

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

Interim Final

Date of Report September 15, 2019

Auditor Information

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Company Name: Click or tap here to enter text.	
Mailing Address: P.O. Box 3161	City, State, Zip: Parker, CO 80134
Telephone: 303 909-4397	Date of Facility Visit: June 11-12, 2019

Agency Information

Name of Agency: Garfield County Criminal Justice Services Department		Governing Authority or Parent Agency (If Applicable): Garfield County Board of Commissioners	
Physical Address: 0244 County Road 33A		City, State, Zip: Rifle, CO 81650	
Mailing Address: Same		City, State, Zip: Same	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://garfield-county.com/criminal-justice/prea.aspx			

Agency Chief Executive Officer

Name: Rodney Hollandsworth	
Email: rhollandsworth@garfield-county.com	Telephone: 970 625-0334 Ext 44

Agency-Wide PREA Coordinator

Name: Aaron Gilliam	
Email: agilliam@garfield-county.com	Telephone: 970 625-0334 Ext 44
PREA Coordinator Reports to: Rodney Hollandsworth	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Garfield County Community Corrections

Physical Address: 0244 County Road 33A

City, State, Zip: Rifle, CO 81650

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://garfield-county.com/criminal-justice/prea.aspx>

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 Department of Public Safety, Division of Criminal Justice, Office of Community Corrections

Facility Director

Name: Rodney Hollandsworth

Email: rhollandsworth@garfield-county.com

Telephone: 970 625-0334 Ext 44

Facility PREA Compliance Manager

Name: Aaron Gilliam

Email: agilliam@garfield-county.com

Telephone: 970 625-0334 Ext 44

Facility Health Service Administrator N/A

Name: None

Email: None

Telephone: None

Facility Characteristics

Designated Facility Capacity:	60	
Current Population of Facility:	34	
Average daily population for the past 12 months:	34	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-60	
Average length of stay or time under supervision	32 Weeks	
Facility security levels/resident custody levels	Minimum	
Number of residents admitted to facility during the past 12 months	116	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	116	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	166	
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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	16	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	3	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>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.</p>	1
<p>Number of resident housing units:</p> <p>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.</p>	2
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	14
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.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> 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.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> 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?	2
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	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The contract for the Garfield County Community Corrections Center PREA Audit was signed on February 12, 2019. The dates for the audit were confirmed for June 11-12, 2019. The Pre-audit phase began on April 24 by requesting creation of the On-line Audit (OAS) system. The OAS was created on May 7, 2019 with the pre-audit questionnaire submitted on May 17. The notice of the audit was posted by the PREA coordinator on Monday April 29. The notices were posted in the main lobby and the bulletin boards in both housing units. An email confirmation was received at 4:12 pm regarding the posting. The notices were present during the audit. The notice in the lobby was posted at the sign in window where all clients, family and all visitors check into the facility. The notice was posted in English and Spanish. No letters were received prior to the audit.

During the pre-audit phase, emails were utilized as the primary method of communications. The PREA Coordinator was asked to have a client roster and staff roster available at the beginning of the audit. The contact names for the MOU was provided in advance of the audit. The PREA Coordinator identified clients for the targeted interviews and specialized staff. Confirmation was provided that the specialized staff would be available during the audit. The client list was provided at the beginning of the audit since often the clients in the center change frequently. The client's work schedule was also provided at the beginning of the audit.

The on-site audit began on June 11, 2019 at 8:30 am with a brief meeting with administrative staff. The hours for Joan Shoemaker were June 11, 2019 from 8:30 am to 5:30 pm and from 7:20 pm to 10:15 pm. On June 12, 2019, the hours were from 7:30 am to 2:40 pm. The auditor had access to all areas in the buildings without escort.

Interviews of specialized staff included the agency head, PREA Coordinator, and human resources manager. Staff who performed risk screening for victimization and abusiveness, intake staff were interviewed. Interviews with staff who perform administrative investigations, incident review team and staff from all three shifts. There were no volunteers or contractors providing services to the facility. The total number of staff interviews were ten that included six specialized staff and four random staff.

There were 35 clients at the beginning the on-site audit phase. Ten clients were interviewed, four targeted and six random. The targeted interviews were clients who have cognitive disability, identified as LGBTI, reported history of victimization or reported feeling vulnerable to victimization during intake. Random interviews were selected by the auditor one the first day of the audit. Clients were men and women from both programs and had been at the facility for various lengths of time. All client interviews were conducted on day one of the on-site audit.

Client Interviews	Diversion	Transition
Men	3	3
Women	2	2
Total	5	5

Targeted Interviews	
Youthful Residents	None in program
Physical Disability	None in program
Blind, Deaf or Hearing Impaired	None in program

LEP	None in program
Cognitive Disability/Mental Illness	1
Identified by Lesbian, Gay or Bisexual	1
Identify as Transgender	None in program
Reported Sexual Abuse in facility	None in program
Reported Sexual victimization during risk screening	2

The intake process was observed during the on-site audit including direct observation of interview after receiving permission from the client. PREA video is viewed prior to the one to one interview that includes the PREA risk screening. Housing assignment is then confirmed after the interview.

File reviews were conducted on client electronic records, employee records and investigation reports. Phone contact was made with MOU agencies: Western Slope Center for Children Sexual Abuse Nurse Examiner, Advocate Safe House Project and Sprint Institute for Intercultural Learning.

Facility Characteristics

Garfield Community Corrections Center (GCCC) is part of the Garfield Criminal Justice department of Garfield County. Garfield Community Corrections provides opportunities for change through collaborative effort, motivation, facilitation, support assistance and active communication while maintaining public safety. The facility has a rated capacity of 60 beds and cater to the needs of many clients. Clients are required to obtain employment in the community soon after arrival at GCCC. Clients are employed in the local community and the surrounding area. Clients are sentenced to GCCC from the Colorado Department of Corrections or the District Court as Diversion clients. The facility houses both men and women in separate housing units. There were 34 clients at the beginning of the on-site review: six women and twenty-eight men. There were 19 diversion and 16 CDOC clients. During the last twelve months, there were 116 clients admitted to GCCC. The average length of stay is

GCCC is a one floor building that contains a lobby, control center, two housing units, small kitchen, laundry room, training/multipurpose room and staff offices. The front entrance to the building has a waiting/lobby area with a sign in window. The waiting/lobby area has lockers for client storage and clients have controlled access to the area. When they arrive as a new client or return from jobs, they check in at the window and are then processed into the facility through the control center. The control center has monitors for all the camera system throughout the facility and has two windows that provide visibility into each housing unit.

