

# PREA Facility Audit Report: Final

**Name of Facility:** Mesa County Community Corrections Residential Facility

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 09/26/2025

**Date Final Report Submitted:** 01/08/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kendra Prisk	<b>Date of Signature:</b> 01/08/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	09/04/2025
<b>End Date of On-Site Audit:</b>	09/04/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Mesa County Community Corrections Residential Facility
<b>Facility physical address:</b>	Powell Building, 650 South Avenue, Grand Junction, Colorado - 81501
<b>Facility mailing address:</b>	PO Box 20,000 - 5018, Grand Junction, Colorado - 81501

Primary Contact
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<b>Name:</b>	Eileen A Wygant
<b>Email Address:</b>	eileen.wygant@mesacounty.us
<b>Telephone Number:</b>	970-244-3302

<b>Facility Director</b>	
<b>Name:</b>	Nick Brutosky
<b>Email Address:</b>	nick.brutosky@mesacounty.us
<b>Telephone Number:</b>	970-244-3334

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Steve Chin
<b>Email Address:</b>	Steve.Chin@mesacounty.us
<b>Telephone Number:</b>	970-244-3348

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	244
<b>Current population of facility:</b>	141
<b>Average daily population for the past 12 months:</b>	144
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys
<b>Age range of population:</b>	18 and up
<b>Facility security levels/resident custody levels:</b>	Community Corrections
<b>Number of staff currently employed at the</b>	60

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	6
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	6

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Mesa County Criminal Justice Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	636 South Avenue, Grand Junction, Colorado - 81501
<b>Mailing Address:</b>	PO Box 20,000-5018,
<b>Telephone number:</b>	970-244-3303

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Eileen Wygant	<b>Email Address:</b>	eileen.wygant@mesacounty.us

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
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:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-04
2. End date of the onsite portion of the audit:	2025-09-04

#### 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI and Hilltop/Latimer House

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	244
15. Average daily population for the past 12 months:	144
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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**

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	166
<b>25. 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:</b>	1
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>31. 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:</b></p>	<p>0</p>
<p><b>32. 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:</b></p>	<p>1</p>
<p><b>33. 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:</b></p>	<p>0</p>
<p><b>34. 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:</b></p>	<p>0</p>
<p><b>35. 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):</b></p>	<p>Please note PREA Standards 115.243, 115.268 and 115.281 do not exist related to #32 and #33 above.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. 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:</b></p>	<p>60</p>
<p><b>37. 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:</b></p>	<p>6</p>

<p><b>38. 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:</b></p>	<p>6</p>
<p><b>39. 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:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>10</p>
<p><b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor ensured a geographically diverse sample among interviewees (random and targeted). The following residents (random and targeted) were selected from the housing units: four from Pyramid, two from Long, three from Oxford, five from Evans and two from Windom. It should be noted that one housing unit (Chipeta) was closed.</p>



<p><b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>44. 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):</b></p>	<p>Sixteen of the residents interviewed were male and four were female. Ten of the residents interviewed were white, one was black, eight were Hispanic and one was another race/ethnicity. With regard to age: one was between eighteen and 25, four were 26-35, twelve were 36-45, two were 46-55 and one was 56 or older. Eighteen of the residents interviewed were at the facility less than a year and two were there between a year and five years. The facility is a community confinement setting and as such most residents do not stay longer than a year.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>10</p>
<p>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".</p>	
<p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

<p><b>48. 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:</b></p>	<p>3</p>
<p><b>49. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The auditor reviewed risk screening documents and spoke to staff and residents.</p>
<p><b>50. 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:</b></p>	<p>1</p>
<p><b>51. 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:</b></p>	<p>2</p>

<p><b>52. 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:</b></p>	<p>1</p>
<p><b>53. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The auditor reviewed risk screening documents and spoke to staff and residents.</p>
<p><b>54. 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:</b></p>	<p>1</p>
<p><b>55. 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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>PREA Standard 115.281 does not exist.</p>
<p><b>56. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>PREA Standards 115.243 and 115.268 do not exist.</p>

