PREA Facility Audit Report: Final

Name of Facility: Garfield County Community Corrections Facility

Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 10/02/2023

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | |
| Auditor Full Name as Signed: Karen d. Murray | Date of Signature: 10/02/ 2023 |

| AUDITOR INFORMATION | |
|----------------------------------|------------------------|
| Auditor name: | Murray, Karen |
| Email: | kdmconsults1@gmail.com |
| Start Date of On- Site Audit: | 08/28/2023 |
| End Date of On-Site Audit: | 08/29/2023 |

| FACILITY INFORMATION | | |
|----------------------------|--|--|
| Facility name: | Garfield County Community Corrections Facility | |
| Facility physical address: | 0244 County Road 333A, Rifle, Colorado - 81650 | |
| Facility mailing address: | | |

| Primary Contact | |
|------------------------|-----------------------------|
| Name: | Mary Gillis |
| Email Address: | mgillis@garfiedl-county.com |
| Telephone Number: | 970-625-0334 ext 440 |

| Facility Director | |
|-------------------|-----------------------------|
| Name: | Travis Horton |
| Email Address: | thorton@garfield-county.com |
| Telephone Number: | 970-625-0334 ext 440 |

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

| Facility Characteristics | |
|---|------------------------|
| Designed facility capacity: | 60 |
| Current population of facility: | 41 |
| Average daily population for the past 12 months: | 36 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 22 - 63 |
| Facility security levels/resident custody levels: | Minimum |
| Number of staff currently employed at the | 18 |

| facility who may have contact with residents: | |
|---|---|
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 3 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | | |
|---|--|--|
| Name of agency: | Garfield County Criminal Justice Services Department | |
| Governing authority or parent agency (if applicable): | | |
| Physical Address: | 0224 County Road 333, Rifle, Colorado - 81650 | |
| Mailing Address: | | |
| Telephone number: | 9706250334 | |

| Agency Chief Executive Officer Information: | |
|---|-----------------------------|
| Name: | Travis Hoton |
| Email Address: | thorton@garfield-county.com |
| Telephone Number: | 970-625-0334 ext 440 |

| Agency-Wide PREA Coordinator Information | | | |
|--|-------------|----------------|---------------------------------|
| Name: | Mary Gillis | Email Address: | mgillis@garfield- county.com |

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

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

Number of standards exceeded: 115.215 - Limits to cross-gender viewing and searches 115.267 - Agency protection against retaliation 115.273 - Reporting to residents Number of standards met: 38 Number of standards not met:

| POST-AUDIT REPORTING INFORM | ATION |
|---|---|
| GENERAL AUDIT INFORMATION | |
| On-site Audit Dates | |
| 1. Start date of the onsite portion of the audit: | 2023-08-28 |
| 2. End date of the onsite portion of the audit: | 2023-08-29 |
| Outreach | |
| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | YesNo |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Colorado TIPS Hotline Third-party reporting at: Prison Rape Elimination Act Form – Criminal Justice (garfield-county.com) |
| AUDITED FACILITY INFORMATION | |
| 14. Designated facility capacity: | 60 |
| 15. Average daily population for the past 12 months: | 36 |
| 16. Number of inmate/resident/detainee housing units: | 2 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | Yes No Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit **36.** Enter the total number of inmates/ 43 residents/detainees in the facility as of the first day of onsite portion of the audit: 2 38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: 39. Enter the total number of inmates/ 1 residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: 40. Enter the total number of inmates/ 0 residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: 41. Enter the total number of inmates/ 1 residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: 42. Enter the total number of inmates/ 0 residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: 43. Enter the total number of inmates/ 1 residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:

| 44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
|---|-------------------|
| 45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 10 |
| 47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | No text provided. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 18 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |

| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
|---|--|
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 9 |
| 54. Select which characteristics you | Age |
| considered when you selected RANDOM INMATE/RESIDENT/DETAINEE | Race |
| interviewees: (select all that apply) | Ethnicity (e.g., Hispanic, Non-Hispanic) |
| | Length of time in the facility |
| | Housing assignment |
| | ■ Gender |
| | Other |
| | None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | Four days before the onsite review the facility provided a roster by room, and targeted category. After the Auditor separated the names by gender, and targeted category, random interview names were chosen by gender and dorm. |

| 56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews? | Yes No |
|--|-------------------|
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | No text provided. |
| Targeted Inmate/Resident/Detainee Interview | s |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 3 |
| As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0". | |
| 60. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 1 |
| 61. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |

| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category: | Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. The inmates/residents/detainees in this targeted category declined to be interviewed. |
|--|---|
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | This targeted category was offsite at work during the onsite review. |
| 62. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category: | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ■ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | After a tour of the facility, interviews with staff and clients, this category of targeted client did not appear to be at the facility during the onsite review. |
| 63. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol: | 1 |

| 64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
|--|---|
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category: | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ■ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | After a tour of the facility, interviews with staff and clients, this category of targeted client did not appear to be at the facility during the onsite review. |
| 65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 1 |
| 66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category: | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ■ The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | After a tour of the facility, interviews with staff and clients, this category of targeted client did not appear to be at the facility during the onsite review. |
|--|---|
| 67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category: | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ■ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The facility has not experienced a sexual abuse allegation in the past 12 months. |
| 68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol: | 2 |

| 69. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol: | 0 |
|--|---|
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category: | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ■ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | The facility does not utilize segregated housing. |
| 70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | Many of the targeted clients were off site working during the onsite review; however, all targeted clients on site during the review were interviewed. |
| Staff, Volunteer, and Contractor Interv | views . |
| Random Staff Interviews | |
| 71. Enter the total number of RANDOM STAFF who were interviewed: | 7 |
| | |

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| 72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | ■ Length of tenure in the facility ■ Shift assignment ■ Work assignment ■ Rank (or equivalent) ■ Other (e.g., gender, race, ethnicity, languages spoken) ■ None |
|---|---|
| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | Yes No |
| a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply) | ■ Too many staff declined to participate in interviews. ■ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ■ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ■ Other |
| 74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | All security staff from each of the three shifts were interviewed during the onsite review. |

| Specialized Staff, Volunteers, and Contractor Interviews | |
|--|--|
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. | |
| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 9 |
| 76. Were you able to interview the Agency Head? | |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | |
| 78. Were you able to interview the PREA Coordinator? | |
| 79. Were you able to interview the PREA Compliance Manager? | No NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

| 80. Select which SPECIALIZED STAFF | Agency contract administrator |
|---|--|
| roles were interviewed as part of this audit from the list below: (select all that apply) | Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment |
| | Line staff who supervise youthful inmates (if applicable) |
| | Education and program staff who work with youthful inmates (if applicable) |
| | ☐ Medical staff |
| | ☐ Mental health staff |
| | Non-medical staff involved in cross-gender strip or visual searches |
| | Administrative (human resources) staff |
| | Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff |
| | Investigative staff responsible for conducting administrative investigations |
| | Investigative staff responsible for conducting criminal investigations |
| | Staff who perform screening for risk of victimization and abusiveness |
| | Staff who supervise inmates in segregated housing/residents in isolation |
| | Staff on the sexual abuse incident review team |
| | Designated staff member charged with monitoring retaliation |
| | First responders, both security and non- security staff |
| | ■ Intake staff |

| | Other |
|--|----------------------------------|
| 81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility? | Yes No |
| 82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility? | Yes No |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff. | No text provided. |
| SITE REVIEW AND DOCUMENTATION | ON SAMPLING |
| Site Review | |
| PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information. | |
| 84. Did you have access to all areas of the facility? | YesNo |
| Was the site review an active, inquiring process that included the following: | |
| 85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, crossgender viewing and searches)? | YesNo |

| 86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)? | YesNo | |
|--|----------------------------------|--|
| 87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)? | Yes No | |
| 88. Informal conversations with staff during the site review (encouraged, not required)? | Yes No | |
| 89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). | No text provided. | |
| Documentation Sampling | | |
| Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record. | | |
| 90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? | YesNo | |
| 91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). | No text provided. | |

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | |
|---|--|------------------------------|--|---|
| Inmate- on- inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff- on- inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: a. Explain why you were unable to review any sexual abuse investigation files: The facility has not received a sexual abuse allegation in the past 12 monhts.

| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | YesNoNA (NA if you were unable to review any sexual abuse investigation files) |
|---|--|
| Inmate-on-inmate sexual abuse investigation | files |
| 100. Enter the total number of INMATE- ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | Yes No NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | No NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation fil | es |
| 103. Enter the total number of STAFF- ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | Yes No NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |

| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | Yes No NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
|---|--|
| Sexual Harassment Investigation Files Select | ed for Review |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| a. Explain why you were unable to review any sexual harassment investigation files: | the facility has not received a sexual harassment allegation in the past 12 months. |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | Yes No NA (NA if you were unable to review any sexual harassment investigation files) |
| Inmate-on-inmate sexual harassment investig | gation files |
| 108. Enter the total number of INMATE- ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations? | Yes No NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

| 110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | Yes No NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
|--|--|
| Staff-on-inmate sexual harassment investigat | ion files |
| 111. Enter the total number of STAFF- ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | Yes No NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | Yes No NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | No text provided. |

| SUPPORT STAFF INFORMATION | | | | |
|--|--|--|--|--|
| DOJ-certified PREA Auditors Support S | itaff | | | |
| 115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the preonsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | Yes No | | | |
| Non-certified Support Staff | | | | |
| 116. Did you receive assistance from any | Yes | | | |
| NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the preonsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | ● No | | | |
| AUDITING ARRANGEMENTS AND | COMPENSATION | | | |
| 121. Who paid you to conduct this audit? | The audited facility or its parent agency | | | |
| | My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) A third-party auditing entity (e.g., accreditation body, consulting firm) Other | | | |
| | | | | |

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | | | |
|---------|--|--|--|--|
| | Auditor Overall Determination: Meets Standard | | | |
| | Auditor Discussion | | | |
| | Document Review: | | | |
| | 1. Garfield County Community Corrections Facility PAQ | | | |
| | 2. Garfield County Community Corrections PREA Policy, dated 6.1.2023 | | | |
| | 3. Criminal Justice Organization Chart, dated 6.30.2023 | | | |
| | | | | |
| | Interviews: | | | |
| | 1. Random Clients | | | |
| | 2. Targeted Clients | | | |
| | 3. Criminal Justice Service Officers I | | | |

- 4. Security Supervisor / PREA Coordinator
- 5. Program Director

Through interviews with clients and personnel it is evident that this facility interweaves requirements for this standard in their daily protocols. Both clients and staff could speak to facility PREA practices and protocols being used as is described in the agency's PREA policies. The PREA Coordinator could attest to having the required time to institute and implement PREA protocols. Clients stated the following unsolicited comments regarding the facility:

- · Facility staff are really nice hear and thoroughly explain PREA to us.
- · Staff go above and beyond here.
- · All staff have an open-door policy here.
- · I love it here; it is really a good place.