The women housing unit has four rooms: three have two beds each and one has four beds for total capacity of ten women. The rooms are well light and have natural lighting. The rooms open onto a large dayroom area that has two restrooms. Each restroom has a sink, toilet and shower. The restrooms have a curtain at the entrance to provide for privacy and a second shower curtain at the shower. There are two cameras in the day room area. The control center has visibility into the day room and monitors the activity in the day room. Staff announce their presence when they enter the dayroom area.

The men housing unit has ten rooms: six rooms have six beds; three rooms have four beds and one room has two beds. The small room with two beds is at the back of the housing unit and is utilized very infrequently. All rooms are well light and have natural lighting. The rooms have bunk beds with good lines of sight. The dayroom area is large and has two restroom areas. The restrooms have swing doors that increase the privacy to the area. There are sinks, toilets and four showers. The showers have curtains for privacy.

The support areas of the building have a training room that is used for staff training, client education programs and client interview space. There are two cameras that are monitored by the control center. The training room is utilized for intake of new clients for privacy and individual interviews. If there is more than one intake, the video is viewed in the training room and then interviews are conducted individually either in the training room or control room.

There is a laundry room with five washers and dryers. Men and women are not allowed in the laundry area at the same time and the room is monitored by camera. To access the laundry room, clients must obtain permission from the control center.

There is no food prepared at GCCC. They have a contract with CDOC facility, and the food is transported by GCCC staff from the prison facility to GCCC. Two hot meals are served with a sack lunch at midday. Most clients are working so access a noon meal at their place of employment. The kitchen is one room that allows for food distribution. Dishes are washed after meals. The kitchen is visible from the hallway and has two cameras monitored by the control center.

There is outside recreation available that is monitored by camera. The area has a basketball hoop. There is also a small garden area utilized in the spring and summer. There is no inside recreation however clients could earn passes to community-based recreation. Clients also earn passes to visit family in the community or attend faith-based services.

The outside of the building is well lite at night and has several cameras that are monitored by the control center. The cameras are motion detection camera that are equipped with heat sensing devices. The cameras provide visibility on all sides of the facility as well as the outside buildings. There is one trailer that has case managers for the county workender program. Clients of that program are never housed at GCCC and are not considered part of their population.

Staffing for GCCC is two security staff on duty 24 hours daily. The shift are staggered to maximize the coverage and overlap during higher volume times. The evening has a security supervisor on duty when most clients are in the facility. Case Management staff work four ten-hour shifts and at least one is in the building six days per week.

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: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

List of Standards Met: 115.211, 115.212,115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232,115.233, 115.234, 115.235, 115.241,115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263,115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282,115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: [Click or tap here to enter text.](#)

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*)

Document Review:

GCCC Management and Control - PREA Policy

Interviews:

PREA Coordinator
Agency Director
Random Staff Interviews
Client Interviews

Finding: The GCCC PREA policy does define the role of the PREA Coordinator who has the authority to implement necessary policy and procedures. The organizational chart, interviews with PREA Coordinator and Agency Director confirm they have the authority and time necessary to implement PREA standards. Staff interviews confirm their understanding of zero tolerance for sexual abuse o

harassment. The policy outlines the procedures for preventing, detecting and responding to sexual abuse and sexual harassment. Interviews with clients confirm there is a zero tolerance for sexual abuse or sexual harassment.

Conclusion: Provision (a) has been documents by the GCCC policy language, interviews with PREA Coordinator and administrative staff. Staff and client interviews confirm the zero tolerance for sexual abuse and sexual harassment by staff or clients. Provision (b) has been documented by policy language, organizational chart, staff and client interviews. Based on the review and analysis of all available evidence, GCCC is found in compliance with standards 115.211.

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*)

Interview:
Agency Director
PREA Coordinator

Findings: The agency does not have any contracts with other entities for housing of the client population. There have not been any contracts during the last three years. In discussion with the agency director and PREA Coordinator, any contracts would include the PREA implementation language.

Conclusion: Provisions (a), (b), (c) are non-applicable since the agency does not have contracts to house clients in private or other governmental agencies. Agency administration confirm any contracts would include appropriate language to assure contract facility would meet compliance with all standards. Based upon the review and analysis of all the available evidence, GCCC found in compliance with this standard.

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*)

Document Review:
 GCCC Staffing Plan
 Staff Schedules

Interviews:
 PREA Coordinator
 Supervisors

Findings: The staffing for GCCC is two security staff on duty 24 hours daily. Shift hours are staggered to maximize the coverage. There is at least one case manager in the building six days per week. There are 40 cameras at the facility, fourteen in the facility and twenty-six on the exterior of the building. The cameras operate by motion detection and the exterior camera have heat sensors. The camera are monitored in the officer station, agency director, PREA coordinator and client services manager. During the on-site review, level of staffing was observed by the auditor and verified by the PREA Coordinator and Services Manager. There have been no deviations from the staffing plan, so no documents were available for review.

As part of the Sexual Assault Response Team (SART), staffing patterns are reviewed and evaluated. Annual review of staffing is conducted and there have not been any adjustments to staffing patterns.

Conclusion: Provisions (a)(b)(c) were documents in the staff patterns, staff schedules, interviews with staff and observation during the on-site review. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.213.

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*)

Document Review:

GCCC Policy – Contraband
 GCCC Policy - Client Supervision
 Client Handbooks
 Training Logs
 Training Video – Pat Searches

Interviews:

PREA Coordinator
 Random Staff
 Random Clients

Findings: GCCC policy on contraband state pat searches will done routinely and strip searches will only be done by approval by the manager. Staff are trained in how to pat search, but no training is done for

strip searching. Interviews with PREA Coordinator and staff confirm they are not trained to strip search. There are no records of any client being strip searched during the last three years. Pat searches include the use of a metal detector however the client does not remove any clothing. The same gender staff complete the client pat searches.