<b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>58. Enter the total number of RANDOM STAFF who were interviewed:</b>	12
<b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>If "Other," describe:</b>	Race, gender and ethnicity
<b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The facility does not have security staff, all staff are non-security, however they do have staff classified as Criminal Justice Officers (CJO). CJO's mainly make up three shifts, day shift works from 7am-4pm; swing shift works from 2pm-11pm and graveyard shift works from 10pm-7am. Six staff were interviewed from day shift, three were interviewed from swing shift and three were interviewed from graveyard shift. With regard to the demographics of the random staff interviewed, five were male and seven were female. Ten were white, one was Hispanic and one was another race/ethnicity. Ten were CJOs and two were CJO Supervisors.</p>
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**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.

<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>12</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>65. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

**66. Were you able to interview the PREA Compliance Manager?**

Yes

No

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

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

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



	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Interviews with contractors and volunteers were attempted, however the auditor never received a call back.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

<b>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>73. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The on-site portion of the audit was conducted on September 4, 2025. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview. The auditor conducted a tour of the facility on September 4, 2025. The tour included all areas associated with Mesa County Community Confinement Facility to include: housing units, intake, visitation, maintenance, food service, health services, front entrance and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. PREA Posters were observed in each housing unit near the phone and/or on the bulletin board. Posters were observed on legal size paper in English and Spanish. PREA Posters were also observed in common areas of the facility. In addition to the posted information the auditor observed that residents can access PREA information on the computers in the housing units. A resident illustrated that there are four acknowledgments that they can access: the PREA Client Acknowledgment and Summary of PREA, PREA Reporting Options and Advocacy/Support, PREA DVD Acknowledgement and the Rules, Regulation and Handbook Acknowledgment.

Third party reporting information was observed in the visitation area via the PREA Poster. The poster was in English and Spanish on legal size paper. The auditor did not observe third party reporting information at the front entrance. Immediately following the on-site portion of the audit the facility posted third party reporting information at the front entrance via the PREA Poster. Photos were provided as confirmation.

During the tour the auditor confirmed the facility follows the staffing plan. There was at least one staff member in each housing unit. The auditor did not observe any overcrowding and lines of sight appeared to be adequate from the hallways into the housing units. The auditor observed staff conducting rounds and official duties.

A review of the video monitoring system confirmed that the facility has adequate camera coverage, including inside the buildings and outside the buildings. Cameras are monitored by staff at the front entrance as well as staff in each housing unit. Video can also be remotely viewed by any staff member, including the Directors, Managers, the PC and Supervisors.

With regard to cross gender viewing, the auditor confirmed that residents have adequate privacy when showering, using the restroom and changing clothes. All showers were equipped with curtains. One housing unit also had saloon style doors. Toilets were public style and were fully enclosed. The facility does not typically conduct strip searches. If required due to an exigent circumstance it would be conducted in a room with a solid door. A review of the video monitoring technology also confirmed there were no issues with privacy and cross gender viewing. With regard to the opposite gender announcement, the auditor observed opposite gender staff knock on living area doors and announce prior to entry. Additionally, staff announced prior to entry into the bathroom area.

PREA investigative files are paper and electronic. The paper files are in the PC's office, which is locked with limited access. The electronic investigative reports are maintained on the administrative folder which has very limited access. Resident risk assessments are electronic and all facility staff have access to the risk assessments.

Due to the size of the facility, all staff assist with risk assessment and bed assignments. As such the Director stated all staff need access.

During the tour the auditor confirmed that residents utilize the US mail process. Mail is not screened by staff and there are no restrictions related to mail. All mail is given to staff to place in an outgoing mail safe.