Onsite Observation:

The facility is comprised of one building with an Administrative office area, classrooms, a female side and a male side and a control room. The facility has multiple cameras in the interior and exterior of the building, all in seemingly working order. Each of the main three areas of the building are equipped with a bulletin board with contact numbers for reporting allegations of sexual harassment or sexual abuse to include the PREA Hotline, 911 Dispatch and the Advocate Safe House.

PREA audit notices were observed to have been posted at the entrance to the building, one set on each entrance to the male and female living sides of the building. All staff and clients who were in the building during the onsite review were interviewed, therefore no informal interviews were completed.

(a) The Garfield County Community Corrections Facility PAQ states the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Garfield County Community Corrections PREA Policy, page 1, section Policy, states, "Garfield County Community Corrections has a zero-tolerance policy towards all forms of sexual assault, sexual abuse, and/or sexual relationships and will not be tolerated. Clients will be free from fear of sexual assault and if a report of sexual assault is made, it will be investigated thoroughly and with respect to the client's safety, dignity, and privacy."

(b) The Garfield County Community Corrections Facility PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The PAQ states, "Mary Gillis, Security Supervisor for Garfield County Community Corrections has been designated as the facility PREA Coordinator."

The facility provided a Criminal Justice Organization Chart demonstrating the PREA Coordinator reports directly to the Travis Horton Criminal Justice Service Department.

Through such reviews, the facility meets the standard requirements.

115.212 Contracting with other entities for the confinement of residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Garfield County Community Corrections Facility PAQ

Interviews:

1. Program Director

During the pre-audit phase, the Program Director conveyed the agency did not have privatized contracts.

(a) The Garfield County Community Corrections Facility PAQ states agency does not contract with private agencies for confinement services of their Residents.

Through such reviews, the facility meets standard requirements.

115.213 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Community Corrections Annual Staffing Plan Review, dated 7.12.2023

Interviews:

- 1. Random Clients
- 2. Targeted Clients
- 3. Criminal Justice Service Officers I

Interviews with clients demonstrated staff complete room checks often and announce themselves by knocking on the door and stating either 'Female staff on board' or 'male staff on board', each time they enter the hallway and bedrooms.

Interviews with Criminal Justice Service Officers I demonstrated 'counts' are completed multiple times throughout their shift.

Site Observation:

During the tour cross gender announcements were made each time staff entered the hallway and or bedroom of male and female area.

(a) The Garfield County Community Corrections Facility PAQ states for each facility, the agency develops and documents a staffing plan that provides for

adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 38. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 40.

The facility provided a Garfield County Community Corrections Annual Staffing Plan Review. The staffing plan documents the following information.

- Date of Assessment
- · Facility Name
- Staff Members Involved
- Generally accepted detention and correctional practices.
- Any judicial findings of inadequacy.
- · Any findings of inadequacy from Federal investigative agencies.
- · Any findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plan (including "blind-spots" or areas where staff or inmates may be isolated).
- The composition of the inmate population.
- · The number and placement of supervisory staff.
- · Institution programs occurring on a particular shift.
- · Any other relevant factors.
- Conclusions and Recommendations

The staffing plan is to be signed and dated by the PREA Coordinator.

(a) The Garfield County Community Corrections Facility PAQ states each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ states, "Staff will be called in or held over to ensure compliance with staffing minimums. Supervisor and Case Management staff will cover shifts if / when necessary."

The facility provided a Deviations from Staffing Plan form which is attached to the

agency Staffing Plan. The Deviations from Staffing Plan demonstrates the facility has not had any deviations in the past 12 months; however, the form is set up to collect the following information.

- Facility Name
- Date
- Description of Staffing Plan Deviation
- Justification for Deviation
- (c) The Garfield County Community Corrections Facility PAQ states at least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The staffing plan in its entirety is completed again, annually.

Through such reviews, the facility meets the standards requirements.

115.215 Limits to cross-gender viewing and searches

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Community Corrections Client Supervision Policy and Procedures, dated 6.1.2023
- 3. PREA for the Correctional Professional PowerPoint, not dated
- 4. Garfield County Staff Training Roster, dated 4.27.2023

Interviews:

- 1. Random Clients
- 2. Targeted Clients

3. Criminal Justice Service Officers I

Interviews with client demonstrated the facility has respectable processes in place for searches and urinalysis testing. Every client interviewed stated searches and urinalysis were completed by same sex staff and all stated each process was conducted respectfully.

Interviews with Criminal Justice Service Officers I demonstrated cross-gender searches are not conducted. Staff stated the opposite gender staff only ask clients to empty their pockets and search through their bags/backpacks. Criminal Justice Services Officers stated urinalysis testing was conducted with one staff and one client inside the restroom. Criminal Justice Service Officers stated clients are encouraged to change clothing behind restroom closed doors, at all times.

Site Observation:

During the tour of the facility the Auditor observed the Intake area, which is in the staff control booth area. The bathroom used for urinalysis is located near the entrance of the building, hand as a full door to ensure privacy. During the tour Client restrooms were observed to be behind a full door with curtained shower curtains on each shower to allow for privacy while changing and showering.

(a) Garfield County Community Corrections Facility PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents was zero. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff was zero.

Garfield County Community Corrections Client Supervision Policy and Procedures, section Contraband, Procedure. B. Pat Down and Strip Searches: All searches shall be conducted in a professional manner. Staff will not use client searches as a form of harassment. a., states, "Normally, only staff members of the same gender as the client being searched will perform pat down searches of clients. If circumstances or a situation dictates immediate need for a search due to imminent danger to the public, the client, other clients or staff, a member of the opposite gender may conduct the search. If such a search is done, the reason for the search must be documented in the client's chronological file. All strip searches and body cavity searches must be completed by two staff persons of the same gender as the client and must be approved by a manager before being completed. Staff members shall

not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination in private by a medical practitioner. Pat down searches will be conducted on every residential client at the facility a minimum of five (5) times per month."

- (b) Garfield County Community Corrections Facility PAQ states the facility policy does require that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified as cross-gender strip searches and body cavity searches are not allowed. The number of pat-down searches of female residents that were conducted by male staff was zero. The PAQ states, "We do not allow for cross gender pat-down searched for either gender." "We do not require pat-down searches for participation in regularly available programming or other outside opportunities." Policy compliance can be found in provision (a) of this standard.
- (a) Garfield County Community Corrections Facility PAQ states the facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. Policy compliance can be found in provision (a) of this standard.
- (d) Garfield County Community Corrections Facility PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Garfield County Community Corrections Client Supervision Policy and Procedures, section Random Headcounts and Facility Walkthroughs, D., states, "Any staff member, of an opposite gender, are to knock and announce their presence whenever entering a housing area (client rooms, dayrooms, etc.), and in areas where clients may be changing clothes (bathroom). Typically, there should be a 2-3 second delay between knocking/announcing and employee entrance into that area.

(e) The Garfield County Community Corrections Facility PAQ states the facility

has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Such searches (described in 115.215(e)-1) occurred in the past 12 months was zero. Policy compliance can be found in provision (a) of this standard.

(f) The Garfield County Community Corrections Facility PAQ states 98 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

The facility provided PREA for the Correctional Professional PowerPoint curriculum. Slides 8-16 speak to each provision within this standard.

The facility provided a Garfield County Staff Training Roster. The roster demonstrates staff signatures on the roster have been trained in PREA – For Community Corrections. Signatures serve as an acknowledgement that staff have received and understood the training provided.

Through such reviews of the facility never conducting strip searches or cross-gender pat searches, the facility exceeds the standards requirements.

115.216

Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. PREA for the Correctional Professional Garfield County Community Corrections PowerPoint, not dated
- 4. Memorandum of Understanding, Spring Institute for Intercultural Learning, dated 3.7.2016

- 5. Garfield County Staff Training Roster, dated 4.27.2023
- 6. Facts You Should Know Brochure, English and Spanish, not dated

Interviews:

- 1. Criminal Justice Service Officers I
- 2. Security Supervisor / PREA Coordinator

Interviews with Criminal Justice Service Officers demonstrated they were clear in regard to not using clients for interpreter services and would utilize a staff member or language line services when necessary.

The interview with the PREA Coordinator demonstrated the facility would use the Interpreter Network when necessary.

(a) The Garfield County Community Corrections Facility PAQ states the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Garfield County Residential Community Corrections Policy and Procedures, page 34-35, section 12. c., states, "GCCC has memorandums of understanding with agencies to assist with providing clients with disabilities (including, for example, clients who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities). The client shall have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with clients who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Staff may serve as an interpreter or be required to read information to the client. If a client enters the program that has a disability Staff shall immediately inform the Director. The Director may make arrangements for assistive services for the client. GCCC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

The facility provided a PREA for the Correctional Professional Garfield County Community Corrections PowerPoint. Slide 12 states, "GCCC shall not rely on client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay could compromise safety or impede the performance of first-responder duties."

The facility provided a Memorandum of Understanding, Spring Institute for Intercultural Learning. The contract scope of service states, "Each interpreter at Spring Institute shall perform his/her duties per a code of professional conduct." The memorandum does not appear to have an expiration date until either party notifies the other with a written request to terminate.

The facility provided a Facts You Should Know Brochure, in English and Spanish. The brochure provides the following information.

- Community Corrections Program Zero-Tolerance Policy
- · Self-Protection
- · Prevention/Intervention
- · Reporting Procedures for Prohibited Sexual Behavior
- Treatment and Counseling
- Seeking Relief for Retaliation
- · Disciplinary Actions for Making False Allegations in bad faith
- (b) The Garfield County Community Corrections Facility PAQ states the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy compliance can be found in provision (a) of this standard.
- (c) The Garfield County Community Corrections Facility PAQ states the agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of

instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations was zero.

Garfield County Residential Community Corrections Policy and Procedures, page 35, section 12. e., states, "Staff shall not rely on client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety, the performance of first-response duties, or the investigation of the client's allegations."

Through such reviews, the facility meets standard requirements.

115.217 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. Garfield County Community Corrections Interview questions for Criminal Justice Services Officer I, not dated
- 4. Post Audit: Garfield County Community Corrections Memorandum, Subject: Criminal Background Checks, 115.217 (e), dated 9.21.2023
- 5. Post Audit: Employee Background Checks
- 6. Post Audit: Garfield County Community Corrections Memorandum, Subject: Administration Adjudication/Institutional Reference Checks, 115.217 (a)(c)(3), dated 9.21.2023
- 7. Post Audit: PREA Reference Check Form, dated 5.2023
- 8. Post Audit: Completed Employee Administrative Adjudication Attestation Forms
- Post Audit: 5-Year Background Tracking Form

Interviews:

- 1. Human Resource Director
- 2. Administrator

Interviews with Human Resource Director demonstrated criminal background checks and administrative adjudication questions are completed upon hire; however, file reviewed demonstrated administrative adjudication questions were not a current practice.

The interview with the Administrator demonstrated he ensures applicants complete administrative adjudication questions during the application process and conducts institutional reference checks for each applicable applicant. The Administrator stated criminal background checks are completed every five years for facility and contract personnel through the division of Criminal Justice – Office of Community Corrections by entering newly hired staff into the state system.