GCCC policy – client supervision states that clients will be able to shower, perform body functions and change clothing privately and staff will announce their presence when entering an area where residents are likely to be showering, performing body functions or changing clothing. During the on-site review, staff announcements were done each time the auditor or staff entered a client room and when entering the day room areas. All client interviews confirmed announcements are made prior to staff entering the housing areas or individual client rooms.

Interviews with staff confirm the training on how to conduct pat searches includes the process and that all will be conducted in a professional manner. During the on-site review, the training video was reviewed which confirmed the content.

Conclusion: Provisions (a)(b)(c) were documented by policy, confirmed by staff and PREA Coordinator. Provisions (d)(e)(f) were documented by policy, training video, auditor observation and confirmed client and staff interviews. Based upon the review and analysis of all the available evidence, GCCC is found in compliance with standard 115.215.

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*)

Document Review:
 GCCC PREA Policy
 MOU with Spring Institute for Intercultural Learning

Interviews:
 PREA Coordinator
 Intake Staff
 Staff who perform Screening for risk for victimization and abusiveness
 Targeted Clients

Findings: GCCC PREA policy defines how clients with disabilities or limited English proficiency will be assisted while at GCCC. The MOU with Spring Institute for Intercultural Learning will be utilized for clients who are deaf, hard of hearing, blind or have other types of disabilities and need assistance in the intake process or during their stay at GCCC. There are bilingual staff who assist clients with limited English proficiency. The PREA orientation is available in Spanish.

Interviews with clients confirm information is available however there were no limited English proficient or physically disabled clients present during the on-site reviews. Interviews with staff confirm they are aware of how to obtain services through the MOU.

Conclusions: Provisions (a)(b)(c) were documented in policy, staff and client interviews. The MOU to provide services to clients were verified. Based on the review and analysis of the available evidence, GCCC is found in compliance with standard 115.216

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*)

Document Review:
 Employment Policy
 Personnel Files
 Background checks

Interviews:
 Human Resources
 Administrative Staff

Findings: GCCC Personnel policy, Hiring and Promotions outlines the procedures related to PREA. It requires a background investigation be conducted on all new employees, current employees at least every five years to include criminal background records check. New employees have a background check as part of the Garfield County hiring process and then additionally, are screened by the Department of Public Safety, Division of Criminal Justice, Office of Community Corrections (DCJ). The

policy directs contact with 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.

Interviews with human resources and PREA Coordinator confirm process for new and existing employees. Records review documented the background review for the county and DCJ process. Records review documented a background review is conducted at least every five years.

During the on-site review, it was determined there are no contractors working in the facility. Policy language clearly stated a background records check will be performed before enlisting the services of any contractor who may have contact with the clients.

Conclusion: Provisions (a)(b)(c)(d)(e)(f)(g) were documented by employee files and interviews with human resources. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.217

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*)

Document Review:
Blueprint of Facility

Interviews:
PREA Coordinator

Findings: There have not been any building or major renovations to the facility since the audit in 2016. The camera system is highly functional and provides strong lines of sight on the exterior of the buildings to include the trailers in the back of the building.

It was recommended by the auditor to consider adding two security convex mirrors in rooms M4 and M6. The mirrors would improve the lines of sight in the corners of the rooms when entering the room.

Conclusion: Provisions (a)(b) are not applicable since there have not been any substantial expansion or modification to existing facilities. The camera system was in working order during the on-site review. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.218

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*)

Document Review:

GCCC Policy – Management and Control – PREA
 GCCC Flow Chart
 MOU Advocacy Safehouse
 MOU West Slope Center for Children Sexual Abuse Nurse Examiner
 Letter to Garfield Sherriff's Office

Interviews:

PREA Coordinator
 Random Staff
 Random and Targeted Clients

Findings: GCCC policy directs staff to utilize the 911 system to obtain local law enforcement specifically, Garfield County Sheriff's Office who will conduct all criminal investigation. The policy further directs staff to separate the alleged victim and abuser, preserve the crime scene until the Sheriff's deputies arrive to proper collect and document evidence. Staff are instructed to assure the victim and abuser not to take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Garfield County Sheriff's Office would obtain the necessary SANE examinations and victim services. GCCC does have active MOU with SANE and victim advocacy services.

GCCC does not have any youth clients. There have been no sexual assaults during the last three years. During staff interviews, they were able to describe their actions and responsibilities in the event of a sexual assault. Clients confirmed their belief that staff would take immediately action.

Conclusion: Provisions (a)(c)(d)(e)(f) were documented by policy, process flowchart, interviews with staff and clients. Provisions (b)(h) are not applicable since there are no youth and criminal investigations are completed by local law enforcement. Based upon the review and analysis of all the available evidence, GCCC is found in compliance with standard 115. 221

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*)

Document Review:

GCCC Policy – Management and Control -PREA

PREA Process Flowchart

Letter to Garfield Sheriff's Office

Interviews:

PREA Coordinator

Investigation Staff

Findings: GCCC policy and PREA Process Flowchart require all allegations of sexual abuse or sexual harassment are administratively investigated. If there is any question that the allegations are criminal in nature, local law enforcement, specifically Garfield County Sheriff's Office is contacted immediately. If the allegation occurred at a client work site, then the Rifle Policy Department may be contacted. The PREA policy is published on the website at www.garfield-county.com/criminal-justice/prea.aspx

GCCC tracks all allegations and maintains the administrative investigation files electronically. During the on-site review, investigative files were reviewed to confirm all allegations had been investigated. During the last three years, there have been three allegations that were investigated. One of the investigations was both administrative and potentially criminal so was jointly investigated by the facility and local law enforcement. It was found to be unsubstantiated.

Conclusion: Provisions (a)(b) and (c) were documented by policy, PREA Process Flow Chart, records review and staff interviews. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.222

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.