The auditor observed the intake/education process through a demonstration. Residents have computers in the intake room where they review the PREA forms and are provided a Handbook. Staff verbally ask the residents if they have any questions related to the forms. The forms are then available for residents to review on their client portal. Residents also watch the PREA Resource Center Adult Intake video. The video is viewed on a 65 inch screen in the intake classroom. The video is available in English, Spanish and ASL. Additionally, bilingual staff or the Springs Institute can be utilized for translation. The intake staff also stated that if they had any residents with disabilities they would read the information one on one to ensure the resident fully understood. It should be noted the electronic forms on the client portal are in English only and as such any LEP residents would be provided a physical copy of the form. After the on-site portion of the audit the facility updated the video being utilized to the Adult Comprehensive video. Confirmation was provided by the intake staff of using the longer version of the video for comprehensive education.

The auditor was provided a demonstration of the initial risk assessment. The risk assessment is completed in a private office setting and is completed electronically. Staff review the resident's file prior to meeting with them to review their criminal history, discipline, etc. The staff provide information on what they will be completing and the

reason for the screening. Staff prepare them about personal information that will be asked and advise them that they can be honest as the information is limited. Staff then go through the questions including; height, weight, age, prior sexual abusiveness, prior sexual victimization criminal history, gang affiliation, prior incarcerations, gender identity, sexual preference and if they feel vulnerable. The risk reassessment process is identical to the initial and is done within 30 days of arrival.

The auditor tested the internal reporting mechanisms during the tour. The auditor had a resident submit an electronic grievance via the client portal. The grievance was submitted on September 4, 2025. On the same date the PC provided a copy of the grievance (#100796) to confirm that it was received. She advised that she receives and responds to all grievances electronically.

The auditor also tested the external reporting mechanism via the Colorado Department of Corrections (CDOC) TIPs line. The auditor utilized the free client phone in a housing unit. The hotline has both an English and Spanish option. A message was left on the hotline on September 4, 2025. Confirmation was provided via email on September 5, 2025 that the information was received by CDOC. The CDOC staff advised they do not have an agreement or contact for the facility and as such they would have to look up the contact information to pass along the reported information. The CDOC staff advised that residents can remain anonymous by not providing their name. The external hotline can be called on the payphones in the housing units or on the free client phone in the housing units. Phones are not monitored or recorded.

Additionally during the tour, the auditor asked staff to demonstrate how they document a verbal report. Staff indicated they initially

report the verbal information to the PREA Coordinator and/or Manager and then they send an email of the information to the PREA Coordinator.

The auditor tested the third party reporting mechanisms by sending an email to CJSD-TIPS@mesacounty.us. The email was sent on September 4, 2025. On the same date the Agency Head provided confirmation that the email was received.

The auditor tested the victim advocacy hotline during the tour. The auditor called the local hotline via the free client phone in a housing unit. The auditor called the hotline on September 4, 2025. The auditor reached a live person who indicated the hotline is available 24 hours and they are available to provide services. The staff advised they are an answering services for the rape crisis center and they would ask the resident their name and connect them to an advocate. The residents can call the hotline from the payphones or the client phone, both of which are not monitored or recorded.

The auditor called the Spring Institute to confirm access to services (translation and interpretation). The staff confirmed they can provide services. The staff indicated they offer translation services and interpretation services. Interpretation services can be performed in person, via phone or virtually.

## 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.

**77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes

No

**78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

During the audit the auditor requested personnel and training files of staff, resident files, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The auditor reviewed 22 personnel and/or training files that included three individuals hired within the previous twelve months, two contractors hired in the previous twelve months, two staff promoted in the previous twelve months, and three staff employed longer than five years. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for eight contractor and two volunteers were reviewed.

Resident Files. A total of 22 resident files were reviewed. 21 resident files were of those that arrived within the previous twelve months, two were LEP residents, and four were disabled residents.

Medical and Mental Health Records. The facility does not provide medical or mental health services. Secondary documentation is maintained that the resident was transported to the local hospital or outside treatments centers for services.

Grievances. The auditor reviewed the identified sexual abuse grievances as well as the grievance log for the previous twelve months.

Incident Reports. The auditor reviewed the written reports associated with the eight reported allegations (four that rose to the level of sexual abuse or sexual harassment under the standards).

Investigation Files. There were eight allegations reported during the previous twelve months. Three were sexual abuse, one



was sexual harassment and four did not meet the definition for sexual abuse or sexual harassment. All investigations were reviewed, including the four that did not rise to the level of PREA under the standards.

