcement that all PREA standards be adhered to while investigating any allegation, also that no alleged victim be required to submit to any polygraph or other truth-telling device to determine whether to proceed with an investigation.

Interviews:

- Executive Director
- Investigative Staff

The facility PAQ indicates there were nine (9) sexual abuse and sexual harassment allegations received in the past 12 months. A review of the incidents shows the majority of the allegations involve sexual harassment and no sexual contact misconduct. An administrative investigation was completed for every allegation and zero (0) were referred for a criminal investigation. At the time of the onsite phase of the audit, all administrative investigations were completed.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at https://www.int-cjs.org/iccsprea. The facility provided the auditor with the documented allegations of sexual abuse or sexual harassment for administrative investigations. Given that there were zero (0) allegations referred for a criminal investigation there were no criminal reports to review. Interviews with the Executive Director, Facility Director and the PREA Coordinator confirm there were no sexual abuse allegations referred for a criminal investigation.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 161 PREA Standards, Training, & Screening; Client Supervision
- Policy 255 Personnel; Staff Training
- Employee Training Records
- Training Curriculum
- Signed Staff Training Acknowledgment Forms

115.231(a)-1

The agency trains all employees who may have contact with residents on the following matters (check all that apply and indicate where in the training curriculum this information is covered):

(1) Agency's zero-tolerance policy for sexual abuse and sexual harassment;
(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
(3) The right of residents to be free from sexual abuse and sexual harassment;
(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
(5) The dynamics of sexual abuse and sexual harassment in confinement;
(6) The common reactions of sexual abuse and sexual harassment victims;
(7) How to detect and respond to signs of threatened and actual sexual abuse;
(8) How to avoid inappropriate relationships with residents;
(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and
(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Policy 161

C. Staff Training and Orientation

1. 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.

2. Prior to being granted supervised or unsupervised access to the ICCS, the ICCS supervisor will ensure that all contractors, vendors, and volunteers are provided with an orientation detailing:

a) Definitions of sexual assault, sexual violence, sexual misconduct and sexual contact.

b) Mandatory reporting requirements.

c) Sanctions for failing to report.

Policy 255

G. All employees who may have contact with clients will be trained with the first 90 days of employment pursuant to PREA Standard 115.231(a)(1-10)(c). Employees will receive a full refresher training every two years and refresher information in years in which the full refresher training is not provided. All employees will sign a training form indicating they understand the training they have received. This form will be maintained in the employee's personnel file.

115.251(b)-1

Training is tailored to the gender of the residents at the facility.

Policy 255

H. Any staff who is reassigned from a facility that houses only one gender to a facility that houses another gender shall receive additional training specific to that gender.

I. Community Resources and reference services will be used for training sources to broaden the training and staff development program. Reference materials will be made available to staff.

J. ICCS staff is encouraged to continue their education and training. Continuing staff development is encouraged to improve the quality of service, provide new ideas and insight into the treatment and management of our clients. Upon approval, leave and/or reimbursement may be provided for attending approved educational programs, professional meetings, seminars, or similar work-related activities. Prior to scheduling any classes or training, staff must get approval from their supervisor.

115.251(c)-1

The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements enumerated above:

Policy 161

3. At least once per calendar year, all ICCS employees will be provided in-service training that presents attendees with refresher training on the topics presented for newly hired employees.

115.251(d)-1

The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Policy 255

K. Training will be documented in the employee's personnel file with the name of training, date, duration, trainer, participants, evaluation methods or results, and will include the employee and supervisor's signature. Any certificate of completion should be included and placed in the employee's personnel file.

L. To ensure training is documented as specified in I. of this procedure, the supervisor of the personnel participating in the training will record employee names, training name, and dates, on a centrally accessible electronic spreadsheet. Each employee will be responsible to complete an ICCS Training Memo, verifying attendance. Monthly, the ICCS Administrative Coordinator or designee will file completed Training Memo's to the employee's personnel file. Should a memo not be received by an employee listed on the spreadsheet, the Administrative Coordinator will notify the appropriate supervisor.

M. At least quarterly, the Administrative Coordinator will provide each supervisor with a list of accumulated training hours for each employee.

Interviews:

- PREA Coordinator
- Random Staff

ICCS-Kendall is a community confinement facility that serves an all-male population. A review of the training curriculum indicates the training is tailored towards staff that work with male clients. The policies provide clear guidance for male and female staff who provide programming and monitor male clients.

The facility has sixty-nine (69) staff currently employed by the facility, who may have contact with clients, who were trained and receive annual refresher training on the PREA requirements. The staff are kept abreast of the PREA requirements and any updates or changes through visual aids/posters that are strategically posted throughout the facility and through verbal communication during shift change or staff meetings.

The auditor reviewed a sample of training records and logs with staff signatures for new and tenured staff. The staff signatures acknowledged attending and understanding the training provided. The forms are maintained in the employees training files.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with the standard regarding employee training. No corrective action is required.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 265 Volunteer Services; Intern/Volunteer Training
- Signed Training Records

115.232(a)-1

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/harassment prevention, detection, and response.