Document Review:

GCCC Policy – Personnel/Training
 Training Records
 PREA Training Presentation

Interviews:

PREA Coordinator
 Random Staff

Findings: GCCC policy requires annual PREA training on the following topics: zero tolerance policy, responsibilities under sexual abuse prevention, detection, reporting and response, client rights,

dynamics of sexual abuse in confinement and communications with a diverse client population. The training also includes gender related issues of the facility population. Specifically, training defines zero tolerance policy for sexual abuse and sexual harassment, fulfilling their responsibility under GCCC sexual abuse and sexual harassment prevention, detection, reporting and response policy and procedures, clients' rights to be free from sexual abuse and sexual harassment, right of clients and employees to be free from retaliation from reporting sexual abuse and sexual harassment. The training also includes the common reactions to sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with clients, effective and professional communications with clients including lesbian, gay, bisexual, transgender, intersex and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The same lesson plan is utilized for new or existing employees. All employees sign in writing their acknowledgement of the PREA training. The records are maintained in the employee files. Interviews with staff confirm they have the training as new employees and annually thereafter. Training records were reviewed and verified the signature page was present.

Conclusion: Provisions (a)(b)(c)(d) were documented by policy, training curriculum, training records and staff interviews. Based upon the review and analysis of all available evidence, GCCC is found in compliance standard 115.231

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*)

Document Review:
GCCC Personnel

Interviews:
PREA Coordinator

Findings: There are no volunteers or contractors at GCCC. The entrance log is completed by everyone coming into the facility states clearly at the top of the page that GCCC has a zero tolerance for sexual abuse and sexual harassment. By policy, volunteers or contractors that have contact with clients will have training. At a minimum, the training will include notification of the zero-tolerance policy regarding sexual abuse and sexual harassment and their duty to report such conduct. By policy, if contractors, volunteers or interns have regular unsupervised contact with clients, they are required to attend 3 hours PREA related training on their duties and responsibility to report inappropriate conduct.

Conclusion: Provisions (a)(b)(c) were documented in policy and the entrance logs. There were no records to review since there are no volunteers or contractors currently at the facility. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.232

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*)

Document Review:
GCCC Policy – Management and Control PREA
Client PREA Brochure
Client Handbook
PREA Video

Interviews:

PREA Coordinator

Intake Staff

Staff who perform Screening for risk of victimization and abusiveness

Random Staff

Random and Targeted Clients

Findings: The policy requires that all clients will receive an informational handout on sexual assault/abuse prevention, awareness and reporting upon arrival. All clients are shown the PREA video before they are interviewed by intake staff. The informational handout contain written information regarding the facility's zero tolerance for sexual abuse and harassment. There is information including phone numbers for reporting an incident to staff or third-party reporting methods. The information is provided in Spanish or through an interpreter if necessary. Clients sign that they understand the materials provided which is included in the client file.

Interviews with clients confirmed they were all provided with the information at intake. Clients were aware of the posters in the housing units and throughout the facility regarding anonymous reporting for incidents of sexual abuse or sexual harassment. Clients confirmed they were comfortable reporting to a staff member at the facility. Review of client records validated the signed acknowledgment form was in the files.

During the on-site review, one new client was received. The intake process was observed after receiving permission from the client. The information was provided, and the client was asked several times during the interview if they had any questions.

Conclusion: Provisions (a)(b)(c) and (d) were documented by policy, observed during the intake process and confirmed by interviews with staff and clients. Client records contained confirmation about the PREA training including viewing the video at intake. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.233

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*)

Document Review:
Training Records

Interviews:
PREA Coordinator
Investigators

Findings: interviews with PREA Coordinator and staff who serve as investigator confirm investigations at GCCC are only administrative and all criminal investigations are referred to the Garfield County Sheriff's Office. Staff who conduct administrative investigations have complete the NIC Training for Investigations in a Confinement Setting which was verified by review of training records. Training records had certificates of completion.

Conclusion: Provisions (a)(b) were documented through staff interviews and training records. Provision (c) was not applicable since criminal investigations are referred to an outside law enforcement agency. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.234

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*)

Document Review:
GCCC Management and Control – PREA
Organizational Chart

Interviews:
PREA Coordinator

Findings: There are no medical or mental health staff employed at the facility. All health care services are obtained through community resources at the Garfield County Health Department, Grand River Health or Alpine Springs Counseling. These agencies are required to meet state licensing requirements.

Conclusion: Provisions (a)(b)(c) and (d) are not applicable since there are no medical or mental health staff at GCCC and forensic examinations are conducted by an outside agency. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.235

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*)

Document Review

GCCC Policy – Case Management

Client Program Plans and Assessments

Client Handbook/Brochure

Colorado Division of Criminal Justice (DCJ) – Office of Community Corrections Screening for Risk of Victimization and Abusiveness

MOU with Sprint Institute for Intercultural Learning

Findings: GCCC policy requires all clients to be assessed during an intake screening using the Colorado Division of Criminal Justice, Office of Community Corrections Screening for Risk of Sexual Victim Vulnerability/Abusiveness tool. The intake process is completed as soon as the client is received at the facility. After the intake process is completed, the client is seen by the case manager generally on the same day but always within twenty-four hours of arrival. This exceeds the provision of the standards that they are seen within 72 hours of arrival.

Colorado Division of Criminal Justice - Office of Community Corrections Screening for Risk of Sexual Victim Vulnerability/Abusiveness was developed in cooperation with the Colorado Department of Corrections and it utilized in all community corrections centers in the state. The form is an objective instrument that follows the criteria in the PREA standards. The victim/vulnerability factors are: 1 youthful age (under 22 years old), 2 Elderly age (over 60 years old) 3 males 5' 6" and/or less than 140 pounds, 4 Females 5' and/or less than 100 pounds, 5 Mental illness/Developmental disability, 6 Physical disability, 7 First incarceration, 8 History of non-violent crimes only, 9 History of sex offense convictions, 10 History of sexual victimization, 11 Feels vulnerable to victimization, 12 Identifies as LGBTI or is perceived as LGBTI, 13 other factors. There are additional factors for aggressive/abusiveness as follows: 1 History of sexual abusiveness (in community), 2 Gang affiliation, 3 History of institutional violence or sexual abuse, 4 History of violent convictions (in community), 5 other factors. The tool then requires staff to check the appropriate boxes for victim/vulnerability and aggressive/abusiveness.

All clients are tracked as to their arrival at GCCC. The case managers see clients weekly and are responsible to reassess the client's risk for victimization or abusiveness within 30 days. This is a face to face meeting utilizing the DCJ Screening for Risk tool. During the on-site phase, a review of all clients currently at GCCC showed approximately 40 percent of the screening tool that were longer than

30 days. Those that were not within the 30-day time frame were completed soon after the deadline. All clients reported during the interviews that case management staff see them weekly and that ask if the clients are doing well or having any problems. All clients reported they would be comfortable with reporting any issues to their case managers.