## **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.

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

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

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	1	0	1	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	1	0
<b>Staff-on-inmate sexual abuse</b>	0	1	1	0
<b>Total</b>	0	1	2	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 detainee sexual harassment investigation files, as applicable to the facility type being audited.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	1	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	1	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

3

<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. 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



<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA</li> <li>3. 4.010 – Prison Rape Elimination Act (PREA) Client Orientation and Education</li> <li>4. 4.015 – Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations</li> <li>5. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring</li> <li>6. 4.025 – Prison Rape Elimination Act (PREA) Victim Services</li> <li>7. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements</li> </ol>

8. 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline
9. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data
10. 2.010 – Hiring and Promotion Practices
11. 5.060 – Complaints and Grievances
12. 6.010 – On-site Monitoring and Walkthroughs
13. 6.110 – Milieu Management
14. 6.035 – Contraband Control
15. 8.040 – Intake Interview, Program Orientation and Advisement
16. 8.045 – CJSD Facility Access
17. Agency Organizational Chart

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.211 (a): The PAQ stated that 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 PAQ also stated that 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 and sanctions for those found to have participated in prohibited behaviors. Further the PAQ indicated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of residents. The agency has numerous policies outlining their approach to sexual abuse and sexual harassment including: 4.005, 4.010, 4.015, 4.020, 4.025, 4.030, 4.035, 4.040, 2.010, 5.060, 6.010, 8.040 and 8.045. Page 1 of most of the policies state in accordance with Prison Rape Elimination Act (PREA) Federal Law, Division of Criminal Justice (DCJ) and Criminal Justice Services Department (CJSD) Policy, sexual behavior of any kind to include sexual harassment and sexual abuse among clients or between clients and staff members will not be tolerated, regardless of whether such conduct is consensual and regardless of whether such conduct occurs on-site at a CJSD facility or offsite. Additionally, 4.005, page 1 states it is important that all staff communicate a culture

of zero tolerance of sexual assault and sexual harassment within CJSD. 4.005, pages 3-4 include definitions of prohibited behaviors while 4.035 page 3 and 1.3120D include sanctions for prohibited behaviors. The agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and residents, incident reviews and data collection. The policies and supporting documentation are consistent with the PREA standards and outline the agency's approach to sexual safety.

115.211 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PAQ further stated that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards and all of its community confinement facilities. The PAQ also indicated that the PC reports to the Manager who reports to the Justice Services Department Director. 4.005, page 6 states the PREA Coordinator is responsible for oversight of all PREA related activities. The PREA Coordinator will coordinate and develop policies and procedures to identify, monitor and track sexual misconduct incidents occurring in CJSD facilities and programs and coordinate facility PREA related activities. The agency's organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the Quality Assurance & PREA Coordinator. This position reports to the Manager who directly reports to the Justice Services Department Director. In addition to the PC, the facility also has a PREA Manager who reports to the Community Corrections Director. The interview with the PC indicated that she has enough time to manage all of her PREA related responsibilities. She advised she has assistance from other facility staff to ensure she has sufficient time. The PC stated she coordinates the facility's efforts to comply with the PREA Standards through establishing the Memorandums Of Understanding (MOUs), preparing for the audits, ensuring all information is accurate, conducting investigations, ensuring education is up to date, monitoring for retaliation and building relationships with other agencies and organizations related to PREA compliance. She advised if she identifies an issue complying with a PREA standard she reviews policy and practice to identify the issue and then she remedies the issue through training or whatever is necessary.