Policy 265

POLICY:

Interns and volunteers will receive formal orientation appropriate to their assignments and additional training, as needed.

PROCEDURE:

A. The intern/volunteer orientation shall consist of the following components:

1. Introduction to ICCS
2. Tour of the facility
3. Overview of the Criminal Justice System
4. The Offender Profile
5. Role of the Intern/Volunteer
6. Legal Limitations/ICCS Rules and Regulations
7. Confidentiality
8. PREA Standards
9. The Intern/Volunteer Contract/Application

115.232(b)-2

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.

Policy 265

F. Each intern/volunteer or contractor will be trained on the ICCS Zero Tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Individual training will be based on the services they provide and level of contact they have with residents. Each individual will sign a training form indicating they understand the training they have received.

Interviews:

- PREA Coordinator
- Contractors

ICCS-Kendall volunteer and contract policy indicates contractors will receive a formal orientation appropriate to their assignment and additional training, as needed. There are ten areas covered in the training and one of the training modules is PREA standards and reporting responsibilities. Individual training is based on the services the individual will provide and the level of contact they will have with the clients. Contractors are required to sign a training acknowledgement form indicating they understand the training they have received.

A review of training acknowledgement forms shows the current contract staff have received PREA training consistent with the policy and PREA training.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding volunteer and contractor training. No corrective action is required.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 160 PREA Standards, Training, & Screening; Client Supervision
- Policy 235 Client Advisement; Environment/Facility
- Policy 405 Security; Intake Paperwork and Procedures
- Signed Client Acknowledgment Forms
- PREA Brochure (English and Spanish)

115.233(a)-1 & 115.233(b)-1

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.

Policy 160

D. Client Orientation, Screening and Education

1. Upon arrival at ICCS, all new clients will be provided a pamphlet with the *Facts You Need to Know* that will give reporting methods and an overview of PREA Standards and Definitions. This will be provided regardless if a resident is transferred from another ICCS facility, an outside facility, or this is their first time under confinement. This orientation will be provided by Community Corrections Specialist staff during the intake process. See ICCS Policy #405.

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.

115.233(c)-1

Resident PREA education is available in formats accessible to all residents, including those who are:

- *Limited English proficient*
- *Deaf*
- *Visually impaired*
- *Otherwise disabled*
- *Limited in their reading skills*

Policy 160

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

115.233(d)-1

The agency maintains documentation of resident participation in PREA education sessions.

Policy 235 & 405

16. Have resident view Prison Rape Elimination Act (PREA) video issued by National Institute of Corrections (NIC). Following review of video material, the resident will sign the PREA

acknowledgement and information procedure form, verifying understanding of PREA. The form will be signed, dated, and time stamped by both staff and resident.

This form will be provided in both English and Spanish. If a client is limited in their use of English, a translator will be used to verify they understand all the components of PREA and their rights. If a client is unable to read and or write, their Case Manager will go over the basics of PREA and the resident's rights during their intake. All Case Manager Supervisors will have a copy of PREA educational tools to assist Case Managers with this.

Interviews:

- Intake Staff
- Random Clients

ICCS-Kendall gives a pamphlet with the *Facts You Need to Know* that will inform clients about the available reporting methods and an overview of PREA Standards and Definitions. The information is provided for all new intakes, even those transferring from another Intervention, Inc. facility or from the community. The orientation will be provided by Community Corrections Specialist (CCS) staff member during the intake process. The facility PAQ states there were six hundred ninety-two (692) clients admitted to the facility in the past 12 months.

During the intake process, the clients will also watch a PREA vide. Client interviews confirm they watch the video almost immediately upon their admission to the facility. Clients sign an acknowledgement form after watching the video, which verifies they understand the information provided to them.

In the instances where a client is limited English speaking, a staff member who can speak Spanish will provide the client with PREA information. If a client is unable to read or write, the client's Case Manager will review the information with the client within 24 hours.

ICCS-Kendall has demonstrated a commitment to ensuring the program clients understand their rights to be free from sexual abuse and sexual harassment. Clients receive PREA information immediately upon their admission to the facility. The facility has posters visible throughout the facility that indicates the clients have the ability to call the DOC hotline to make a report of sexual abuse and sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding resident education. No corrective action is required.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if

the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:

- Facility PAQ
- Policy 160 PREA Standards, Training, & Screening; Client Supervision
- Investigator Training Certificates

115.234(a-c)

Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

Policy 116

5. 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.

Interviews:

- PREA Coordinator
- Investigative Staff

A review of investigator training records shows all agency investigators have received investigator training. The facility PAQ and interviews with the PREA Coordinator indicate there are four (4) agency investigators. Of the four investigators, the auditor interviewed three (3) investigators. The interviews confirmed the investigators received the specialized training that covered; interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for investigations. No corrective action is required.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

115.235(a)-1

The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

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.

Interviews:

- PREA Coordinator
- Facility Director
- Mental Health Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for medical and mental health care. No corrective action is required.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual,

transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 160 PREA Standards, Training, & Screening; Client Supervision
- Policy 600 Case Management; Intake Paperwork and Procedures
- Risk Screening Tool
- Sample Client Risk Screening Tool

<u>115.241(a)-1</u>

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.