Site Observation:

By utilizing the PREA Community Confinement Documentation Review Employee File/Records template, 10 employee files reviewed demonstrated eight of ten had background checks upon hire and within five years, thereafter. One of the employees was the Human Resource Director who does is rarely at the facility and never unescorted. The facility was unable able to demonstrate administrative adjudication questions were asked during the application and promotion processes and institutional references being completed.

The facility does not have a current system in place to have newly hired personnel or those who have been promoted complete Administrative Adjudication questions. The facility does not have a current system in place to complete Institutional Reference Checks for applicable applicants. The facility relies on the State to conduct background checks every five years; however, one staff member did not have a current background check on file.

Action Plan:

- 1. Institute an Administrative Adjudication form for applicants and promoted staff to complete during the interview, hiring and or promotion process.
- 2. Institute an Institutional Reference Check form for applicants during the hiring

process.

- 3. Institute a mechanism, at the facility level, to ensure background checks are completed every five years for personnel and contractors.
- 4. Facility Director to complete a sustainable memorandum stating how the facility will ensure continued compliance moving forward. (This memorandum can be written with provisions (c)(2) and (e).)

Post audit the facility provided a Garfield County Community Corrections Memorandum, Subject: Criminal Background Checks, 115.217 (e), to the PREA Auditor, from the PREA Coordinator, stating, "Garfield County Community Corrections has designated that the PREA Coordinator and the Administrator will verity that 5-year background checks will be completed on all staff each calendar year. Garfield County Community Corrections will implement an electronic tracking system as part of our staff training records. This will help to ensure that background checks are up to date. The PREA Coordinator and Administrator will be responsible for ensuring this process is completed on all staff members and in a timely manner."

Post audit the facility provided five-year background checks for employees who were past the five-year background requirement.

Post audit the facility provided a Garfield County Community Corrections Memorandum, Subject: Administration Adjudication/Institutional Reference Checks, 115.217 (a)(c)(3), to the PREA Auditor from the PREA Coordinator, stating, "Garfield County Community Corrections has implemented the attached reference verification from to be utilized when new staff are hired to ensure that the administrative adjudication and institutional reference checks are documented. The PREA Coordinator and Administrator will be responsible for ensuring this process is completed on all candidates that are being considered for hire."

Post audit the facility provided completed Employee Administrative Adjudication Attestation Forms. The template form includes language for both new and promoted personnel.

Post audit the facility provided a PREA Reference Check form. The form documents the following:

Question 1: Are you aware of whether or not this person engaged in any sexual abuse or sexual harassment while employed at your facility? If YES, please elaborate (i.e. outcomes, determinations, description of allegation).

- Question 2: Are you aware of whether or not this person resigned from your facility while under investigation of an allegation of sexual abuse or sexual harassment?
- Facility Contact Name / Contact Title
- Attempt Dates
- Method of Contact
- · Question 1-2 answers
- · Comments

Post audit the facility provided a 5-year background tracking form. The form contains the following information.

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

Garfield County Residential Community Corrections Policy and Procedures, section Organizational Management / Accountability (OMA) OMA-010: Hiring and promotions, 6., states, "GCCC will ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (1) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluation conducted as part of reviews of the current employees. GCCC will also impose upon employees a continuing affirmative duty to disclose any such misconduct."

The facility provided Garfield County Community Corrections Interview questions for Criminal Justice Services Officer I. Questions 6-8, state the following.

- 6. "Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
- 7. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse?
- 8. Have you been civilly or administratively adjudicated to have engaged in the activity described in the previous question?"
- (b/f) The Garfield County Community Corrections Facility PAQ states agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Garfield County Residential Community Corrections Policy and Procedures, section Organizational Management / Accountability (OMA) OMA-010: Hiring and promotions, 1-2., state,

1. "GCCC will not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with the 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); 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 fuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1) (b) of this section.

- 2. GCCC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the service of any contractor, who may have contact with the residents."
- (c) The Garfield County Community Corrections Facility PAQ states the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional

employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was 2.

Garfield County Residential Community Corrections Policy and Procedures, section Organizational Management / Accountability (OMA) OMA-010: Hiring and promotions, 3., states, "Before hiring new employees who may have contact with residents GCCC shall:

- a. Perform criminal background records check; and
- b. 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."
- (d) The Garfield County Community Corrections Facility PAQ states the agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was zero.

Garfield County Residential Community Corrections Policy and Procedures, section Organizational Management / Accountability (OMA) OMA-010: Hiring and promotions, 4., "GCCC will also perform a criminal background records check before enlisting the services of any contractor who may have contact with the residents."

(e) The Garfield County Community Corrections Facility PAQ states agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Garfield County Residential Community Corrections Policy and Procedures, section Organizational Management / Accountability (OMA) OMA-010: Hiring and promotions, 5., "GCCC will conduct criminal background records checks at least every five years for all contract workers who may have contact with residents. GCCC in conjunction with the DCJ has a system in place to capture such information

for current employees."

(g) The Garfield County Community Corrections Facility PAQ agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Garfield County Residential Community Corrections Policy and Procedures, section Organizational Management / Accountability (OMA) OMA-010: Hiring and promotions, 7., "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

(h) Garfield County Residential Community Corrections Policy and Procedures, section Organizational Management / Accountability (OMA) OMA-010: Hiring and promotions, 8., "Unless prohibited by law, GCCC will 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."

Through such reviews, the facility meets standard requirements.

115.218 Upgrades to facilities and technology

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Garfield County Community Corrections Facility PAQ

Interviews:

- 1. Criminal Justice Services Officer I
- 2. Program Director

An informal interview with the Criminal Justice Service Officer stated the cameras are rarely down and when not working a simple reboot is the typical solution for

repair.

The interview with the Program Director demonstrated upgrades to the facility DVR took place for retention and capacity and to enhance video footage.

Site Observation:

During the onsite review cameras were reviewed in the control booth and each seemed to be operational. Cameras were viewed inside the building, and none can view inside client bedrooms or bathrooms.

- (a) The Garfield County Community Corrections Facility PAQ states the agency has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.
- (a) The Garfield County Community Corrections Facility PAQ states the agency/ facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.

Through such reviews, the facility meets standard requirements.

115.221 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. Memorandum of Understanding Advocate Safe House, dated 5.27.2020
- 4. Memorandum of Understanding The Western Slope Center for Children, Sexual Abuse Nurse Examiner, not dated

5. Email Correspondence Memorandum of Understanding Attempt Garfield County Sheriff, dated 8.2.2023

Interviews:

- 1. Random Clients
- 2. Targeted Clients
- 3. Criminal Justice Service Officers I
- 4. Security Supervisor / PREA Coordinator
- 5. Program Director

Interviews with clients demonstrated none had made a report of sexual abuse or had a need for a forensic medical examination.

Interviews with facility personnel demonstrated each were clearly aware of reporting protocols for sexual harassment and abuse. Each staff was aware clients would be offered and or provided medical care immediately following a sexual abuse allegation. Personnel interviewed were comfortable reporting internally and understood the processes for reporting externally.

Site Observation:

There facility has not experienced a need for a forensic medical examination in the past 12 months.

(a) The Garfield County Community Corrections Facility PAQ states the agency/ facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Garfield Sheriff's Office would conduct sexual abuse investigations.

When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

Garfield County Residential Community Corrections Policy and Procedures, section Report of Client Sexual Abuse/Assault While a Client of Garfield County Community Corrections, 5. Q., states, "If an allegation that is reported to and investigated by the appropriate legal/contracting authority does not result in

criminal charges or disciplinary actions from that body, Garfield County Community Corrections reserves the right to conduct an internal investigation. This investigation seeks to determine the risk that abuse/misconduct occurred and will provide Community Corrections with the opportunity to take the appropriate actions according to agency policy."

- (b) The Garfield County Community Corrections Facility PAQ states the protocol being developmentally appropriate for is not applicable as the facility does not house youthful offenders. The facility outlines a protocol; however, the protocol is individual to the facility coordinated response.
- (c) The Garfield County Community Corrections Facility PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The number of forensic medical exams conducted during the past 12 months is zero. The number of SANEs/SAFEs during the past 12 months was zero. The number of exams performed by a qualified medical practitioner during the past 12 months was zero.

Garfield County Residential Community Corrections Policy and Procedures, section Report of Client Sexual Abuse/Assault While a Client of Garfield County Community Corrections, 5. J., states, Forensic medical examinations will be provided free of charge to the victim by The Western Slope Center for Children is the agency that oversees the SANE Nurse program. The victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided free of charge to the victim, which will be provided by The Advocate Safe House Project.

The facility provided a Memorandum of Understanding between The Western Slope Center for Children, Sexual Abuse Nurse Examiner and Garfield County Criminal Justice Services Department. The first paragraph of the memorandum states, "This MOU is to clarify the contact process for Garfield County Criminal Justice Services Department (CJSD) for any instances that a sexual assault is reported, and a SANE Nurse is needed. The desire of both parties of this agreement is to assure any victims of a sexual assault are given the care and support needed." The memorandum is signed and dated by the Advocacy Director on 8.26.2020 and the Garfield County Security Supervisor and the Garfield County Administrator on

8.26.2020.

(d) The Garfield County Community Corrections Facility PAQ states the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. The efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. Policy compliance can be found in provision (c) of this standard.

The facility provided a Memorandum of Understanding (MOU) – Advocate Safe House. Page one, section, Purpose, states, "The purpose of this Memorandum of Understanding (MOU) is for the Advocate Safe House Project, Glenwood Springs, Colorado, to provide victim advocacy and victim rights assistance and information to offenders managed by the Garfield County Criminal Justice Services presented for sexual assault investigation, recovery and treatment. The MOU appears to be current with an expiration date of five years from the date of signature.

(e) The Garfield County Community Corrections Facility PAQ states if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Garfield County Residential Community Corrections Policy and Procedures, section Report of Client Sexual Abuse/Assault While a Client of Garfield County Community Corrections, 5. J., states, "As the needs of the client victim are being met, the agency shall assemble the Sexual Assault Response Team (SART), which includes the Program Administrator, the Manager of Residential Services, Client's Case Manager, Victim's Coordinator, and Advocate Safe house personnel (MOU is in place to have Advocate Safe house employees respond to initial needs of the client and refer the client to qualified treatment provider)."

(f) The Garfield County Community Corrections Facility PAQ states if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

The facility provided an email correspondence to the Garfield County Sheriff's Office requesting an agreement with the following, "Garfield County Community Corrections and all other Community Corrections facilities have committed to be in compliance with the Department of Justice's National Prison Rape Elimination Act (PREA) Standards. In anticipation of this facility's future PREA Audits conducted by the Department of Justice, we are collecting necessary documentation concerning potential PREA investigations conducted at Garfield County Community Corrections, I am required to request that all agencies that could potentially investigate a PREA allegation in this facility follow certain guidelines as outlined in the PREA Standards. Our below requests are being made to ensure our facility's compliance with the PREA Standards, and while an affirmative response would be helpful, for the purposes of our audit, the auditor only needs to view the documentation that supports that we made the requests.

Through such reviews, the facility meets standard requirements.