Based on a review of the PAQ, 4.005 - Prison Rape Elimination Act (PREA) Introduction to PREA, 4.010 - Prison Rape Elimination Act (PREA) Client Orientation and Education, 4.015 - Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.025 -

	<p>Prison Rape Elimination Act (PREA) Victim Services, 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements, 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline, 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, 2.010 – Hiring and Promotion Practices, 5.060 – Complaints and Grievances, 6.010 – On-site Monitoring and Walkthroughs, 6.110 – Milieu Management, 6.035 – Contraband Control, 8.040 – Intake Interview, Program Orientation and Advisement, 8.045 – CJSD Facility Access, the agency’s organization chart and information from the interview with the PC, this standard appears to be compliant.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data</li> </ol> <p>Findings (By Provision):</p> <p>115.212 (a): The PAQ indicated that the agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit. The PAQ stated the contracts require contractors to adopt and comply with PREA standards. The PAQ further stated that there have been zero contracts for confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit. Further communication with the PC indicated the agency is a stand-alone facility and they do not contract with any other agency to hold residents. As such, this standard is not applicable. 4.040, page 1 states in the unlikely event that a CJSD facility contracts another agency, public or private, to house clients under CJSD jurisdiction, the contracted facility shall be obligated to comply with PREA Standards. Additionally, prior to entering into such a contract, CJSD shall ensure that any contract includes this provision, as well as mandatory documentary evidence from the contracted facility that PREA standards are in place and being maintained. Such documentary evidence shall include, at a minimum, an established PREA policy and a designated agency PREA Coordinator.</p> <p>115.212 (b): The PAQ indicated that all contracts require the agency to monitor the contractor’s compliance with PREA standards and that zero contracts did not require</p>

the agency to monitor contractor’s compliance with PREA standards. Further communication with the PC indicated the agency is a stand-alone facility and they do not contract with any other agency to hold residents. As such, this standard is not applicable. 4.040, page 1 states in the unlikely event that a CJSD facility contracts another agency, public or private, to house clients under CJSD jurisdiction, the contracted facility shall be obligated to comply with PREA Standards. Additionally, prior to entering into such a contract, CJSD shall ensure that any contract includes this provision, as well as mandatory documentary evidence from the contracted facility that PREA standards are in place and being maintained. Such documentary evidence shall include, at a minimum, an established PREA policy and a designated agency PREA Coordinator. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.

115.212 (c): The PAQ indicated that since August 20, 2012 the agency has not entered into one or more contracts with a private agency or other entity that failed to comply with PREA standards. Further communication with the PC indicated the agency is a stand-alone facility and they do not contract with any other agency to hold residents. As such, this standard is not applicable. 4.040, page 1 states in the unlikely event that a CJSD facility contracts another agency, public or private, to house clients under CJSD jurisdiction, the contracted facility shall be obligated to comply with PREA Standards. Additionally, prior to entering into such a contract, CJSD shall ensure that any contract includes this provision, as well as mandatory documentary evidence from the contracted facility that PREA standards are in place and being maintained. Such documentary evidence shall include, at a minimum, an established PREA policy and a designated agency PREA Coordinator. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.

Based on the review of the PAQ, 4.040 and communication with the PC, this standard appears to be not applicable and as such compliant.

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:
	1. Pre-Audit Questionnaire

2. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data
3. 6.110 – Milieu Management
4. The Staffing Plan
5. Annual Staffing Plan Review
6. Deviations from Staffing Plan

Interviews:

1. Interview with the Director
2. Interview with the PREA Coordinator

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Devices

Findings (By Provision):

115.213 (a): The PAQ indicated that 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. 4.040, page 1 states CJSD will review facility staffing plans annually to include: adequate levels of staffing; video monitoring; and documentation of deviations from required staffing levels. The PAQ indicated that the current staffing plan is based on 146 residents. The facility employs 60 staff. A review of the facility staffing plan indicates that each shift includes a supervisor as well as CJOs. Case Managers are assigned to the day shift and mid shift. The staffing plan also notes that administrative staff are present on day shift between the hours of 8:00am and 6:30pm. The staffing plan notes that the facility has over 140 cameras that assist with supervision and monitoring and that the agency has worked to ensure all blind spots are covered through video monitoring and convex mirrors. The staffing plan includes a summarization of the elements under this provision. During the tour the auditor confirmed the facility follows the staffing plan. There was at least one staff member in each housing unit. The auditor did not observe any overcrowding and lines of sight appeared to be adequate from the hallways into the housing units. The auditor observed staff conducting rounds and official duties. A review of the video monitoring system confirmed that the facility has adequate camera coverage,