Policy 160

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.

Policy 600

D. The Case Manager will inform the resident of services provided by the program, community legal services, personal responsibility for medical and dental services and expenses.

1. Within 72 hours of admission, the Case Manager will complete the PREA Risk Assessment. The resident will be reassessed within 30 days of intake based on any additional, relevant information received after the initial risk assessment. Future assessments will be conducted 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. All assessment results will be entered into the Special Concerns section of E*trac. Residents shall not be disciplined for refusing to answer questions regarding the following:

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

Interviews:
- Case Manager
- Random Clients

According to the facility PAQ, six hundred seventy-nine (679) clients were admitted to the facility in the past 12 months whose length of stay in the facility was for 72 hours or more. All of the clients were screened for risk of victimization or risk of sexually abusing other residents within 24 hours of their intake using the agencies Screening for Risk of Sexual Victim Vulnerability/Abusiveness tool.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

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

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

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

115.242 (b)

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

115.242 (c)

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

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 160 PREA Standards, Training, & Screening; Client Supervision
- Client Facility Roster

115.242(a)-1

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.

Policy 160

E. Housing

1. While in rooms, clients are expected to maintain coverage of private body areas. Undergarments are not adequate for this purpose. Clients are expected to change clothing in a bathroom that affords them privacy.

2. The risk assessment screening results will only be disseminated to staff that need to know in order to determine appropriate housing needs for safety reasons.

3. 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.

4. ICCS will not have a special housing unit reserved for lesbian, gay, bisexual, transgender, or intersex residents.

5. 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.

6. Residents who identify as transgender or intersex will be allowed to shower separately from other residents.

Interviews:

- Case Managers
- Client who identifies as LGBTI

Should a resident be identified as high risk of victimization that could not be monitored and at high risk of victimization with other clients, they will be assigned to a 2-person sleeping room. If the facility could not protect the client from sexual victimization the client would be discharged.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 160 PREA Standards, Training, & Screening; Client Supervision
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

115.251(a)-1

The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:

• *Sexual abuse or sexual harassment;*
• *Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and*
• *Staff neglect or violation of responsibilities that may have contributed to such incidents.*

Policy 160

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.

115.251(b)-1

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.

Policy 161 & Policy 165

3. ICCS will only share information as required by law in order to protect the confidentiality of its clients.

115.251(c)-1 & 115.251(d)-1

The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Policy 160

F. Mandatory Reporting Responsibilities

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:

1. All ICCS employees.

2. All contractors/vendors, to include mental health contractors, educational contractors, food service/vending contractors.

3. All volunteers and interns within the ICCS facility.

4. All clients.

Staff shall also be required to accept allegations made verbally, in writing, anonymously, and from third parties and treat them all equally.

Interviews:

- PREA Coordinator
- Random Clients
- Random Staff

ICCS-Kendall provides the clients with multiple internal methods to make a confidential private report of sexual abuse and sexual harassment. The internal reporting methods include making a verbal or written report to any staff member and file a grievance using the client database system. During client interviews they verified the different methods of reporting. Also, during client interviews they consistently report they have the ability to contact the DOC PREA hotline, talk to their case manager, the facility Director, a trusted staff member, and have the ability to report directly to law enforcement.

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.

Staff interviews provided a variety of responses when explaining the different reporting mechanisms available for them to make a private report sexual abuse. There is an understanding they can contact the agency Human Resource staff, make a report to their supervisor, the agency PREA Coordinator, the facility Program Director/PREA Compliance Manager. The staff also report they can contact the DOC PREA hotline.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility meets this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

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

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

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 340 Management Control; Client Grievance, Complaints and Appeals

Policy 340

B. <u>Sexual Abuse Complaints and Grievances:</u>

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

2. Third parties (fellow residents, staff members, family members, attorneys, or outside advocates) may assist residents in filing, or may file on behalf of a resident, a grievance that requests administrative remedies relating to allegations of sexual abuse. The alleged victim must agree to have a third party file the grievance on his/her behalf. The alleged victim must also agree to personally pursue any subsequent steps in the administrative remedy process. If the alleged victim declines third-party assistance, this must be documented in their chronological notes.

3. There is no time limit for submitting grievances regarding an allegation of sexual abuse. Supervisory staff will assist in the investigation of grievances. If the resident is filing a grievance of innocence it will be investigated immediately. Unless otherwise agreed upon with the resident, all grievances require a written response by the Program Director or designee within five (5) working days of the receipt of the grievance. Initial response to a grievance alleging a resident is subject to a substantial risk of imminent sexual abuse will be issued within 48 hours. A final decision will be issued in writing within five (5) calendar days. This response will address the determination of whether the resident is in substantial risk of imminent sexual abuse and the action taken.

4. Residents who wish to submit a grievance against a particular staff member, whether it alleges sexual abuse or misconduct or is a regular grievance, will not be made to submit the grievance to that staff member or have it referred to that staff member.