During the post audit phase, GCCC developed further tracking tools for monitoring that all clients have a review within 30 days of their arrival. The process was discussed with case management staff for full implementation and their understanding as to the importance of the rescreening. At the end of 80 days, a review of conducted to assure all clients had been seen and reviewed within the 30-day timeframe. All clients were seen and the re-screen completed within 30 days of arrival since the on-site audit phase was completed.

The risk screening instrument are contained in the client record which has limited electronic access. Besides the case managers, only the PREA Coordinator and resident program manager have access to the information.

Conclusions: Provisions (a)(b)(c)(d)(e) were validated by the use of the DCJ screening for risk of sexual victim vulnerability/abusiveness instrument. Provisions (b) requiring screening within 72 hours is exceeded as documented by interviews with staff, clients and observation during the on-site review. Provision (f) was documented by review of the case manager tracking tools and case files. Provision (g)(h)(i) were documented in policy and confirmed by staff. Based on the review and analysis of all the available evidence, GCCC is found in compliance with standard 115.241.

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*)

Document Review:

GCCC Policy – Case Management

Colorado Division of Criminal Justice (DCJ) – Office of Community Corrections Screening for Risk of Victimization and Abusiveness

Interviews:

PREA Coordinator

Intake Staff

Staff who perform screening for risk of victimization/abusiveness

Random and Targeted Clients

Findings: GCCC complies with their policy that all new arrivals are assessed when they arrive at the facility. Intake staff complete the DCJ screening for risk of sexual victimization and abusiveness instrument. Colorado Division of Criminal Justice - Office of Community Corrections Screening for Risk of Sexual Victim Vulnerability/Abusiveness was developed in cooperation with the Colorado Department of Corrections and it utilized in all community corrections centers in the state. The form is an objective instrument that follows the criteria in the PREA standards. The victim/vulnerability factors are: 1 youthful age (under 22 years old), 2 Elderly age (over 60 years old) 3 males 5' 6" and/or less than 140 pounds, 4 Females 5' and/or less than 100 pounds, 5 Mental illness/Developmental disability, 6 Physical disability, 7 First incarceration, 8 History of non-violent crimes only, 9 History of sex offense convictions, 10 History of sexual victimization, 11 Feels vulnerable to victimization, 12 Identifies as LGBTI or is perceived as LGBTI, 13 other factors. There are additional factors for aggressive/abusiveness as follows: 1 History of sexual abusiveness (in community), 2 Gang affiliation, 3 History of institutional violence or sexual abuse, 4 History of violent convictions (in community), 5 other factors. The tool then requires staff to check the appropriate boxes for victim/vulnerability and aggressive/abusiveness depending on the answers from the client. The intake staff discuss the score on the instrument with the PREA Coordinator and verify the housing and bed assignment. Clients are

responsible to find their own work in the community and there are no programs provided at GCCC. Staff are not able to move a client's room assignment without approval from the PREA Coordinator

Review of records, client and staff interviews confirm how the housing and bed assignments are completed. Intake process was observed during the on-site review confirming the process. There have not been any transgender clients at this facility however staff confirmed the process for managing a client during the interviews.

Conclusion: Provisions (a)(b) were documented by policy, client and staff interviews, observation of intake process. Provisions (c)(d)(e)(f) were documented by policy and staff interviews however there were no transgender clients present during the on-site review so the practice could not be confirmed by records or client interviews. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115. 242

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.

Document Review:

GCCC Policy – Security Standards
Client Handbook/PREA Brochure
MOU Sprint Institute for Intercultural Learning
Posters displayed in the facility

Interviews:

PREA Coordinator
Random Staff
Random and Targeted Clients

Findings: GCCC policy requires all new clients are provided with materials that define a confidential method which to report incidents or suspicion sexual abuse, sexual harassment, or retaliation. All new clients are provided a client handbook and PREA brochure that has all confidential reporting mechanism including the addresses and phone numbers. There are posters throughout which also have the name, phone numbers and ways to report sexual abuse or sexual harassment. Internal mechanisms for reporting include letters to the director or calling the facility and dialing a specific extension. Clients have frequent access to computers both on their cell phones and in the job center. Some of the posters are for the Colorado Department of Corrections (CDOC) TIP line which allows for anonymous reporting. Whether the clients are from CDOC or diversion, they could use the TIPS lines and an investigator from CDOC will investigate any allegation. CDOC TIPS line would provide the facility with the information unless the client wanted it to be confidential. Clients could also report to local law enforcement while they are at their jobs.

GCCC policy and PREA training direct staff to take all reports from clients. Interviews with staff confirm their understanding of the methods for reporting and their responsibility to assure sexual safety within the facility by taking any reports from clients. Staff also understood reports could be verbal, in writing or anonymous. All clients interviewed could relate at least one way of reporting incidents of sexual abuse or harassment. They stated they would be comfortable talking to staff about any issues. During the on-site review, the TIPS phone were verified to be in working order.

Conclusion: Provisions (a)(b)(c) and (d) were documented by policy language, PREA brochure, facility posters and interviews with staff and clients. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.251

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*)

Document Review:

GCCC Policy – Management Controls – Client Grievances

Interviews:

PREA Coordinator
Random Clients

Findings: GCCC policy states clients can turn in grievance at any time regarding an allegation of sexual abuse. The policy directs clients are not required to use any informal process and does not need to attempt to resolve with a staff member. Further the policy establishes the time frames for response to 90 days with an extension of 70 days. The policy provides for third parties to assist the clients or file a grievance on behalf of clients. If the clients declines to have the third-party grievance processed, the facility documents to reason. In the policy, there is a procedure for filing an emergency grievance that receives an answer in 48 hours. Emergency grievance that have a substantial risk of imminent sexual abuse are immediately forwarded to the administration so action could be taken. Emergency grievances are provided a final answer within five calendar days and it includes any action taken by the facility. The final part of the policy is that clients could face disciplinary sanctions for false reporting.

Interviews with PREA Coordinator confirm the policy is in place and both staff and clients confirm they are aware of the process. There have not been any grievances filed in the last three years.