including inside the buildings and outside the buildings. Cameras are monitored by staff at the front entrance as well as staff in each housing unit. Video can also be remotely viewed by any staff member, including the Directors, Managers, the PC and Supervisors. The interview with the Director confirmed that the facility has a staffing plan that provides adequate staffing levels to protect residents from sexual abuse. He advised staffing is based on the current population and the staff to resident ratio is adequate. The Director confirmed video monitoring is part of the staffing plan and the staffing plan is documented. He further advised that staffing is based on how many dayrooms and the coverage needed. He also stated there is additional staff on days, which is when most activities occur. The Director noted that there are not areas unsupervised for long periods of time. The Director stated that they check for compliance with the staffing plan through the schedule. He advised if they are understaffed the schedule turns red. The interview with the PC confirmed that all the required components under this provision are reviewed and considered. She stated they review the areas where things occur, they look at staff accessibility and they review cameras to ensure staffing is adequate.

115.213 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ further stated that there have been no deviations from 2023 to current. 6.110, page 2 states deviations from minimum staffing levels must be documented by the Quality Assurance Coordinator in the annual staffing plan review as outlined in the PREA policy on staffing. The interview with the Director confirmed that any deviations from the staffing plan would be documented. He stated they never deviate from the minimum staffing allowance as they would use overtime or a salary staff member to cover the shift. A review of the annual staffing plan review confirms that deviations from the staffing plan are documented with the date, the staffing plan deviation and the justification for the deviation. There were zero deviations documented in 2023, 2024 and 2025.

115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. 4.040, page 1 states CJSD will review facility staffing plans annually to include: adequate levels of staffing; video monitoring; and documentation of deviations from required staffing levels. The staffing plan was most recently reviewed on March 31, 2025 by the Criminal Justice Services Director, Community Corrections Director, and PC. The annual review includes all the required components under provision (a) of this standard as well as conclusions and recommendations. The staffing plan was previously reviewed on January 24, 2024. The PC confirmed that she, the Director and the facility supervisors review the staffing plan annually.

	<p>Based on a review of the PAQ, 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, the Staffing Plan, Annual Staffing Plan Reviews, Deviations from Staffing Plan, observations made during the tour and information from interviews with the Director and PC, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that cameras be installed in the back stairwells, the basement, rear storage of food service and the maintenance area.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA</li> <li>3. 4.015 – Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations</li> <li>4. 6.010 – On-site Monitoring and Walkthroughs</li> <li>5. 6.035 – Contraband Control</li> <li>6. PREA Resource Center’s Guidance on Cross-Gender and Transgender Pat Searches Video</li> <li>7. Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Staff</li> <li>2. Interview with Random Residents</li> </ol> <p>Site Review Observations:</p>



1. Observations of Privacy in Housing Units and Restrooms

2. Observation of Cross Gender Announcement

Findings (By Provision):

115.215 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. 4.005, page 2 states cross gender searches are when a staff member's gender is not the same as a client's. Cross gender searches are only allowed if exigent circumstances exist and they must be documented. 6.035, page 4 states two staff members of the same gender as the client will conduct strip searches and in a strictly professional fashion keeping in mind the client's privacy. No remarks about a client's body or any comments that could be construed as unprofessional will be made. Page 3 further states all searches shall be conducted in a professional manner. Normally, only staff members of the same gender as the client being searched will perform pat down searches of clients. If exigent circumstances or a situation dictates an 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 search is done, the reason for the search must be documented in the client database and the client's electronic record. All "strip searches" must be completed by two staff of the same gender as the client and must be approved by a Criminal Justice Services Manager before being completed.