5. Appeals regarding alleged incidents of sexual abuse have no time limit.

6. A final decision on the merits of any grievance alleging sexual abuse will be issued within 90 days of the initial filing of the grievance. Computation of the 90-day period will not include time consumed by residents in preparing any administrative appeal. If more than 90 days is required to issue a final decision, the resident will be notified in writing that an extension of up to 70 days is required. The resident will be given a date by which a decision will be made.

7. If ICCS can demonstrate that a resident has filed a grievance alleging sexual abuse in bad faith, that resident may be subject to discipline up to and including termination from the program and/or criminal charges for filing a false report.

Interviews:

- PREA Coordinator

The agency policy allows a client to submit a grievance alleging an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Clients are encouraged to resolve grievances directly with staff but are not required to do so. Also, they are not required to try to resolve a sexual abuse grievance with the staff member named in the grievance or with any other staff member. The facility received zero emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

The facility PAQ states there were zero (0) grievances alleging sexual abuse. Interviews with the residents indicate they had not written a grievance to allege sexual abuse, but a few had completed a grievance in the past with other concerns that was addressed by a supervisor. The residents reported they signed a form at the conclusion of the grievance and received a copy to retain for themselves.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

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

115.253 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration
- MOU with The Blue Bench

115.253(a)-1

The facility provides 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) for local, state, or national victim advocacy or rape crisis organizations;
• Enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Policy 161

D. Victim and Witness Considerations

1. 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.

Interviewed:

- Facility Director
- PREA Coordinator
- Random Client

Clients are made aware of their right to access outside victim advocates for emotional support services related to sexual abuse during the orientation.

According to the PAQ, and interviews with the PREA Coordinator residents would be informed prior to contacting a victim advocate the extent to which such communication would be monitored, the mandatory reporting rules, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocate; including any limits to confidentiality.

The agency has established a memorandum of agreement with The Blue Bench to provide counseling and mentoring services to sexual assault victims.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

- Agency PREA website

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 personal, or outside advocates will be encouraged to report any suspicions or allegations as well through any of the above avenues.

Interviewed:
- PREA Coordinator

Both the agency and the facility provide methods for third-party reporting. On the agency website at: https://www.int-cjs.org/iccsprea. The website lists the DOC reporting hotline as a reporting option. Another option is to file a grievance, talk to a staff member, the PREA Coordinator or submit report from the link on the agency website.

Reporting information is also made available through posters and facility PREA brochures.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding third-party reporting. No corrective action is required.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

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

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

- Facility PAQ
- Policy 160 PREA Standards, Training, & Screening; Client Supervision
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision

- Policy 165 PREA Reporting, Investigation, & Response; Administration

115.261(a)-1

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.

Policy 160

F. Mandatory Reporting Responsibilities

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:

1. All ICCS employees.
2. All contractors/vendors, to include mental health contractors, educational contractors, food service/vending contractors.
3. All volunteers and interns within the ICCS facility.
4. All clients.

115.261(b)-1

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.

Policy 161

3. ICCS will only share information as required by law in order to protect the confidentiality of its clients.

115.261(d)-1
Policy 160 & Policy 165

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

115.261(e)-1
Policy 160

The staff member who receives the allegation must log it into the resident's chronological notes along with any relevant information.

Interviewed:

- Facility Director
- Mental Health Staff
- Random Staff

Staff interviews confirm they are required to immediately report to their supervisors when there is an allegation of sexual abuse. This expectation was evident throughout the agency hierarchy. All staff reported understanding that they are required to comply with the PREA reporting standard. In any case where an allegation of sexual abuse is reported, the first staff member to receive the report shall inform their supervisor, who will initiate the agencies required notifications.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 340 Management Control; Client Grievance, Complaints and Appeals

B. Sexual Abuse Complaints and Grievances:

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

Interviewed:
- Executive Director
- Facility Director
- Random Staff

There were zero (0) allegations where the facility determined that a resident was subject to substantial risk of imminent sexual abuse.

The Executive Director, Facility Program Manager and PREA Coordinator confirmed staff should respond “Immediately” to protect clients who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor. If the risk involves a staff member as the potential aggressor, the staff member will be limited or prohibited by either changing their assignment or the individual staff member on administrative leave.

Staff interviews indicate if they were to receive a sexual abuse allegation report, they would immediately separate the alleged victim from the alleged perpetrator; inform their supervisor and make the appropriate notifications and finally document the information received.

According to the PAQ there were zero (0) instances where the facility determined that a client was subject to substantial risk of imminent sexual abuse. Of the clients interviewed by the auditor none of them reported being at risk of imminent sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 160 PREA Standards, Training, & Screening; Client Supervision

  Staff shall inform their Program Director or PREA Coordinator of all allegations they receive, even if the incident occurred at a facility not operated by ICCS. Upon receipt of such an allegation, the Program Director shall contact the head of the facility the incident occurred at within 72 hours and document this notification in the client's chronological notes. Likewise, ICCS will investigate, per ICCS Policy #165, any allegations brought to their attention by another facility about an incident that occurred at ICCS.