115.222 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

- 1. Criminal Justice Service Officers I
- 2. Program Director / Investigator

Interviews with all personnel demonstrated each would contact the Security Supervisor/PREA Coordinator or the Program Director with allegations of sexual harassment and sexual abuse.

The interview with the Investigator demonstrated an investigation would begin immediately upon receipt of an allegation of sexual harassment or sexual abuse.

On Site Review:

The facility has not experienced a sexual harassment or sexual abuse allegation in the past 12 months.

(a) The Garfield County Community Corrections Facility PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had zero allegations of sexual abuse and sexual harassment that were received.

Garfield County Residential Community Corrections Policy and Procedures, page 33, section 1. B. i., states, "Garfield County Sheriff's deputies will be responsible for collecting any evidence, and interviewing the victim, abuser, and any witnesses to the incident, and pursuing criminal charges if appropriate. Garfield County Community Corrections administrative staff will conduct administrative investigations if appropriate."

(b/c) The Garfield County Community Corrections Facility PAQ states the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is available upon request to the Program Director and a notice of the request is posted in the facility entrance. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Policy compliance can be found in provision (a) of this standard and §115.221 (f).

Through such reviews, the facility meets standard requirements.

| uditor Overall Determination: Meets Standard |
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| uditor Discussion |
| ocument Review: |
| Garfield County Community Corrections Facility PAQ |
| ıc |

- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. PREA for the Correctional Professional Garfield County Community Corrections PowerPoint, not dated
- 4. Garfield County Staff Training Roster, dated 4.27.2023
- NEED COMPLETED FILE REVIEW

Interviews:

- 1. Criminal Justice Service Officers I
- 2. Program Director

Interviews with Criminal Justice Service Officers demonstrated each were aware of and received initial and annual PREA training. Staff reported training was delivered to them through monthly staff meetings, online or through in-person training.

NEEDS TO DEMONSTRATE The interview with the Program Director

Site Observation:

RNEED FILE REVIEW TO DEMONSTRATE

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

Garfield County Residential Community Corrections Policy and Procedures, page 86, section Procedure 1., states, "Staff Orientation Training will be completed in the first full week of employment (40 hours). When the training is completed the employee, and the supervisor will sign off on the training form that has been completed. This document will be retained in each employee's training file.

Garfield County Residential Community Corrections Policy and Procedures, page 87, section Procedure 6., states, "Annual PREA related refresher training shall be provided to all staff to include the following topics: zero tolerance policy, responsibilities under sexual abuse prevention, detection, reporting and response, residents' rights, dynamics of sexual abuse in confinement, and communication with a diverse client population. Staff shall be trained specifically concerning the gender

related issues of the facility population they are assigned to and in the event of change in assignment with the opposite gender, staff will receive updated training. The Annual PREA Training shall include the following:

- A. Zero Tolerance policy for sexual abuse and sexual harassment:
- B. How to fulfill their responsibilities under GCCC sexual abuse and sexual harassment prevention, detection, reporting and response policy and procedures
- C. Residents' rights to be free from sexual abuse and sexual harassment
- D. The right of residents and employees to be free from retaliation from reporting sexual abuse and sexual harassment
- E. The dynamics of sexual abuse and sexual harassment in confinement
- F. The common reactions of sexual abuse and sexual harassment victims
- G. How to avoid inappropriate relationships with clients
- H. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents, and;
- I. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities."

The facility provided a PREA for the Correctional Professional Garfield County Community Corrections PowerPoint. The PowerPoint includes the following learning objectives.

- Zero Tolerance
- Understanding the Populations (LGBTQI)
- · Clients are allowed to dress, shower or perform bodily functions without their breast, buttocks or genitalia being viewed by opposite gender staff.
- Opposite gender staff will announce their presence when entering a client's housing unit that houses opposite gender clients.
- Pat Searches
- · Offender Interpreters
- Available Language Line
- First Responders
- Additional Resources

- · How do staff avoid Inappropriate relationships with clients?
- · What are the procedures for reporting client sexual abuse, sexual assault, sexual harassment, and sexual misconduct?
- · If the client is at risk of imminent sexual abuse, what do you do?
- · What is the protocol for obtaining useable physical evidence if a client alleges sexual abuse or sexual assault?
- Client Reporting
- Rape Crisis Hotline
- Shall accept reports made verbally, in writing, anonymously, and from third parties and shall immediately and confidentially report to their supervisor or the Manager
- Shall not reveal any information related to sexual assault/rape, sexual abuse, sexual misconduct, or sexual harassment or report to anyone other than to supervisors, investigators, and designated officials.
- (b) The Garfield County Community Corrections Facility PAQ states training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. The facility has both gender Clients, and all staff are trained to work with each gender.
- (c) The Garfield County Community Corrections Facility PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements annually. Policy compliance can be found in provision (a) of this standard.
- (d) The Garfield County Community Corrections Facility PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification

The facility provided a training roster dated 4.27.2023 with 19 facility staff signatures attesting acknowledging that each had received and understood the training the PREA training.

Through such reviews, the facility meets standard requirements.

115.232 Volunteer and contractor training Auditor Overall Determination: Meets Standard **Auditor Discussion Document Review:** 1. Garfield County Community Corrections Facility PAQ Volunteer / Contractor Training Acknowledgment, not dated 3. Completed Vendor Training Records and Background Checks Interviews: 1. Program Director The interview with the Program Director demonstrated the facility has not utilized volunteers or contractors post COVID. The Garfield County Community Corrections Facility PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is two. The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is two. The facility provided two completed vendor training records demonstrating each have attested to be trained on the following. _____, understand that Garfield County Community Corrections has a zero-tolerance policy for any sexual contact or sexual harassment, whether consensual or non-consensual, between clients, staff members, volunteers and/or contractors, and visitors. Any behavior of a sexual nature whether verbal, nonverbal, or physical is strictly prohibited while at this facility. This prohibited sexual behavior includes sexual assault, sexual conduct in a correctional institution,

and sexual harassment. If you receive any information, regardless of its source, concerning any prohibited sexual behavior you have reason to suspect, or you observe an incident of prohibited sexual behavior, you are required to instruct the resident not to take any actions that could destroy physical evidence and then report the incident to Staff. By Signing below, you are hereby certifying that you have read and understand the above terms, conditions, polices, and/or practices of Garfield County Community Corrections. You acknowledge that you have been given the opportunity to ask any and all questions and those questions have been answered satisfactorily. Copies of the zero-tolerance policy are available upon request.

You can also report any incident using the following methods:

- · You may report incidents of prohibited sexual behavior or seek relief against retaliation by:
- o Contacting local law enforcement
- o Reporting the incident to the community corrections program Director:
- (b) The Garfield County Community Corrections Facility PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- (c) The Garfield County Community Corrections Facility PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.

Through such reviews, the facility meets standard requirements.

| 115.233 | Resident education |
|---------|--|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Document Review: |
| | Garfield County Community Corrections Facility PAQ |

- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. Facts You Should Know Brochure, English and Spanish, not dated
- 4. Client PREA Advisement, not dated

Interviews:

- 1. Random Clients
- 2. Targeted Clients
- Criminal Justice Service Officers I

Interviews with clients demonstrated each were aware of their knowledge of PREA, reporting options included the PREA phone, reporting to a staff member, calling the PREA hotline or writing a letter.

Interviews with all Criminal Justice Service Officers I demonstrated each could educate clients on the agency PREA policies during the intake process which includes information on client rights and internal and external reporting options.

Site Observation:

Files review was completed by utilizing the PREA Audit – Community Confinement Facilities Documentation Review – Resident Files/Records template. Each of the 11 clients interviewed have been in the program under 12 months and all had received PREA education on the day of admission into the facility.

- (a) The Garfield County Community Corrections Facility PAQ states residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during past 12 months who were given this information at intake was 74.
- (b) The Garfield County Community Corrections Facility PAQ states the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the

past 12 months was zero. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information was zero.

(c) The Garfield County Community Corrections Facility PAQ states Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled and those who have limited reading skills. During the pre-audit phase the PREA Compliance Manager stated, "Staff will provide information in a format that works for the client."

Garfield County Residential Community Corrections Policy and Procedures, section Client Supervision, 5., states, "Upon arrival, all clients will receive an informational handout on sexual assault/abuse prevention, awareness, and reporting. Clients sign off acknowledging receipt of this information.

(d) The Garfield County Community Corrections Facility PAQ states the agency maintains documentation of resident participation in PREA education sessions.

The facility provided a Client Acknowledgment affirming each has been provided with facts related to the prevention of sexual assault and inappropriate relationships while in the program and understand the information they received.

(e) The Garfield County Community Corrections Facility PAQ states the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The facility provided a Facts You Should Know Brochure, in English and Spanish. The brochure provides the following information.

- Community Corrections Program Zero-Tolerance Policy
- Self-Protection
- Prevention/Intervention
- Reporting Procedures for Prohibited Sexual Behavior
- Treatment and Counseling

- · Seeking Relief for Retaliation
- Disciplinary Actions for Making False Allegations in bad faith

Through such reviews, the facility meets standard requirements.

115.234 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. Colorado Department of Corrections Lesson Plan, not dated
- 4. Investigator Training Record

Interviews:

1. Program Director / Investigator

The interview with the Investigator demonstrated he had completed specialized training for investigators during a department of corrections first responder training.

On Site Observation:

During the pre-audit phase training records for the Investigator were uploaded to the online audit system.

(a) The Garfield County Community Corrections Facility PAQ states agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

Garfield County Residential Community Corrections Policy and Procedures, page 44, section B. III, states, "Where sexual abuse is alleged, the agency shall use

investigators who have received special training in sexual abuse investigations pursuant to § 115.234."

The facility provided a Colorado Department of Corrections Lesson Plan. The Performance Objectives include the following.

- · Review definitions of sexual assault, sexual misconduct and sexual harassment
- Define the role of the Sexual Assault Nurse Examiner
- · Identify locations of current SANE programs in Colorado
- Explain the process of the medical-forensic exam and evidence collection in hospitals with a SANE response
- Detail Shift Commander interview techniques
- Review the current DOC investigative and healthcare response procedures to sexual assault and discuss "best practice" modifications.
- List variables that affect genital injury findings
- · Discuss potential benefits and barriers of providing a SANE response for offenders who have been sexually assaulted
- (b) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Trainings are conducted through the National Institutions of Corrections website.
- (b) The Garfield County Community Corrections Facility PAQ states the agency maintains documentation showing that investigators have completed the required training. Documentation is maintained by the PREA Coordinator. The number of investigators currently employed who have completed the required training is one.

The facility provided training records for one investigator demonstrating the completion of ICS/NIMS 300 and 400 Level Course for investigators.