115.215 (b): The PAQ indicated that the facility does not permit cross gender pat searches of female residents, absent exigent circumstances. It further stated that the facility does not restrict female access to regularly available programming and other out-of-cell activities to comply with this provision. The PAQ also stated there were zero pat-down searches of female residents that were conducted by male staff. 4.005, page 2 states cross gender searches are when a staff member's gender is not the same as a client's. Cross gender searches are only allowed if exigent circumstances exist and they must be documented. 6.035, page 3 states all searches shall be conducted in a professional manner. Normally, only staff members of the same gender as the client being searched will perform pat down searches of clients. If exigent circumstances or a situation dictates an 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 search is done, the reason for the search must be documented in the client database and the client's electronic record. Interviews with random staff indicated that none of the twelve were aware of a time that a female resident was restricted from programs or privileges in order to comply with this provision. Interviews with four female residents confirmed that none were restricted from programming or activities to

comply with this provision.

115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. It also confirms that all cross gender pat searches of female residents are required to be documented as well. 4.005, page 2 states cross gender searches are when a staff member's gender is not the same as a client's. Cross gender searches are only allowed if exigent circumstances exist and they must be documented. 6035, page 4 states documentation of searches shall include the date, time, and location of the search as well as the staff members who completed the search. Reasonable suspicion and strip searches shall also include the manager who approved the search. Page 3 further states all searches shall be conducted in a professional manner. Normally, only staff members of the same gender as the client being searched will perform pat down searches of clients. If exigent circumstances or a situation dictates an 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 search is done, the reason for the search must be documented in the client database and the client's electronic record.

115.215 (d): The PAQ indicated that 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. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. 6.010, page 2 states CJSD staff will announce their presence when entering client areas (dorm rooms, bathrooms and showers) of the opposite gender where clients are likely to be showering, performing bodily functions, or changing clothes. CJSD staff will knock on opposite gender doors prior to entering a dorm room. With regard to cross gender viewing, the auditor confirmed that residents have adequate privacy when showering, using the restroom and changing clothes. All showers were equipped with curtains. One housing unit also had saloon style doors. Toilets were public style and were fully enclosed. The facility does not typically conduct strip searches. If required due to an exigent circumstance it would be conducted in a room with a solid door. A review of the video monitoring technology also confirmed there were no issues with privacy and cross gender viewing. With regard to the opposite gender announcement, the auditor observed opposite gender staff knock on living area doors and announce prior to entry. Additionally, staff announced prior to entry into the bathroom area. All twelve of the staff interviewed confirmed that residents have privacy when showering, using the restroom and changing their clothes. Additionally, all twelve staff indicated that an announcement is made when an opposite gender staff member enters a housing area or restroom area. Nineteen of the 20 residents interviewed confirmed that an announcement is made when opposite gender staff

enter housing areas and restrooms. All 20 residents advised that they have privacy when showering, using the restroom and changing their clothes.

115.215 (e): The PAQ indicated that 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 and that no searches of this nature have occurred within the previous twelve months. 6.035, page 1 states at no time shall a search of a client's person be used for the sole purpose of determining that clients gender or genital status. Interviews with twelve staff indicated eleven were aware of a policy prohibiting searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. There were zero transgender or intersex residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.215 (f): 6.035, page 3 states all searches shall be conducted in a professional manner. Pages 3-4 outline direction on searches, including that searches should be conducted in a professional fashion keeping in mind the client's privacy. Policy advises that no remarks about a client's body or any comments that could be construed as unprofessional will be made. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. The facility utilizes the PRC's video titled "Guidance on Cross-Gender and Transgender Pat Searches." A review of the video confirms that staff are trained on how to conduct searches through the trauma informed approach. The training covers professionalism, definitions, prohibited actions, body position, non-verbal cues and other consideration. This training is completed during the annual staff PREA training. Ten of the twelve staff interviewed stated that they had received training on cross gender pat searches and searches of transgender residents. A review of ten "security" staff training records indicated all ten had received the search training.

Based on a review of the PAQ, 4.005 - Prison Rape Elimination Act (PREA) Introduction to PREA, 4.015 - Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations, 6.035 - Contraband Control, 6.010 - On-site Monitoring and Walkthroughs, PREA Resource Center's Guidance on Cross-Gender and Transgender Pat Searches Video, Staff Training Records, observations made during the tour as well as information from interviews with random staff and random residents, this standard appears to be compliant.