  Unless precluded by Federal, State, or local laws, all medical and mental health practitioners will be required to report any knowledge or suspicion of sexual misconduct, retaliation by staff or resident, or any staff neglect that may contribute to any of the above. Residents must also be informed of this reporting duty, and the limits of confidentiality, at the initiation of services.

Interviewed:

- Executive Director
- Facility Program Manager

The facility PAQ indicates there were zero (0) allegations received by the facility that a client was abused while confined at another facility; additionally, there have been zero (0) allegations of sexual abuse that the facility received from other facilities. Interviews with the Executive Director, Program Manager and the PREA Coordinator indicated they have knowledge of this requirement and confirm that this policy will be strictly followed.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to other confinement facilities. No corrective action is required.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

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

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

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

115.264(a)-1

The agency has a first responder policy for allegations of sexual abuse. If YES, 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:

(1) Separate the alleged victim and abuser;
(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and/or
(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

Policy 161 & Policy 165

B. Crime Scene Evidence and Protection

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.

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

1. Direct attention to life/safety matters and ensure that immediate and appropriate medical care is provided to any alleged victim(s), or suspect(s) as appropriate, keeping in mind the need to protect and possibly collect potential items of evidentiary value located on or in the bodies of all victims and suspects.

2. Notify the Main Office for assistance if non-Community Corrections Specialist is First Responder.

3. Immediately verify that the Program Director is aware of the nature of the incident.

4. The Program Director or designee will respond immediately, assess the situation and notify the local law enforcement agency.

5. The staff member will take control of the situation to prevent injury or additional injury to staff members or clients by the perpetrator(s).

6. Move the victim to a safe location and follow instructions of medical staff regarding disposition of alleged victim.

7. A staff member will be assigned to remain with the victim(s) at all times until notified by the Program Director or designee to do otherwise.

8. The suspected client(s) will be removed from the scene and kept separate from all other clients and constantly observed by a staff member at all times.

9. All victims will be separated from each other and remain so until advised otherwise by the Program Director or designee.

10. Secure areas where incident is alleged to have occurred and physical evidence exists (e.g. lock down clients, isolate them away from the scene, secure the area and treat as a crime scene).

11. 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.

12. In the event that a client-victim is transported to a medical treatment facility, the staff member transporting the client-victim will obtain discharge orders from the physician and forward them to the case manager when the client returns to the facility.

13. The scene should be preserved exactly as found unless there is evidence that cannot be protected or secured without compromising the safety and security of the facility.

14. Take custody of physical evidence which cannot be secured, and retain it in your possession until it can be transferred to an investigator.

15. Observe all conditions, events, and remarks and record them in a report.

Interviewed:

- Random Staff

The facility PAQ indicates there were four (4) allegations that a client was sexually abused. Of the sexual abuse allegations none of the allegations involved a report of sexual contact; therefore, the staff were not required to secure the scene for the possible collection of evidence. One (1) report was made to a security staff member.

Interviews with contract staff members who are not designated as a security staff member are required to report the allegation to a facility supervisor as well as their department supervisor.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response, Administration

Policy 161 & Policy 165

POLICY:

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.

Interviewed:

- Facility Program Director

ICCS-Kendall 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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviewed:

- Executive Director

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers with the absence of a collective bargaining agreement. No corrective action is required.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Services
- Policy 165 PREA Reporting, Investigation, & Response; Administration

115.267(a)-1, 115.267(c-e)

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 agency and/or 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 see if there are any changes that may suggest possible retaliation by residents or staff.

Policy 161

4. 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's 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.

115.267(b)-1

Policy 161

3. The protection of all client-victims and witnesses will be of paramount importance. Client-perpetrators will be kept separate from all client-victims and witnesses for the duration of their incarcerations in the ICCS facility to ensure that any further perpetrated acts are prevented.

   Consideration will also be given to the particular circumstances of each case to ensure that client-victims and/or witnesses are not exposed to potential dangers, such as retaliation, posed by friends and acquaintances of perpetrators. If possible, separation will be accomplished through housing assignments within the ICCS, however, if adequate separation is not possible within the facility, the Program Director will arrange for client-victims, witnesses or perpetrators to be contract housed at another county community corrections facility.

   In the case of sexual assault, violence, misconduct or contact on an inmate where the perpetrator is alleged to be ICCS employee, contractor/vendor, ICCS volunteer or any other non-client person(s), all efforts to protect client-victims and/or witnesses from potential retaliation will be undertaken. The Program Director will individually assess each case and make a determination as to the most effective protective arrangements, to include moving client-victims and/or witnesses to a facility other than ICCS. This assessment will occur as soon after a reported event as possible, but no longer than four (4) hours after the report is made.

   In cases where ICCS employees or volunteers are identified as a target, witness, or complainant of threatened, suspected, or perpetrated sexual assault, violence, misconduct, or contact by or upon any inmate, the supervisor in charge of the incident will ensure that involved employees are counseled on the availability of, and referred to (if necessary), employee assistance programs.