Through such reviews the facility meets standard requirements.

| 115.235 | Specialized training: Medical and mental health care |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Document Review: |
| | 1. Garfield County Community Corrections Facility PAQ |
| | Interviews: |
| | 1. Program Director |
| | Interviews with the Program Director demonstrated the facility does not employ medical or mental health personnel in the facility who provide medical or mental health services directly to clients. |
| | (a) The Garfield County Community Corrections Facility PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is zero. |
| | (b/c) The Garfield County Community Corrections Facility PAQ states the agency has no medical staff at this facility. |
| | (c) This provision is not applicable as the facility does not employ medical or mental health personnel. |
| | Through such reviews the facility meets the standard requirements. |

| 115.241 | Screening for risk of victimization and abusiveness |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Document Review: |

- Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. Colorado Division of Criminal Justice Office of Community Corrections Screening for Risk of Sexual Victim Vulnerability/Abusiveness, dated 6.15.2013

Interviews:

- 1. Random Clients
- 2. Targeted Clients
- 3. Criminal Justice Security Officer I

Interviews with random and targeted clients demonstrated risk screening questions had been asked during the intake process and again within a month of the admission process by their case manager.

Interviews with a Criminal Justice Security Officer I demonstrated all officers have the potential for completing risk assessments due the size of the facility. The Criminal Justice Security Officer I stated risk assessments are completed within the hour of arrive in a one-on-one setting in the classroom. During the assessment the officer assesses if the client has been victimized, size, age, body language, criminal history and any collateral information received during and or after the intake process.

Site Observation:

Through utilization of the PREA Community Confinement Documentation Review Resident File / Records Review template, 12 of 12 offender risk screenings were completed within the 72-hour time frame and 12 of 12 offender reassessment were completed within the 30-day requirement.

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

Garfield County Residential Community Corrections Policy and Procedures, section Client Supervision, 6., states, "Prior to and upon arrival, staff should evaluate

client's potential for victimization including: any known history of victimization, transgender, transsexual or homosexual behaviors, small in stature/size, effeminate mannerisms, lack of confidence, timid, etc."

- (b) The Garfield County Community Corrections Facility PAQ states the agency policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 74.
- (c-e) The Garfield County Community Corrections Facility PAQ states the risk assessment is conducted using an objective screening instrument.

The facility provided a Colorado Division of Criminal Justice - Office of Community Corrections Screening for Risk of Sexual Victim Vulnerability/Abusiveness. The risk screening includes the following.

- Name / Diversion / DOC Date
- Staff Name / Staff Signature
- Youthful age (under 22 years old)
- · Elderly age (over 60 years old)
- Males: 5'6" and/or less than 140 lbs.
- · Females: 5' and/or less than 100 lbs.
- Mental/Illness/Developmental disability
- Physical disability
- First Incarceration
- · History of non-violent crimes only
- · History of sex offense convictions
- History of sexual victimization
- Feels vulnerable to victimization
- · Identifies as LGBTI or is perceived as LBBTI

Other Factors

Victim / Vulnerability

- Non-victim (If no to all factors)
- · Known victim (If yes to #10)
- · Possible victim (If yes to 2 or more)

Aggressive/Abusiveness Factors

- History of sexual abusiveness (in community)
- Gang Affiliation
- · History of Institutional violence or sexual abuse
- · History of violent convictions (in community)
- · Other factors (explain)

Aggressive / Abusiveness

- Known Abuser (#1 or #3)
- Possible Abuser (If yes to 2 or more)
- Non-abuser (no factors)
- (e) The Garfield County Community Corrections Facility PAQ states the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 70.

Garfield County Residential Community Corrections Policy and Procedures, page 93, section D., states, "All clients shall be assessed during an intake screening and upon

transfer to another facility for their risk of being sexually abused by other residents or sexually abusive towards other residents. The PREA Risk assessment tool will be used to assess the risk of clients entering the program.

- 1. Intake screening will be conducted by security staff members completing the residential intake.
- 2. Case Managers will reassess clients, not to exceed 30 days from the resident's arrival in the facility, for risk of victimization or abusiveness based on any additional information that received by the facility since the intake screening. Assessments will also be updated for the following reasons:
- a. Upon receipt of new information."
- (f) The Garfield County Community Corrections Facility PAQ states the policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Policy compliance can be found in provision (a) of this standard.
- (g) The Garfield County Community Corrections Facility PAQ states the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

Garfield County Residential Community Corrections Policy and Procedures, page 34, section E., states, "At any time, the client victim may refuse to participate in the process or refuse to answer questions and not proceed with the investigation/ reporting. The client shall not be punished for refusing to participate or forced to participate in any physical examination, providing a written statement, providing the police with information, etc."

Through such reviews, the facility meets standard requirements.

115.242 Use of screening information Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. PREA Risk Assessment Spreadsheet

Interviews:

- 1. Targeted Client
- 2. Program Director

An interview with one gay client demonstrated she was housed appropriately.

Interviews with the Program Director demonstrated due to the size of the facility, all staff can see client completed risk assessments.

Site Observation:

Review of classification protocols and offender placement dedicated rooms demonstrated thought and consideration is placed on offenders who could be considered victims and or aggressors in order to ensure sexual safety throughout the facility.

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

The facility provided a PREA Risk Assessment spreadsheet/workbook. The first spreadsheet 'PREA List' in the workbook documents the following information.

PREA List:

Last Name

- Housing Status
- · Bed
- Level
- Case Manager
- · Intake Date
- · 30 PREA Risk Assessment Update
- Date Completed
- Annual PREA Risk-Assessment Update
- Date Completed
- · Assessment Results: (to include potential victims and potential abusers)

The second spreadsheet 'PREA by Room' in the workbook documents the following information.

PREA by Room, color coded by Green = PV: Possible Victim; Red = PA: Possible Abuser; Orange = PA/PV: Possible Abuser or Victim; **=Neutral

- · Name
- · Room #
- Assessment Results
- (b) The Garfield County Community Corrections Facility PAQ states the agency/ facility makes individualized determinations about how to ensure the safety of each resident.

Garfield County Residential Community Corrections Policy and Procedures, page 89-90, section 3., states, "GCCC staff will use the information gathered from the PREA risk assessment to ensure that each clients' safety is determined on an individualized basis. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. A transgender or intersex resident's own views with respect to his or her own safety shall be given

serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents."

(c-f) The Garfield County Community Corrections Facility PAQ states the agency/ facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. Policy compliance can be found in provision (a) of this standard.

Through such reviews, the facility meets standard requirements.

115.251 Resident reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. Garfield County Community Corrections Residential Handbook, dated 8.1.2022
- 4. Facts You Should Know Brochure, not dated

Interviews:

- 1. Random Clients
- 2. Targeted Clients
- 3. Criminal Justice Security Officer I

Interviews with clients demonstrated each would call the number on the posters, use the PREA phone or report directly to a trusted staff member.

Interviews with staff demonstrated each would accept reports verbally, written reports with or without a client name and or through a third party. Each of the Criminal Justice Service Officers I could provide intake education to intakes and one interviewed stated during processing he has clients view the PREA video and explains client rights, reporting and agency zero tolerance policy. The Criminal Justice Security Officer I stated he takes each intake on a tour and points out the PREA phone and where posters with reporting information are located.

Site Observation:

During the tour, bulletin boards with contact numbers for reporting allegations of sexual harassment or sexual abuse to include the PREA Hotline, 911 Dispatch and the Advocate Safe House.

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

Garfield County Residential Community Corrections Policy and Procedures, page 86, section 3. a., states, "The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents."

(b) The Garfield County Community Corrections Facility PAQ states the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

Garfield County Residential Community Corrections Policy and Procedures, page 86, section 3. b., states, "The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request."

The facility provided a Garfield County Community Corrections Residential

Handbook. Page 2, third paragraph states, "To ensure your safety, all clients are encouraged to report instances of sexual assault to any program staff member. Clients may also report a sexual assault/abuse through a grievance form or contacting the agency PREA coordinator. Clients will have access to the PREA accessible phone in each day room, or they may utilize the phone in the conference room or their personal cell phone. All allegations will be taken seriously and thoroughly investigated and staff shall take the necessary steps to separate the victim from the accused. Staff will make assistance available for the client to receive medical evaluation and care as well as needed mental health support."

The facility provided a Facts You Should Know brochure with the following reporting information.

- The reporting procedures for sexual assault, sexual misconduct and sexual harassment (prohibited sexual behavior)
- Treatment is available through the hospital and counseling services
- You may report incidents of prohibited sexual behavior or seek relief against retaliation by:
- Calling the toll-free CDOC TIPS Line at 1-877-DOC-TIPS (1-877-362-8477)
- · Contacting local law enforcement
- Reporting the incident to the community corrections program Director at 970-625-0334, 0244 CR 333A, Rifle, CO 81650

On 7.26.2023 at 1:30 pm, this auditor phoned the CDOC TIPS Line at 1.877.362.8477. After the first ring a message stated, press one for English. This is the Colorado Department of Prisons tips line, please contact staff immediately, and press one for a onetime tip. A detailed introduction and reason for the call and a call back request was requested. Please note a reply was not received. Due to not receiving a call back from the Colorado TIPS Line, the facility will rely on local law enforcement for clients to externally report allegations of sexual harassment or sexual abuse.

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

Garfield County Residential Community Corrections Client Supervision Policy and Procedures, page 24, section XI., states, "In the event a client reports a sexual

assault that occurred prior to their arrival at Garfield County Community Corrections while in an institution, jail, or other correctional facility, the staff shall report this information to their supervisor through an incident report and attempt to gain a written statement from the client. The information shall be forwarded to the appropriate contracting agency (Department of Youth Services, Colorado Department of Corrections, Garfield County Jail, etc.)."

(d) The Garfield County Community Corrections Facility PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Garfield County Residential Community Corrections Policy and Procedures, page 86, section 3. d., states, "The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents." During the pre-audit phase, the facility director stated "Staff may submit online reports anonymously, report to supervisors or to law enforcement. They can email or write a letter or approach supervisors in person."

Through such reviews, the facility meets standard requirements.

115.252 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. Garfield County Residential Community Corrections Residential Handbook, dated 8.1.2022

Interviews:

- 1. Random Clients
- 2. Targeted Clients
- 3. Security Supervisor / PREA Coordinator

Interviews with clients demonstrated most were aware of the grievance procedures and understood they could complete a grievance. Clients stated they could obtain grievances by asking any staff.

The interview with the PREA Coordinator demonstrated the facility will begin an investigation upon receipt of a grievance pertaining to PREA.

(a) The Garfield County Community Corrections Facility PAQ states the agency does have an administrative procedure for dealing with resident grievances regarding sexual abuse.

Garfield County Residential Community Corrections Policy and Procedures, page 77, last paragraph states, "This agency has administrative procedures to address resident grievances regarding sexual abuse and is not exempt. Any client can turn in a grievance at any time regarding an allegation of sexual abuse.

Any client that turns in a grievance regarding sexual abuse is not required to use any informal grievance process and does not need to attempt to resolve with a staff member, an alleged incident of sexual abuse.

GCCC will ensure that:

A client who alleges sexual abuse can submit the grievance form to any security staff member, case manager, or supervisor in the department.

The grievance is not referred to a staff member who is the subject of the complaint.

GCCC will issue a final written decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filling of the grievance.

Computation of the 90-day time period shall not include time used by the client in preparing any administrative appeal.