Conclusion: Provisions (a)(b)(c)(d)(e)(f) and (g) were documents by policy, staff and client interviews. There were no grievance documents to review since no grievances have been filed. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.252

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*)

Document Review:

GCCC Policy – Management and Control – PREA
PREA Brochure
MOU with Advocate Safe House Project

Interviews:

PREA Coordinator
Director of Advocate Safe House Project
Random Clients

Findings: The PREA brochure has information regarding outside confidential support services in the community. The numbers and addresses are available on the bulletin board in the housing units and the client handbook. Interviews with clients confirm they are aware of the available services. No clients have access services so there are no records for review.

Conclusions: Provisions (a)(b) and (c) were documented by policy, current MOU and interviews with staff and clients. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.253

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*)

Document Review:

GCCC Policy – Management and Control – PREA
PREA Posters

Interviews:

PREA Coordinator

Findings: The Garfield Criminal Justice website has posted several ways for third party reporting. Third parties could complete an online report, call the facility PREA line, contact the director or call CDOC TIPS lines. The information is easily found on the website. There have been no reports third party reports during the last three years.

Conclusions: This standard was documented with policy and verification of information available on the website. Based on the review and analysis of all available evidence, GCCC was found in compliance with standard 115.254

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*)

Document Review:

GCCC Policy – Management and Control – PREA

Interviews:

PREA Coordinator
Investigation Staff
Random Staff

Findings: The policy requires staff who receive information to report to the PREA Coordinator, Resident Services manager or security supervisor. They report regardless of the source and without regard with the length of time between the receipt of an allegation and the location and date of the alleged incident of sexual abuse and/or sexual harassment. They report any suspected prohibited sexual behavior. The policy also requires reporting of any knowledge, suspicion or information of retaliation against clients or staff for reporting an incident. By policy requirements, all information related to the sexual abuse report is confidential except to make treatment, investigations and other security and management decisions.

Interviews with staff confirm their understanding of prompt reporting for any alleged sexual safety issue.

Conclusion: Provisions (a)(b)(c)(d) and (e) were documented in policy and confirmed by staff interviews. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.261

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*)

Document Review:

GCCC Policy – Management and Control – PREA
 PREA Process Flowchart

Interviews:

PREA Coordinator
 Random Staff

Findings: The policy directs staff to take immediate action if they believe a client is in substantial risk for imminent danger. Staff interviews confirmed they have a responsibility to take immediate action to protect the clients from harm. Staff have been trained in the procedures for being first responders and they could articulate locations they would utilize to separate and isolate the victim and alleged perpetrator. There have not been any incidents during the last three years so there are no records for review.

Conclusion: The policy and staff interviews document the requirements of this standard. Based on the review and analysis of all available evidence, GCCC is found in compliance with standard 115.262

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*)

Document Review:

GCCC Policy – Management and Control – PREA

Interviews:

PREA Coordinator
Case Managers

Findings: Policy directs when receiving an allegation that a client was sexually abused while confined at another facility, staff shall report the information to their supervisor. The supervisor will attempt to gain more information including a written statement. The information will be forwarded to the appropriate agency.

There have not been any clients who reported any allegations from another confinement facility. There were no documents for review. Interviews with staff confirm their understanding of the reporting requirements.

Conclusion: Provisions (a)(b)(c) and (d) were documented by policy and staff interviews. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.263

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*)

Document Review:

GCCC Policy – Management and Control – PREA
 PREA Process Flowchart
 PREA Training Curriculum

Interviews:

PREA Coordinator
 Random Staff

Findings: The policy defines the first responder duties and require staff to separate and isolate both the victim and the alleged perpetrator. Immediate notification of supervisory staff is required as well as using the 911 system to obtain assistance from local law enforcement. The policy directs staff to assure any potential evidence is preserved by instructing both the victim and alleged perpetrator not to shower, wash, brush their teeth, change clothing or shower. First responders are required by policy to protect the potential crime scene until local law enforcement arrive.

Interviews with staff confirm they understand the policy and process flow chart in how it directs their actions as first responders. They have been trained in the procedures for being first responders and could articulate locations in the facility that could be utilized to separate and isolate the victim from the

alleged perpetrator. Review of training records confirm staff have been trained. There are no incidents that happened in the last three years so there are no records available for review.

Conclusion: Provisions (a) and (b) were documented in policy, process flowchart and confirmed by interviews with staff. Training records document staff are trained as first responders. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.264

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*)

Document Review:

GCCC Policy – Management and Control – PREA
PREA Process Flowchart
Training Records

Interviews:

PREA Coordinator
Investigators
Random Staff

Findings: The policy and process flowchart demonstrate the written institutional plan to coordinate actions among first responders, investigators and facility leadership. The process chart indicates how all staff should respond to any incidents to include how to obtain medical and mental health services. The chart has all the information on one page. Staff have been trained to their responsibilities and confirmed their understanding of the institutional plan during interviews.

Conclusion: The policy and process flowchart provide the written institutional response plan. Staff interviews confirm the response plan would be carried out if necessary. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.265

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*)

Interviews:
PREA Coordinator
Agency Director

Findings: GCCC does not have any collective bargaining agreements or any other type of employee agreement. If GCCC entered into any employee agreements, the agency director and PREA Coordinator understand language that would be necessary in the agreements. The language would not limit GCCC ability to remove alleged staff sexual abusers from contact with clients pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Conclusion: No collective bargaining or employee agreements are utilized at GCCC. Interviews confirm appropriate language would be included if there are any agreements in the future. Based upon review and analysis of all available evidence, GCCC is found in compliance with standard 115.266

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*)

Document Review:

GCCC Policy – Management and Control – PREA
Investigation Files

Interviews:

PREA Coordinator
Random Staff

Findings: The policy defines how the facility will protect staff and clients from retaliation when they report sexual abuse or sexual harassment. Staff are required to report any suspicion or knowledge of retaliation. The policy requires protection measures such as room changes or transfers to another facility. The monitoring will take place for at least 90 days. Monitoring activities to assure no retaliation include such items as client disciplinary reports or housing changes. For staff, the monitoring activities include such items as negative performance reviews of reassignment of duties. Monitoring is done by the PREA Coordinator.

Interviews with the PREA Coordinator and random staff confirm their understanding of the policy for monitoring of any retaliation after reports have been filed.