   All ICCS employees will be sensitive to, and alert for, potential negative impacts upon other ICCS employees and volunteers who are a victim of, or witness or complainant to sexual assault, violence, misconduct or contact perpetrated by or upon inmates. Any observed or suspected indication of any negative impact being manifested in employee behavior or other interaction or conduct will be immediately reported to the employee's immediate supervisor.

Interviewed:

- Executive Director
- Facility Director
- PREA Coordinator

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

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding agency protection against retaliation. No corrective action is required.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
  ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 160 PREA Standards, Training, & Screening; Client Supervision
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 162 PREA Violations; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration
- Policy 275 PREA Violation Sanctions; Discipline

115.271(a)-1

The agency/facility has a policy related to criminal and administrative agency investigations.

Policy 161

C. Investigative Procedures

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.

115.271(b)-1 & 115.271(c)-1

Policy 160 & Policy 165

5. 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.

115.271(d)-1 & 115.271(h)-1

Policy 161 & Policy 165

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.

115.271(f)-1 & 115.271(g)-1

Policy 161

This report shall include an effort to determine if staff actions or failure to act contributed to the abuse. It shall also include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings.

115.271(i)-1

Policy 161 & Policy 165

6. The departure of an alleged abuser or victim from ICCS, whether an employee or client, shall not provide basis for terminating an investigation.

Also,

3. A copy of the Administrative Review, documentation of any non-implemented recommendations, along with the Investigation Report, all data, video surveillance, etc, will be kept by the PREA Coordinator or designee.

115.271(j)-1

Policy 161, Policy 165 & Policy 275

B. Employees, Volunteers, and Contract Workers

1. Any allegation against an ICCS employee that is substantiated or unsubstantiated will subject the employee to disciplinary sanctions up to, and including, termination. Discipline will be commensurate with the nature of the offense and circumstances.

   All acts of sexual abuse by a staff member will result in their termination and reported to local law enforcement. Any employee who resigns during an investigation, or before their employment can be terminated, will not be a basis for terminating the investigation. All administrative and criminal investigations will continue until completion.

Interviews:

- Facility Program Director
- PREA Coordinator
- Investigative Staff

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.

Before conducting any administrative investigation, all ICCS Supervisors, Program Directors, and the PREA Coordinator will complete Investigator Training. 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.

This facility investigation report shall include an effort to determine if staff actions or failure to act contributed to the abuse. It shall also include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings.

All acts of sexual abuse by a staff member will result in their termination and reported to local law enforcement. Any employee who resigns during an investigation, or before their employment can be terminated, will not be a basis for terminating the investigation. All administrative and criminal investigations will continue until completion. The departure of an alleged abuser or victim from ICCS, whether an employee or client, shall not provide basis for terminating an investigation.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents reviewed:
- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

4. 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.

Interviews:
- Investigative Staff

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

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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

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

115.273 (d)

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

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

Policy 161 & Policy 165

F. 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.

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.

3. 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.

4. ICCS will document in the client-victim's chronological notes all notifications, and attempts to notify, until such time as the client-victim is no longer a client of ICCS. At that time, ICCS's obligation to report to the client-victim about their abuser is fulfilled.

Interviews:

- PREA Coordinator
- Facility Director
- Investigative Staff

The facility received four (4) allegations of sexual abuse. An administrative investigation was conducted by the Program Director/PREA Compliance Manager, who is also trained as an investigator. There were zero allegations that resulted in an investigation completed by an outside agency in the past 12 months.

If a client alleges sexual abuse while residing at an ICCS facility, ICCS will inform the client-victim of the outcome of the investigation, whether it was conducted by ICCS or local law enforcement. If the allegation was against a staff member, and not deemed unfounded, ICCS will keep the client-victim apprised of that staff member's employment status at ICCS and also inform the client-victim when/if the offending staff member is indicted or convicted on related criminal charges. If the allegation was against another client, ICCS will inform the client-victim when/if their abuser is indicted or convicted of criminal charges related to sexual abuse in the facility.

ICCS will document in the client-victim's chronological notes all notifications, and attempts to notify, until such time as the client-victim is no longer a client of ICCS. At that time, ICCS's obligation to report to the client-victim about their abuser is fulfilled.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:

- Facility PAQ
- Policy 162 PREA Violations Sanctions; Client Supervision
- Policy 275 PREA Violations Sanctions; Discipline

B. Employees, Volunteers, and Contract Workers

1. Any allegation against an ICCS employee that is substantiated or unsubstantiated will subject the employee to disciplinary sanctions up to, and including, termination. Discipline will be commensurate with the nature of the offense and circumstances.

   All acts of sexual abuse by a staff member will result in their termination and reported to local law enforcement. Any employee who resigns during an investigation, or before their employment can be terminated, will not be a basis for terminating the investigation. All administrative and criminal investigations will continue until completion.

The facility PAQ indicates in the past 12 months zero staff members, violated the agency sexual abuse/sexual harassment policy.

Any allegation against an ICCS employee that is substantiated or unsubstantiated will subject the employee to disciplinary sanctions up to, and including, termination. Discipline will be commensurate with the nature of the offense and circumstances.