GCCC my claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. If this occurs, GCCC will inform the client of the extension and provide a date by which a decision

will be made.

At any level of the administrative process, including the final level, if the client does not receive a response within the time allotted for replay, including any properly noticed extensions, the client may consider the absence of a response to be a denial at that level.

The facility provided a Garfield County Residential Community Corrections Residential Handbook, page 3, section Prison Rape Elimination Act, third paragraph, states, "To ensure your safety, all clients are encouraged to report instances of sexual assault to any program staff member. Clients may also report a sexual assault/abuse through a grievance form or contacting the agency PREA coordinator. Clients will have access to the PREA accessible phone in each day room, or they may utilize the phone in the conference room or their personal cell phone. All allegations will be taken seriously and thoroughly investigated and staff shall take the necessary steps to separate the victim from the accused. Staff will make assistance available for the client to receive medical evaluation and care as well as needed mental health support."

- (b) The Garfield County Community Corrections Facility PAQ states the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Policy compliance can be found in provision (a) of this standard.
- (c) The Garfield County Community Corrections Facility PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Policy compliance can be found in provision (a) of this standard.
- (d) The Garfield County Community Corrections Facility PAQ states the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, the number of grievances filed that alleged sexual abuse was zero. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero. Policy compliance can be found in provision (a) of this standard.

(e) The Garfield County Community Corrections Facility PAQ states agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that if a resident decline to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident decision to decline. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident decision to decline was zero.

Garfield County Residential Community Corrections Policy and Procedures, page 78, first paragraph states, "Third parties, including fellow clients, staff members, family members, attorneys, and outside advocates shall be permitted to assist residents in filling request for administrative remedies relating to allegations of sexual abuse, and shall be permitted to file such request on behalf of clients. If a third-party file such a request on behalf of a client, GCCC 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 purse any subsequent steps in the administrative remedy process. If the client declines to have the request processed on his or her behalf, GCCC will document the client's decision."

(f) The Garfield County Community Corrections Facility PAQ states the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was zero.

Garfield County Residential Community Corrections Policy and Procedures, page 78, second paragraph states, "Any client may file an emergency grievance alleging that a client is in substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a client is at imminent risk of sexual abuse the staff member will immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to administrative personnel (i.e. Director, Residential Services Manager, Security Supervisor) so that immediate corrective action may be taken. Administrative personnel will provide an initial response within 48 hours and issue a final response within 5 calendar days. The

initial response and the final decision will document GCCC's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. GCCC may discipline a client for filing a grievance related to alleged sexual abuse only where it is found that the client filed the grievance in bad faith.

(g) The Garfield County Community Corrections Facility PAQ states the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero.

Through such reviews, the facility meets standard requirements.

115.253 Resident access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. Memorandum of Understanding Advocate Safe House, dated 5.27.2020
- 4. Garfield County Residential Community Corrections Residential Handbook, dated 8.1.2022

Interviews:

- 1. Random Clients
- 2. Targeted Clients
- 3. Security Supervisor / PREA Coordinator

Interviews with clients demonstrated they were aware of advocacy services and the purpose of the services the advocacy agency provides.

The interview with the PREA Coordinator demonstrated clients could contact the advocacy agency through the PREA phone in the classroom, a facility phone with any staff member or through client individual cell phones.

Site Observation:

During the facility tour, postings of outside victim advocate information was observed on bulletin boards in the female and male day room areas.

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

Garfield County Residential Community Corrections Policy and Procedures, page 31, section 15., states, "The facility shall 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, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible."

Garfield County Residential Community Corrections Residential Handbook, page 3, provides residents address and phone numbers to the following entities.

- · Community Corrections Center
- Garfield County Combined Courts
- Probation Department
- Public Defenders Office
- District Attorney 9th Judicial
- · Grand River Medical Center
- PREA Reporting Line

- Advocate Safe House, Post Office Box 2036, Glenwood Springs, CO 81602, 970.945.4439
- (b) The Garfield County Community Corrections Facility PAQ states the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.

Garfield County Residential Community Corrections Policy and Procedures, page 31, section 16., states, "The facility shall 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."

(c) The Garfield County Community Corrections Facility PAQ states the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The facility provided a Memorandum of Understanding between The Western Slope Center for Children, Sexual Abuse Nurse Examiner and Garfield County Criminal Justice Services Department. The first paragraph of the memorandum states, "This MOU is to clarify the contact process for Garfield County Criminal Justice Services Department (CJSD) for any instances that a sexual assault is reported, and a SANE Nurse is needed. The desire of both parties of this agreement is to assure any victims of a sexual assault are given the care and support needed." The memorandum is signed and dated by the Advocacy Director on 8.26.2020 and the Garfield County Security Supervisor and the Garfield County Administrator on 8.26.2020.

Through such reviews, the facility meets standard requirements.

| 115.254 | Third party reporting |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Document Review: |

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

- Random Clients
- 2. Targeted Clients
- 3. Criminal Justice Service Officers I
- 4. Security Supervisor / PREA Coordinator
- 5. Program Director

Interviews with clients demonstrated they were aware they could report through a trusted adult in the community.

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

Site Observation:

During the facility tour, posting of agency third party information was found in the entrance vestibule of the facility.

(a) The Garfield County Community Corrections Facility PAQ states the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.

Through review of the Garfield Community Corrections website, the following thirdparty report information was found at Prison Rape Elimination Act Form – Criminal Justice (garfield-county.com)

For allegations of sexual abuse or sexual assault only
If you, or someone you know, is a victim of sexual assault, sexual misconduct,
sexual harassment or staff sexual misconduct, you can report it in one of the
following ways:

- Fill out and submit this online form
- Call the PREA line at: 970-625-0334, ext. 4451
- Notify a staff member
- Tell your case manager or community parole officer
- Contact the Garfield County Criminal Justice Director:

Rodney Hollandsworth

970-625-0334

0244 CR 333A

Rifle, CO 81650

- Call the Colorado Department of Corrections (CDOC) TIPS line: 1-877-DOC-TIPS (1-877-362-8477)
- Contact the CDOC PREA Coordinator:
 2862 South Circle Drive, Colorado Springs, CO 80906
- · Report the incident directly to the police

On 8.5.2023 at 3:14, this Auditor accessed the third-party reporting form on the County website and left the following message: I am the Prison Rape Elimination Act auditor for the Garfield CC facility. Could you please describe how this agency responds to third party reports through this website? Please email me at KDMConsults1@gmail.com with your response. On 8.5.2023 at 8:38 pm, this Auditor received two responses from the agency stating, "I received this email, and if it was a PREA complaint I would report the complaint to DCJ and begin the process of evaluating the complaint and developing our investigation."

Through such reviews, the facility meets standard requirements.

Auditor Overall Determination: Meets Standard Auditor Discussion Document Review: 1. Garfield County Community Corrections Facility PAQ 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023 Interviews: 1. Random Clients

- 2. Targeted Clients
- 3. Criminal Justice Service Officers I
- 4. Security Supervisor / PREA Coordinator
- 5. Program Director

Interviews with the personnel and clients demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment.

On Site Observation:

The facility has not experienced a sexual harassment or sexual abuse investigation in the past 12 months.

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

Garfield County Residential Community Corrections Policy and Procedures, page 31, section 9., states, "The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

(b) The Garfield County Community Corrections Facility PAQ states, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Garfield County Residential Community Corrections Policy and Procedures, page 31, section 10. – 11., states, "Apart from reporting to designated supervisors or officials, staff shall not reveal 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. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services."

- (c) This provision is not applicable as the facility does not have medical or mental health staff.
- (d) Garfield County Residential Community Corrections Policy and Procedures, page 31, section 12., states, "If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons' statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws."
- (e) Garfield County Residential Community Corrections Policy and Procedures, page 31, section 13, states, "The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Through such reviews, the facility meets standard requirements.

| 115.262 | Agency protection duties |
|---------|--|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Document Review: |
| | 1. Garfield County Community Corrections Facility PAQ |
| | 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023 |
| | |

Interviews:

- 1. Criminal Justice Service Officers I
- 2. Security Supervisor / PREA Coordinator
- 3. Program Director

Interviews with facility personnel demonstrated knowledge of any type of allegation, regardless of how reported is taken seriously and immediately reported to supervisory staff and local law enforcement if appropriate. Staff clearly articulated separating, preserving and reporting for any allegation received.

(a) The Garfield County Community Corrections Facility PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.

Garfield County Residential Community Corrections Policy and Procedures, page 29, section Policy, states, "Garfield County Community Corrections has a zero-tolerance policy towards all forms of sexual assault, sexual abuse, and/or sexual relationships and will not be tolerated. Clients will be free from fear of sexual assault and if a report of sexual assault is made, it will be investigated thoroughly and with respect to the client's safety, dignity, and privacy. Garfield County Community Corrections will take immediate actions to protect the resident upon receipt of a substantial risk of imminent sexual abuse. The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership."

Through such reviews the facility meets standard requirements.

| 115.263 | Reporting to other confinement facilities |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Document Review: |
| | 1. Garfield County Community Corrections Facility PAQ |
| | |

2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

1. Program Director

The interview with the Program Director demonstrated that he was aware that upon receiving an allegation that a resident was sexually abused while confined at another facility, he had the responsibility to notify the head of the facility where the allegation occurred.

(a-b) The Garfield County Community Corrections Facility PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero.

Garfield County Residential Community Corrections Policy and Procedures, page 31, section 14., states, "In the event a client reports a sexual assault that occurred prior to their arrival at Garfield County Community Corrections while in an institution, jail, or other correctional facility, the staff shall report this information to their supervisor through an incident report and attempt to gain a written statement from the client. The information shall be forwarded to the appropriate contracting agency (Department of Youth Services, Colorado Department of Corrections, Garfield County Jail, etc.) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards."

- (c) The Garfield County Community Corrections Facility PAQ states the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy compliance can be found in provision (a) of this standard.
- (d) The Garfield County Community Corrections Facility PAQ states the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the

number of allegations of sexual abuse the facility received from other facilities was zero. Policy compliance can be found in provision (a) of this standard.

Through such reviews, the facility meets the standard requirements.

115.264 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

1. Criminal Justice Service Officers I

Interviews with Criminal Justice Service Officers I demonstrated each were aware of their first responder responsibilities and spoke to preserving evidence in the area where the allegation may have occurred, the separation of victims and aggressors, ensuring neither changed clothes, smoked, ate, drank, or washed.

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

that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, zero allegations occurred where an inmate was sexually abused.

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero.

Garfield County Residential Community Corrections Policy and Procedures, pages 32 – 33, I. A., states, "Should a client report a sexual assault/abuse/harassment by another client, the following protocol should be followed:

If the report is made immediately following the assault staff should do the following:

- i. Separate the alleged victim and abuser.
- ii. Preserve and protect any crime scene until Garfield County Sheriff's deputies arrive to properly collect and document evidence.
- iii. Instruct the victim and the abuser not to take any action that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- iv. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim and abuser not take any actions that could destroy physical evidence then notify security staff.
- v. If the allegation is for sexual harassment, staff will contact the facility PREA Coordinator or Administrator for administrative investigation."
- (b) The Garfield County Community Corrections Facility PAQ states the facility's' policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero. Policy compliance can be found in provision (a) of this standard.