Conclusion: Provisions (a)(b)(c)(d) and (e) are defined in policy and confirmed by interviews with staff. There have been no incidents of retaliation during the last three years. Based on the review and analysis of all available evidence, GCCC is found in compliance with standard 115.267

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*)

Document Review:

GCCC Policy – Management and Control – PREA
 PREA Process Flowchart
 Investigative Reports
 Training Records

Interviews:

PREA coordinator
 Investigative Staff

Findings: The policy requires all allegations of sexual abuse or sexual harassment to be investigated. GCCC conducts only administrative investigations and relies on local law enforcement to conduct criminal investigations. This process would occur regardless if the reports was anonymous or came from a third party. Local law enforcement has the responsibility to gather and preserve any evidence related to an alleged sexual assault. Local law enforcement would review prior complaints and reports of sexual abuse involving the suspected perpetrator and they would assess credibly of an alleged victim, suspect or witness on an individual basis regarding of the person’s status as client or staff.

Interviews with PREA Coordinator and administrative investigators confirm all allegations whether from third-party or anonymous are investigated. Interviews with staff confirm they understand the investigative process and were able to articulate the process. The PREA Coordinator confirmed as part of records retention, all written reports would be maintained as long as the alleged abuser is incarcerated or employed by the facility plus five years. Investigative staff and PREA Coordinator acknowledged during their interviews their understanding the departure of the alleged abuser or victim from employment or control of the facility do not terminate the investigation.

Conclusion: Provisions (a)(f)(i)(j) were documented by policy, interviews and records review. Provisions (b)(c)(d)(e)(g)(h)(l) were documented by policy and staff interviews and are conducted by local law enforcement. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.271

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*)

Document Review:

GCCC Policy – Management and Control – PREA

Interviews

PREA Coordinator

Investigation Staff

Findings: The policy and client handbook states all administrative investigations will base decisions on a preponderance of the evidence when considering whether sexual abuse or sexual harassment is substantiated. Interviews with investigative staff confirm this practice.

Conclusion: Provision (a) was documented by policy and staff interviews. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.272

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*)

Document Review:

GCCC Policy – Management and Control – PREA
Investigation Files

Interviews:

PREA Coordinator
Investigative Staff

Findings: The policy states following an investigation into a client's allegation of sexual abuse suffered in the facility, the client will be subsequently informed whenever the allegation has been determined to be substantiated or unsubstantiated and this information will be included in the PREA investigation report. If local law enforcement conducted the investigation, the PREA Coordinator will request relevant information. By policy if a staff member has committed sexual abuse against a client, the director shall inform the clients whenever the staff member has been suspended pending the outcome of the investigation. The policy articulates the requirement to inform the client if a staff member has been indicted on charges and when a staff member has been convicted on charges related to the sexual abuse within the facility.

By policy, when a client alleges, they have been sexually abused by another client, the PREA Coordinator will inform the alleged victim when the alleged abuser has been indicted on a charge related to sexual abuse in the facility. All notifications will be documents in the PREA investigative report. Included in the policy is that the facility's obligation to report shall terminate if the client releases from the facility custody.

Interviews with staff confirm they understand and follow the policy. Review of the files demonstrates that two were found to be unfounded and one case is still open. The clients were terminated from the program so there was not duty to report the outcome of the investigation.

Conclusion: Provisions (a)(b)(c)(d) and (e) were documented by policy and interviews with staff. The investigation files demonstrated the policy was followed. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.273

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*)

Document Review:
Personnel Manual – Corrective and Disciplinary Actions Policy

Interviews:
PREA Coordinator

Human Resources
Agency Director

Findings: The policy and personnel manual directs that employees or contractors may be terminated for any violation of the PREA zero tolerance policy. These documents further state that presumption of sexual abuse by staff or contractors with clients will result in termination. Disciplinary sanctions for violations shall be commensurate with the nature and circumstances of the acts committed, the staff disciplinary history and sanctions imposed for comparable offenses by other staff with similar histories. By policy and signature by all employees, terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff prior to their termination shall be reported to law enforcement agencies if criminal in nature.

This policy was confirmed through staff interviews. Employee files has one recent example of an employee who resigned during an investigation. Notes in the employee file regarding the allegations were confirmed and if inquiries occur in the future, the allegations would be released to other law enforcement agencies.

Conclusion: Provisions (a)(b)(c) and (d) were defined in the personnel manual and confirmed by staff interviews. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.276

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*)

Document Review:

GCCC Personnel Manual Corrective and Disciplinary Actions
GCCC Policy – Management Controls

Interviews:

PREA Coordinator
Random Staff

Findings: The personnel manual states the contractors will be terminated from any project for violation of the PREA Zero Tolerance. There are no contractors or volunteers at GCCC that could be reviewed for documentation of the standard provisions. Interviews with staff confirm that if contractors or volunteers were present, they would be subject to the termination if PREA violations occurred.

Conclusion: Provisions (a) and (b) are defined in the personnel manual and confirmed by staff interviews. There are no contractors or volunteers at GCCC currently. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.277

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*)

Document Review:
GCCC Policy - Management Controls
Client Handbook

Interviews:
PREA Coordinator
Random Clients

Findings: The policy states that clients who have been found to have engaged in client on client sexual abuse at an administrative hearing will be subject to disciplinary sanctions in accordance with GCCC's disciplinary process. Sanctions shall be imposed commensurate with nature and circumstances of the abuse committed, client's disciplinary history and sanctions imposed for comparable offenses by other clients with similar histories. The policy further states consideration will be given to a client's mental disabilities or mental illness to determine if it contributed to their behavior when determining what type

of sanction if any should be imposed. The final part of the policy states that reports made in good faith on a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigations does not establish evidence sufficient to substantiate an allegation.

Interviews with staff demonstrate their understanding and responsibility regarding client disciplinary process. Interviews with client confirmed their knowledge of the disciplinary process. There were no disciplinary reports to review.