All acts of sexual abuse by a staff member will result in their termination and reported to local law enforcement. Any employee who resigns during an investigation, or before their employment can be terminated, will not be a basis for terminating the investigation. All administrative and criminal investigations will continue until completion.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
- Facility PAQ
- Policy 162 PREA Violations Sanctions; Client Supervision
- Policy 275 PREA Violations Sanctions; Discipline

B. Employees, Volunteers, and Contract Workers

1. Any allegation against an ICCS employee that is substantiated or unsubstantiated will subject the employee to disciplinary sanctions up to, and including, termination. Discipline will be commensurate with the nature of the offense and circumstances.

   All acts of sexual abuse by a staff member will result in their termination and reported to local law enforcement. Any employee who resigns during an investigation, or before their employment can be terminated, will not be a basis for terminating the investigation. All administrative and criminal investigations will continue until completion.

   Any allegation of sexual abuse or harassment against a volunteer or contract worker that is criminal in nature will be reported to local law enforcement for investigation. Any licensing body will also be notified of any substantiated or unsubstantiated allegation.

ICCS will take actions to prohibit further contact with clients by any volunteer or contract worker in any other cases of sexual contact or harassment.

2. Failure on the part of any ICCS employee to report any suspected or alleged incidents of sexual assault, sexual violence, sexual misconduct, or sexual contact on any client will subject that employee to disciplinary sanctions up to, and including, termination.

   Failure on the part of any contractor, volunteer, or intern to report suspected or alleged incidents of sexual assault, sexual violence, sexual misconduct, or sexual contact on any client will result in that contractor, volunteer, or intern to immediately lose access to all ICCS facilities. Any licensing body will also be notified of the situation.

Any allegation of sexual abuse or harassment against a volunteer or contract worker that is criminal in nature will be reported to local law enforcement for investigation. Any licensing body will also be notified of any substantiated or unsubstantiated allegation. ICCS-Kendall will take actions to prohibit further contact with clients by any volunteer or contract worker in any other cases of sexual contact or harassment.

Interviews:

- Facility Director

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

- If the agency prohibits all sexual activity between 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ

- Policy 162 PREA Violations Sanctions; Client Supervision
- Policy 275 PREA Violations Sanctions; Discipline

115.278(a)-1, 115.278(b)-1 & 115.278(c)-1

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.

Policy 162 & Policy 275

PROCEDURE:

A. Clients

Any sexual contact on ICCS grounds is strictly prohibited. Any client who is found to have participated in any sexual incident with another client may be issued a Class I Incident Report for violation #112, even if the act was consensual and not coerced or forced. Discipline for this offense will be commensurate with the nature and circumstances of the event, their disciplinary history, and sanctions imposed for comparable offenses by residents with similar histories. A resident's possible mental disabilities shall also be considered when determining a sanction.

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

115.278(d)-1

The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

Policy 162 & Policy 275

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

115.278(e)-1

The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Policy 162 & Policy 275

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.

115.278(f)-1

The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy 162 & Policy 275

> Per ICCS Policy #340, a resident may be disciplined for filing a report of sexual abuse in bad faith. If an investigation does not establish sufficient evidence to substantiate an allegation, this will not constitute a false report or lying as the resident may have had reasonable belief that the alleged conduct occurred.

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

Discipline for a sexual abuse offense will be commensurate with the nature and circumstances of the event, their disciplinary history, and sanctions imposed for comparable offenses by clients with similar histories. A client's possible behavioral health issues will be considered when determining a sanction.

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

A client may only be issued an Incident Report for having sexual contact with an employee, volunteer, or contractor worker if it is found that the employee, volunteer, or contract worker did not consent to such contact.

A client may be disciplined for filing a report of sexual abuse in bad faith. If an investigation does not establish sufficient evidence to substantiate an allegation, this will not constitute a false report or lying as the client may have had reasonable belief that the alleged conduct occurred.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.282 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

115.282(a)-1, 115.282(b)-1 & 115.282(c)-1

Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

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 161 & Policy 165

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

   Evidentiary factors will be considered, and when possible and practical the medical evaluation and assessment will be coordinated and conducted in conjunction with any evidentiary processing or collection activities. When possible, the case investigator will be notified of any impending medical procedures prior to conducting such procedures.

<u>115.282(d)-1</u>

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.

Policy 161 & Policy 165

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.

Interviews:

- PREA Coordinator
- Mental Health Staff

Interviews with clients and random staff suggest clients have easy and unimpeded access to emergency medical treatment and crisis intervention services if they are victims of sexual abuse. Clients can access medical services at St. Anthony's Hospital and advocacy support through The Blue Bench, which is the local community rape crisis center.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

3. All clients who report that they have been the victim of sexual assault, sexual violence, sexual misconduct or sexual contact will be receive timely, unimpeded access to emergency medical treatment and crisis intervention. The nature and scope of which will be determined by medical and mental health practitioners according to their professional judgment. A full medical evaluation and assessment will be provided to the client-victim, which will include appropriate testing for communicable diseases of both the victim and the perpetrator. All client-victims will also be granted access to pregnancy test, emergency contraception, and sexually transmitted infection prophylaxis where applicable. If a pregnancy does result from the sexual assault, the victim shall receive timely

and comprehensive information about, and timely access to, all pregnancy-related medical services.