Through such reviews, the facility meets standard requirements.

115.265 **Coordinated response Auditor Overall Determination: Meets Standard Auditor Discussion Document Review:** Garfield County Community Corrections Facility PAQ Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023 Interviews: 1. Criminal Justice Service Officers I Security Supervisor / PREA Coordinator 3. **Program Director** Interviews with facility personnel demonstrated the response to allegations of sexual assault is written in the policies and procedures and is to be followed in response to sexual abuse and sexual harassment incidents. Site Observation: Review of the Community Supervision Team response demonstrates clear direction to staff to ensure first responder duties are fulfilled. (a) The Garfield County Community Corrections Facility PAQ states the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Garfield County Residential Community Corrections Policy and Procedures, page 29, section Policy states, "Garfield County Community Corrections has a zero-

tolerance policy towards all forms of sexual assault, sexual abuse, and/or sexual

relationships and will not be tolerated. Clients will be free from fear of sexual assault and if a report of sexual assault is made, it will be investigated thoroughly and with respect to the client's safety, dignity, and privacy. Garfield County Community Corrections will take immediate actions to protect the resident upon receipt of a substantial risk of imminent sexual abuse. The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership."

Through such reviews, the facility meets standard requirements.

115.266

Preservation of ability to protect residents from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

1. Program Director

The Program Director stated the agency has not entered into collective bargaining agreements of any kind.

(a) The Garfield County Community Corrections Facility PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.

Garfield County Residential Community Corrections Policy and Procedures, page 39, section XX, states, "Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew

any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

Through such reviews, the facility meets standard requirements.

115.267 Agency protection against retaliation

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

Security Supervisor / PREA Coordinator

Interviews with the PREA Coordinator demonstrated that she would begin retaliation monitoring upon receipt of an allegation of sexual abuse which is when retaliation processes are introduced to victims. The PREA Coordinator stated she would monitor for conflicts with others and visible changes with the client. The PREA Coordinator stated she would check in daily with the Client and document daily check-ins for up to 90 days or as long as may be necessary.

(a-b_ The Garfield County Community Corrections Facility PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Administrator, Residential Services Manager and the Security Supervisor are the designated staff completing retaliation monitoring.

Garfield County Residential Community Corrections Policy and Procedures, page 38, section III., states, "GCCC will monitor the conduct and treatment of clients and staff who reported the sexual abuse for a minimum of 90 days following the report.

GCCC will monitor if any changes occur that may suggest retaliation by staff or clients. If it is determined during the initial monitoring period, that more time is needed the monitoring period may go beyond 90 days. Retaliation monitoring will cease if the allegation is determined to be unfounded or the resident is released from supervision prior to the expiration of the ninety-day period."

(c-e) The Garfield County Community Corrections Facility PAQ states the facility monitors the conduct or treatment of Inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation. Policy compliance can be found in provision (a) of this standard.

Through such reviews of daily monitoring and documentation with clients, the facility exceeds standard requirements.

115.271 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

Facility Director / Investigator

The interview with the Investigator demonstrated he is the sole investigator for the facility. The Investigator will complete administrative investigations and the Garfield County Sheriff's office completes all criminal investigations.

Site Observation:

The facility has not experienced a sexual harassment or sexual abuse allegation in the past 12 months.

(a) The Garfield County Community Corrections Facility PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.

Garfield County Residential Community Corrections Policy and Procedures, page 32, section a., states, "The staff shall immediately contact 911 for the Sheriff's Deputy to respond to determine if an administrative or criminal investigation is appropriate for any allegation of sexual abuse or sexual harassment. If the client needs medical attention, an ambulance should also be requested to respond to the facility."

- (b) Garfield County Residential Community Corrections Policy and Procedures, page 33, section III., states, "Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234."
- (b) Garfield County Residential Community Corrections Policy and Procedures, page 33, section IV, states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- (d) Garfield County Residential Community Corrections Policy and Procedures, page 33, section V, states, "When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."
- (e) Garfield County Residential Community Corrections Policy and Procedures, page 33, section V, states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

- (f) Garfield County Residential Community Corrections Policy and Procedures, page 33, section VIII IX, states, "Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."
- (g) Garfield County Residential Community Corrections Policy and Procedures, page 33, section X., states, "Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible."
- (h) The Garfield County Community Corrections Facility PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later was zero.

Garfield County Residential Community Corrections Policy and Procedures, page 33, section XI., states, "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution."

(I) The Garfield County Community Corrections Facility PAQ states the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Garfield County Residential Community Corrections Policy and Procedures, page 33, section XII., states, "The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years."

(j) Garfield County Residential Community Corrections Policy and Procedures, page 33, section XIII., states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation."

(k) Garfield County Residential Community Corrections Policy and Procedures, page 33, section XV., states, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation."

Through such reviews, the facility meets standard requirements.

115.272 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

1. Program Director / Investigator

Interviews with the Investigator demonstrated he would apply a preponderance of evidence for all unsubstantiated or substantiated allegations of sexual abuse.

Site Observation:

The facility has not experienced a sexual harassment or sexual abuse allegation in the past 12 months.

(a) The Garfield County Community Corrections Facility PAQ Bureau states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

Garfield County Residential Community Corrections Policy and Procedures, page 37,

section I., states, "When GCCC receives an allegation of sexual abuse, GCCC administration (Program Director, Manager of Residential Services, Security Supervisor) will ensure that any client, victim, abuser, witness, or staff member is free from retaliation if they report or cooperate with a sexual abuse or sexual harassment investigation. GCCC will also ensure that any client or staff member that cooperates and/or witnesses an incident that expresses fear of retaliation will be monitored. During an administrative investigation, GCCC will use preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."

Through such reviews, the facility meets standard requirements.

115.273 Reporting to residents

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- 3. Garfield County Residential Community Corrections Memorandum Template

Interviews:

- 1. Security Supervisor / PREA Coordinator
- 2. Program Director

Interviews with the Intensive and the PREA Coordinator and the Program Director demonstrated either would report the outcome of a sexual abuse investigation to victims, regardless of if the client remained in the program or had exited to the community.

Site Observation:

The facility has not had an allegation of sexual abuse in the past 12 months.

(a) The Garfield County Community Corrections Facility PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was zero.

Garfield County Residential Community Corrections Policy and Procedures, page 38, section IV., states, "Following a client's allegation of sexual abuse that occurred at the facility, GCCC will inform the client as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If GCCC did not conduct the investigation, GCCC will request the relevant information from the investigative agency in order to inform the client."

The facility provided a Garfield County Residential Community Corrections Memorandum template demonstrating the following is documented.

In accordance with PREA standard 115.273, I am writing you to report that (Enter Staff Name) has been: (Check appropriate box below)

- The staff member referenced above is no longer posted within the facility
- The staff member referenced above is no longer employed at the facility
- The staff member referenced above has been indicted on a charge related to sexual abuse within the facility
- The staff member referenced above has been convicted on a charge related to sexual abuse within the facility
- (b) The Garfield County Community Corrections Facility PAQ states an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero.

Garfield County Residential Community Corrections Policy and Procedures, page 34, section XV., states, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation."

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

Garfield County Residential Community Corrections Policy and Procedures, page 38, section V., states, "Following a client's allegation that a staff member has committed sexual abuse against a client, GCCC will inform the client (unless the allegation is determined to be unfounded) whenever:

- A. The staff member is no longer assigned to the residential facility.
- B. The staff member is no longer employed at GCCC.
- C. GCCC learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
- D. GCCC learns that the staff member was convicted on said charges."
- (d) The Garfield County Community Corrections Facility PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Garfield County Residential Community Corrections Policy and Procedures, page 38, section VI., states, "Following a client's allegation that he or she has been sexually abused by another client, the agency shall inform the alleged victim whenever:

- A. The agency learns that the alleged abuser has been indicted on a charge related to a sexual abuse within the facility; or
- B. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- C. All such notifications or attempted notifications will be documented.
- D. GCCC's obligation to report under this procedure shall terminate if the resident

is released from GCCC's custody."

(e) The Garfield County Community Corrections Facility PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been zero notifications to an inmate, pursuant to this standard.

Through such reviews of the facility reporting investigation outcomes to clients after discharge from the program, the facility exceeds the standards requirements.

115.276 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

1. Program Director

Interviews with the Program Director demonstrated the facility has had zero staff who have been disciplined for violation of an agency sexual abuse or sexual harassment policy in the past 12 months. If a staff member was involved in a sexual harassment or sexual abuse investigation they would be terminated from employment at the facility and reported to licensing boards associated with any applicable licensing agency.

(a) The Garfield County Community Corrections Facility PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Garfield County Residential Community Corrections Policy and Procedures, page 38,

section VIII., states, "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse."

(b) The Garfield County Community Corrections Facility PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero.

Garfield County Residential Community Corrections Policy and Procedures, page 38, section IX., states, "Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."

- (c) The Garfield County Community Corrections Facility PAQ states the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months there have been zero staff requiring discipline for sexual abuse or sexual harassment.
- (d) The Garfield County Community Corrections Facility PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.

Garfield County Residential Community Corrections Policy and Procedures, page 38, section X., states, "All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies."

Through such reviews, the facility meets standard requirements.

115.277 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

1. Program Director

The Program Director reported the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies in the past 12 months. If a volunteer or contractor was involved in a sexual harassment or sexual abuse investigation, they would be prohibited from returning the to the facility and reported to licensing boards associated with any applicable licensing agency.

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

Garfield County Residential Community Corrections Policy and Procedures, page 39, section XI, states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."

(b) The Garfield County Community Corrections Facility PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with Inmates in the case of any other violation of agency sexual abuse or sexual

harassment policies by a contractor or volunteer.

Garfield County Residential Community Corrections Policy and Procedures, page 39, section XII, states, "The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer."

Through such reviews, the facility meets standard requirements.

115.278 Disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

1. Program Director

The interview with the Program Director demonstrated residents who falsely reported PREA allegations would typically be removed from the facility and reported to law enforcement.

(a-b) The Garfield County Community Corrections Facility PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was one. In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero.

Garfield County Residential Community Corrections Policy and Procedures, page 39, section XIII, states, "Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse."

Garfield County Residential Community Corrections Policy and Procedures, page 39, section XIV., states, "Sanctions shall be 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."

- (c) Garfield County Residential Community Corrections Policy and Procedures, page 39, section XIII, states, "Sanctions shall be 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."
- (d) The Garfield County Community Corrections Facility PAQ states the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

Garfield County Residential Community Corrections Policy and Procedures, page 39, section XV., states, "The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."

(d) The Garfield County Community Corrections Facility PAQ states the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Garfield County Residential Community Corrections Policy and Procedures, page 39, section XVII., states, "The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact."

(e) Garfield County Community Corrections Facility PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Garfield County Residential Community Corrections Policy and Procedures, page 39, section XVIII., states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

(f) Garfield County Community Corrections Facility PAQ states the agency prohibits all sexual activity between residents.