Conclusion: Provisions (a)(b)(c)(d)(e)(f) and (g) are defined in both the client handbook and policy. Interviews confirmed staff and client understanding of the disciplinary process. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.278

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*)

Document Review:

GCCC Management and Control PREA Policy

PREA Process Chart

MOU - Advocate Safehouse Project

MOU - Western Slope Center for Children Sexual Abuse Nurse Examiner

Interviews:

PREA Coordinator

Findings: There are no medical or mental health services available at GCCC. The policy directs staff to contact 911 for immediate assistance to include if necessary, requesting an ambulance. The 911 number is programmed into the Sheriff's Office dispatch center as the GCCC to reduce any delay in response. Garfield County Sheriff's deputies will be responsible for contacting the SANE nurse and transporting the client for the evaluation.

Interviews with staff confirm their understanding of the response and what action they are responsible to take. There have not been any allegations of sexual assault so there are no incident reports for review.

Conclusion: Provisions (a)(b)(c) and (d) are clearly defined in policy and PREA Process Chart. The process was confirmed through staff interviews. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.282

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*)

Document Review:

GCCC Management and Control PREA policy

MOU - Advocate Safehouse Project

MOU - Western Slope Center for Children Sexual Abuse Nurse Examiner

Interviews:

PREA Coordinator

Staff performing risk screening for victimization and abusiveness

Client Interviews

MOU – Advocate Safehouse Project

MOU – Western Slope Center for Children Sexual Abuse Nurse Examiner

Findings: There are no medical or mental health services available at GCCC. The policy requires staff to contact the Garfield County Sheriff's deputies who will be responsible for contacting the SANE nurse and transporting the client for the evaluation. Contact will also be made with the Advocate Safehouse Project to be available for the client. All testing and treatment for pregnancy or sexually transmitted diseases would be completed at the hospital. All evaluations by policy are provided without charge to clients.

Interviews with staff and clients confirm the availability of services in the community for medical and mental health services. The services are provided according to community standards. When the staff responsible for risk screening interview the clients, they ask if there has been previous victimization. If clients have a history, they are provided information regarding the mental health clinic available in the community.

Conclusion: Provisions (a)(b)(c)(d)(e)(f)(g)(h) were documents by policy, review of clients records and interviews with staff and clients. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.283

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*)

Document Review:

GCCC – Management and Control, PREA
Annual Reports
Investigative Reports

Interviews:

PREA Coordinator
Staff on Incident Review Team

Findings: GCCC policy provides the structure for the sexual abuse incident review and identifies the personnel who participate in the process. The team members are the PREA Coordinator, agency director, manager of residential services. The team members may request participation from the Sheriff's Office investigator and medical/mental health practitioners. The SART review will be conducted at the conclusion of the sexual abuse investigation.

By policy, the review will consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether if the incident was motivated by race, ethnicity, gender identity, lesbian, transgender or intersex. Consideration is also given to identification, status or perceived status or gang affiliation to include any other group dynamics in the facility. Further, by policy the review will examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may have enabled the abuse and assess the adequacy of the staffing levels.

Conclusions: Provisions (a)(b)(c)(d)(e) are outlined in the policy, confirmed by staff interviews and records review of the investigations. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.286

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*)

Document Review:

GCCC Policy – Management Control
Annual Reports – 2016/2017, 2017/2018
Colorado Division of Criminal Justice (DCJ) Office of Community Correction Data Collection Definitions

Interviews:

PREA Coordinator

Findings: GCCC policy requires uniform data be collected for every allegation of sexual abuse using standardized forms and definitions. An annual report is completed based on all data collected to include all available incident-based documents, reports, investigation files and SART reviews. Annual reports are available on the Garfield County Criminal Justice website for 2016, 2017 and 2018. Data is collected according to the DCJ data definitions which corresponds to the PREA definitions. DCJ collects data from all community correction facilities throughout Colorado and complete the Department of Justice Survey of Sexual Violence survey.

Conclusion: Provisions (a)(b)(c)(d)(f) were documented in policy, review of annual reports and interviews with PREA Coordinator. Provision (e) is non applicable since there are no contract facilities. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.287

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*)

Document Review:

GCCC Policy – Management Controls

2016 Annual Report

2017 Annual Report

2018 Annual Report

Interviews:

PREA Coordinator

Agency Director

Findings: GCCC policy requires uniform data be collected for every allegation of sexual abuse using standardized forms and definitions. An annual report is completed based on all data collected to include all available incident-based documents, reports, investigation files and SART reviews. Annual reports are available on the Garfield County Criminal Justice website for 2016, 2017 and 2018. The annual reports have a comparison of data from the previous year to the current year. The incidents are very low however consideration of staff and client education are discussed in the annual reports. Interviews with PREA Coordinator and agency director confirm reviewing and approval of annual reports was completed prior to being posted on the website.

Conclusion: Provisions (a)(b)(c) and (d) were demonstrated by policy, review of annual reports and interviews with staff. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.288

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*)

Document Review:

GCCC Policy – Management Controls

2016 Annual Report

2017 Annual Report

2018 Annual Report

Interviews:

PREA Coordinator

Findings: GCCC policy requires uniform data be collected for every allegation of sexual abuse using standardized forms and definitions. The information is aggregated into annual reports that contain no personnel identifiers and is available on the Garfield County Criminal Justice website. All data is secured electronically through the Garfield County Internet Department.

Conclusion: Provisions (a)(b)(c) and (d) were demonstrated by policy, review of documents and interviews with staff. Based upon the review and analysis of all available evidence, GCCC is found in compliance with standard 115.289

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*)

Document Review:

2016 PREA Audit Summary Report – Final

Findings: GCCC was audited for the first time on April 5 – 7, 2016. GCCC is the only facility for the agency. The current audit was conducted on June 11-12, 2019 which is within the required three-year time frame. The auditor was given full access to every area of GCCC and was not reliant on staff escort. All records were accessible during the audit and copies of any required documentation were immediately provided. All staff and client interviews were conducted in private settings.

Conclusion: Based upon the review and analysis of the last audit report and completion of the current audit, GCCC is found in compliance with standard 115.401

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.

The 2016 PREA Auditor's is available at <https://www.garfield-county.com/criminal-justice/documents/PREA-Auditor-Summary-Report-Garfield-County-Community-Corrections.pdf> The final report was posted on September 14, 2016 on the website and remains available currently.

Conclusion: Based upon the review and analysis of the website and 2016 PREA Summary Report, GCCC is found in compliance with standard 115.403

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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.

Joan Shoemaker

September 20, 2019

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.