Evidentiary factors will be considered, and when possible and practical the medical evaluation and assessment will be coordinated and conducted in conjunction with any evidentiary processing or collection activities. When possible, the case investigator will be notified of any impending medical procedures prior to conducting such procedures.

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.

ICCS shall attempt to refer all known resident-on-resident abusers for a mental health evaluation within 60 days of learning of such abusive history. Treatment will be offered when deemed appropriate by mental health practitioners.

Interviewed:

- PREA Coordinator
- Mental Health Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

G. Administrative Review Procedures

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

2. Once the Administrative Review is complete, it shall be forwarded to the Program Director, PREA Coordinator, and Quality Assurance Director to ensure that all recommended improvements and changes are implemented. Any failure to implement the recommendations must be documented with the reasoning.

Interviews:

- PREA Coordinator
- Facility Program Director

Once an Administrative Review is complete, it shall be forwarded to the Program Director, PREA Coordinator, and the Quality Assurance Director to ensure that all recommended improvements and changes are implemented. Any failure to implement the recommendations must be documented with a rationale.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding sexual abuse incident reviews. No corrective action is required.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 160 PREA Standards, Training, & Screening; Client Supervision
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

115.287(a)-1

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.

Policy 160

B. Definitions

The following are definitions of Sexual Abuse, Non-Consensual Acts, Sexual Misconduct, and Sexual Harassment, per Department of Justice (DOJ) Survey of Sexual Violence (SSV):

1. Abusive Sexual Contact (Client-on-Client) - Contact of any person without their consent or of a person unable to consent or refuse. Contact between the penis and vagina or penis and anus including penetration, however slight; or contact between mouth and penis, vagina, or anus; or penetration of the anus or genital opening of another person by a hand, finger, or other object.

2. Nonconsensual Sexual Acts (Client-on-Client) - Contact of any person without their consent or of a person unable to consent or refuse. Intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.

3. Sexual Harassment (Client-on-Client) - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.

4. Staff Sexual Misconduct (Staff-on-Client) - Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor, or agency representative. Romantic relationships between staff and inmates are included. Consensual or nonconsensual sexual acts include: intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire; or completed, attempted, threatened, or requested sexual acts; or occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.

5. Staff Sexual Harassment (Staff-on-Client) - Repeated verbal statements, comments, or gestures of a sexual nature to a client by an employee, volunteer, contractor, official visitor, or agency representative, including: demeaning references to gender or derogatory comments about body or clothing; or profane or obscene language or gestures.

Policy 161

E. Report of Findings

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

<u>115.287(a)-1, 115.287(b)-1, 115.287(c)-1, 115.287(d)-1, & 115.287(f)</u>

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The agency provided Department of Justice data from the previous calendar year upon request.

Policy 161 & Policy 165

H. Corrective Actions, Data Publication, and Storage

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

Interviewed:

- PREA Coordinator

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

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.

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.

ICCS-Kendall did not receive a request from DOJ to provide data from the previous year.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data collection. No corrective action is required.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

Policy 161 & Policy 165

H. Corrective Actions, Data Publication, and Storage

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

Interviewed:

- Executive Director

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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data review for corrective action. No corrective action is required.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- Policy 161 PREA Reporting, Investigation, & Response; Client Supervision
- Policy 165 PREA Reporting, Investigation, & Response; Administration

115.289(a)-1

The agency ensures that incident-based and aggregate data are securely retained.

Policy 161 & Policy 165

G. Administrative Review Procedures

3. A copy of the Administrative Review, documentation of any non-implemented recommendations, along with the Investigation Report, all data, video surveillance, etc, will be kept by the PREA Coordinator or designee.

H. Corrective Actions, Data Publication, and Storage

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

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data storage, publication, and destruction. No corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the 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 ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ 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.) ☐ Yes ☐ No ☒ 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 ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

https://www.int-cjs.org/iccsprea
Lakewood: West 2015
Lakewood: Kendall 2015
Pueblo County 2016
Weld County 2016
Lakewood: West 2017
Lakewood: Kendall 2017
Weld County: 2018
Pueblo County: 2019

The auditor reviewed a sampling of relevant documents, records and information for the past 12 months. The auditor had access to, and observed, all areas of the audited facility. The auditor received all requested documents relevant to the audit.

The auditor has retained all documentation relied upon in making audit determinations. The documentation will be provided to the Department of Justice upon request. The auditor interviewed a representative sample of residents, staff, supervisors, and administrators. Refer to the Interviews section of the Onsite Audit Phase of the Audit Narrative. The auditor conducted private interviews with residents.

Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No correspondence was received.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

ICCS PREA information, audit reports and annual data reports are accessible on the agency website at: https://www.int-cjs.org/iccsprea

AUDITOR CERTIFICATION

I certify that:

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

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

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

Auditor Instructions:

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

5-3-20

Auditor Signature **Date**

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

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