Garfield County Residential Community Corrections Policy and Procedures, page 39, section XIX., states, "An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced."

Through such reviews, the facility meets standard requirements.

115.282 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023

Interviews:

1. Program Director

The interview with the Program Director demonstrated clients would be transported to the Western Slope Center for Children for emergency services for any sexual assault victims.

- (a/b) The Garfield County Community Corrections Facility PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The facility would always refer out to local mental health or the emergency room for medical and mental health emergency situations.
- (c) The Garfield County Community Corrections Facility PAQ states, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
- (d) The Garfield County Community Corrections Facility PAQ states, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Through such reviews, the facility meets standard requirements.

Ongoing medical and mental health care for sexual abuse victims and abusers Auditor Overall Determination: Meets Standard Auditor Discussion Document Review: 1. Garfield County Community Corrections Facility PAQ 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023 Interviews:

- 1. Random Clients
- 2. Targeted Client
- 3. Program Director

Interviews with clients demonstrated none had reported sexual abuse.

The interview with the Program Director demonstrated victims would be offered ongoing medical and mental health services through community providers.

(a-c) The Garfield County Community Corrections Facility PAQ states the facility does 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.

Garfield County Residential Community Corrections Policy and Procedures, page 35, section H., states, "Forensic medical examinations and treatment services will be provided free of charge to the victim by a SANE Nurse program. There are no medical or mental health practitioners employed at GCC so staff will ensure that the victim will be provided with unimpeded access to emergency and crisis intervention services to include emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. The facility shall 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. The evaluation and treatment of such victims shall 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. The facility shall provide such victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from conduct specified in paragraph of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be 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. The facility shall 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."

- (d) The Garfield County Community Corrections Facility PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Policy compliance can be found in provision (a) of this standard.
- (c) The Garfield County Community Corrections Facility PAQ states If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Policy compliance can be found in provision (a) of this standard.
- (f/g) The Garfield County Community Corrections Facility PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Policy compliance can be found in provision (a) of this standard.
- (h) This Garfield County Community Corrections Facility PAQ states the facility does not attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Policy compliance can be found in provision (a) of this standard.

Through such reviews, the facility meets standard requirements.

Auditor Overall Determination: Meets Standard Auditor Discussion Document Review: 1. Garfield County Community Corrections Facility PAQ Interviews: 1. Program Director The Program Director articulated his review of all sexual abuse investigations

stating each are completed with the Program Director, Security Supervisor,

Residential Manager and the Lead Officer.

- (a) The Garfield County Community Corrections Facility PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there have been zero criminal and or administrative investigations of alleged sexual abuse completed at the facility,
- (b) The Garfield County Community Corrections Facility PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/ or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents were zero.
- (c) The Garfield County Community Corrections Facility PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
- (d) The Garfield County Community Corrections Facility PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator.
- (e) The Garfield County Community Corrections Facility PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so.

Through such reviews the facility meets standard requirements.

| 115.287 | Data collection |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- (a) The Garfield County Community Corrections Facility PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The facility provided the 2023 Garfield County Prison Rape Elimination Act (PREA) Annual Report. The Report includes the following information.

- Background
- Comparison Data
- Analysis of Data / Action Taken
- Number of Reports
- Offender Education
- Staff Education
- Conclusion

The annual report is signed and dated by the PREA Coordinator and the Director on 5.1.2023.

- (b) The Garfield County Community Corrections Facility PAQ states the agency aggregates the incident-based sexual abuse at least annually.
- (c) The Garfield County Community Corrections Facility PAQ states the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.
- (d) The Garfield County Community Corrections Facility PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based

documents, including reports, investigation files, and sexual abuse incident reviews.

- (e) This provision is not applicable as Garfield Community Corrections Facility, as they do not have private facilities.
- (f) The Garfield County Community Corrections Facility PAQ states the agency did not provide the Department of Justice (DOJ) with data from the previous calendar year upon request.

Through such reviews, the facility meets the standard requirements.

115.288 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures, dated 8.3.2023
- (a) The Garfield County Community Corrections Facility PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.
- (b) The Garfield County Community Corrections Facility PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The annual report compares data 2020 and 2021 data. The annual report provides progress in addressing sexual abuse.

(c) The Garfield County Community Corrections Facility PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. The Program Director signs the annual report.

The Agency Annual Report is available upon request. This information is posted in the facility lobby.

(d) The Garfield County Community Corrections Facility PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

Through such reviews, the facility meets standard requirements.

115.289 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

- 1. Garfield County Community Corrections Facility PAQ
- 2. Garfield County Residential Community Corrections Policy and Procedures,
- (a) The Garfield County Community Corrections Facility PAQ states the agency ensures that incident-based and aggregate data are securely retained.
- (b) The Garfield County Community Corrections Facility PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.

Garfield County Residential Community Corrections Policy and Procedures, page 36,

section O., states, "The agency shall ensure that data collected pursuant to § 115.287 are securely retained. The agency shall 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. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall 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."

- (c) The Garfield County Community Corrections Facility PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Compliance can be found in provision (b) of this standard.
- (d) Compliance can be found in provision (b) of this standard.

Through such reviews, the facility meets standard requirements.

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

- (a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.
- (b) This is the fourth audit cycle for Garfield County Community Corrections and the first year of the fourth audit cycle.
- (h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.
- (i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).

| (m) The Auditor was permitted to conduct private interviews with residents. | Ì |
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| (n) Residents permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. | |
| Through such reviews, the facility meets the standard requirements. | |

| 115.403 | Audit contents and findings |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | (b) The agency has a posting in their lobby providing access to the current PREA Audit Report upon request. |
| | Through such reviews, the facility meets the standard requirements. |

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

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

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

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

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

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

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

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

| | agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | |
|----------------|--|-----|
| 115.221 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| 115.221 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | na |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | no |
| 115.221 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |

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

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

| | residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | |
|----------------|---|-----|
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to | yes |
| | mandatory reporting of sexual abuse to outside authorities? | |
| 115.231 (b) | · - | |
| | mandatory reporting of sexual abuse to outside authorities? | yes |
| | mandatory reporting of sexual abuse to outside authorities? Employee training Is such training tailored to the gender of the residents at the | yes |
| | mandatory reporting of sexual abuse to outside authorities? Employee training Is such training tailored to the gender of the residents at the employee's facility? Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses | |
| (b) 115.231 | mandatory reporting of sexual abuse to outside authorities? Employee training Is such training tailored to the gender of the residents at the employee's facility? 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? | |
| (b) 115.231 | Employee training Is such training tailored to the gender of the residents at the employee's facility? 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? Employee training Have all current employees who may have contact with residents | yes |
| (b) 115.231 | Employee training Is such training tailored to the gender of the residents at the employee's facility? 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? Employee training Have all current employees who may have contact with residents received such training? 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 | yes |

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

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

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

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

| n a particular status (employee or | |
|--|--|
| of victimization and abusiveness | |
| ed by other residents or sexually abusive | yes |
| abused by other residents or sexually | yes |
| of victimization and abusiveness | |
| ordinarily take place within 72 hours of | yes |
| of victimization and abusiveness | |
| 5 . | yes |
| of victimization and abusiveness | |
| ents for risk of sexual victimization: | yes |
| | yes |
| | |
| ning consider, at a minimum, the following ents for risk of sexual victimization: The esident? | yes |
| ents for risk of sexual victimization: The | yes |
| | ne agency also receive training mandated funteers by §115.232? (N/A for h a particular status (employee or does not apply.) cof victimization and abusiveness sed during an intake screening for their risk ed by other residents or sexually abusive set? sed upon transfer to another facility for their abused by other residents or sexually residents? cof victimization and abusiveness or dinarily take place within 72 hours of sexually residents assessments conducted using an objective of victimization and abusiveness assessments for risk of sexual victimization: the following lents for risk of sexual victimization: The age ents for risk of sexual victimization: The age |

| | Whether the resident's criminal history is exclusively nonviolent? | |
|----------------|--|-----|
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? | yes |
| 115.241 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.241 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |

| 115.241 (g) | Screening for risk of victimization and abusiveness | |
|----------------|--|-----|
| | Does the facility reassess a resident's risk level when warranted due to a: Referral? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Request? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? | yes |
| 115.241 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs $(d)(1)$, $(d)(7)$, $(d)(8)$, or $(d)(9)$ of this section? | yes |
| 115.241 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.242 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |

| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
|----------------|--|-----|
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.242 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |
| 115.242 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.242 (d) | Use of screening information | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.242 (e) | Use of screening information | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.242 | Use of screening information | |
| | | |

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

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

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

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

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

| information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | |
|--|---|
| Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| Staff and agency reporting duties | |
| Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| Staff and agency reporting duties | |
| Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | 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? | no |
| Staff and agency reporting duties | |
| If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| Staff and agency reporting duties | |
| Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| | harassment that occurred in a facility, whether or not it is part of the agency? Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? 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? Staff and agency reporting duties Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Staff and agency reporting duties Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? 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? Staff and agency reporting duties If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Staff and agency reporting duties Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the |

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

| | washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | |
|----------------|--|----------|
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.264 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.265 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.266 (a) | Preservation of ability to protect residents from contabusers | act with |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.267 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |

| | 1 | 1 |
|----------------|---|-----|
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.267 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| 115.267 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? | yes |

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

| evidence, including any available physical and DNA evidence and any available electronic monitoring data? Do investigators interview alleged victims, suspected perpetrators, and witnesses? Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? 115.271 (d) Criminal and administrative agency investigations When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Criminal and administrative agency investigations Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? 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? 115.271 (f) Criminal and administrative agency investigations Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? 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? Criminal and administrative agency investigations Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | | | |
|---|---------|--|-----|
| perpetrators, and witnesses? Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? 115.271 (d) Criminal and administrative agency investigations When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Criminal and administrative agency investigations Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? 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? Criminal and administrative agency investigations Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? 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? Criminal and administrative agency investigations Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary | | | |
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| 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? 115.271 (e) Criminal and administrative agency investigations Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? 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? Criminal and administrative agency investigations Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? 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? Criminal and administrative agency investigations Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary | | Criminal and administrative agency investigations | |
| (e) Criminal and administrative agency investigations Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? 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? Criminal and administrative agency investigations Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? 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? Criminal and administrative agency investigations Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary | | prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal | yes |
| suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? 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? Criminal and administrative agency investigations Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? 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? Criminal and administrative agency investigations Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary | | Criminal and administrative agency investigations | |
| requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? 115.271 (f) Criminal and administrative agency investigations Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? 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? Criminal and administrative agency investigations Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary | | suspect, or witness on an individual basis and not on the basis of | yes |
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| that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Criminal and administrative agency investigations Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary | | | yes |
| 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 | | that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and | yes |
| contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary | | Criminal and administrative agency investigations | |
| evidence where reasoner | | contains a thorough description of the physical, testimonial, and | yes |
| 115.271 Criminal and administrative agency investigations | 115.271 | Criminal and administrative agency investigations | |

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

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

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

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

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

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

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

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

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

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

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

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