**115.216**

**Residents with disabilities and residents who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 4.010 - Prison Rape Elimination Act (PREA) Client Orientation and Education
3. Memorandum of Understanding with Springs Institute for Intercultural Learning
4. PREA Poster
5. Client Handbook
6. Client Acknowledgment of PREA Advisement - Facts on Expected Sexual Conduct
7. PREA Client Acknowledgment and Summary of PREA
8. PREA Reporting Options and Advocacy/Support
9. PREA DVD Acknowledgement
10. Rules, Regulation and Handbook Acknowledgment

Interviews:

1. Interview with the Agency Head
2. Interview with LEP and Disabled Residents
3. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents 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. 4.010, page 2 states CJSD shall take appropriate steps to ensure that

clients with disabilities and/or limited English shall have equal opportunity to benefit from CSJD efforts to prevent, detect and respond to sexual misconduct in its facilities. These steps shall include, but not be limited to; providing client interpreters; making available, through auditory means, all PREA related materials and information for clients with impaired vision or any degree of literacy and making available, through visual means, all PREA related material and information for clients with impaired hearing. Policy further states that if bilingual CJSD staff are not available, language specific translators including American Sign Language translators will be requested from the Mesa County Sheriff's Office or from private contracted services that have appropriate certification. A review of the PREA video confirmed that it is available in English, Spanish and ASL and it contains large writing with key points that are spoken verbally. A review of the PREA Poster and Client Handbook indicated that information is provided in adequate font size and color scheme and is available in English and Spanish. The auditor observed PREA information posted throughout the facility. PREA Posters were observed in each housing unit near the phone and/or on the bulletin board. Posters were observed on legal size paper in English and Spanish. PREA Posters were also observed in common areas of the facility. In addition to the posted information the auditor observed that residents can access PREA information on the computers in the housing units. A resident illustrated that there are four acknowledgments that they can access: the PREA Client Acknowledgment and Summary of PREA, PREA Reporting Options and Advocacy/Support, PREA DVD Acknowledgement and the Rules, Regulation and Handbook Acknowledgment. The interview with the Agency Head confirmed the agency has policies and procedures to provide disabled and LEP residents with equal access to benefit from the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment. She indicated they have an MOU with a translation service and they can provide accommodations for disabled residents. The Agency Head stated they have education documents in English and Spanish and they are able to translate them into another language, when/if needed. Interviews with five disabled residents indicated all five were provided information related to sexual abuse and sexual harassment in a format that they could understand.

115.216 (b): The PAQ stated that 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. 4.010, page 2 states CJSD shall take appropriate steps to ensure that clients with disabilities and/or limited English shall have equal opportunity to benefit from CSJD efforts to prevent, detect and respond to sexual misconduct in its facilities. These steps shall include, but not be limited to; providing client interpreters; making available, through auditory means, all PREA related materials and information for clients with impaired vision or any degree of literacy and making available, through visual means, all PREA related material and information for clients with impaired hearing. Policy further states that if bilingual CJSD staff are not available, language specific translators including American Sign

Language translators will be requested from the Mesa County Sheriff's Office or from private contracted services that have appropriate certification. A review of the PREA video confirmed that it is available in English, Spanish and ASL and it contains large writing with key points that are spoken verbally. A review of the PREA Poster and Client Handbook indicated that information is provided in adequate font size and color scheme and is available in English and Spanish. The agency has an MOU with Spring Institute for Intercultural Learning. The MOU states the Spring Institute shall provide interpreter services for eligible consumers of the client. All interpreters are screened by Spring Institute, trained in providing interpretation services and are fluent in English and in language(s) for which interpretation services are required. The MOU was signed in August 2024. The auditor observed PREA information posted throughout the facility. PREA Posters were observed in each housing unit near the phone and/or on the bulletin board. Posters were observed on legal size paper in English and Spanish. PREA Posters were also observed in common areas of the facility. In addition to the posted information the auditor observed that residents can access PREA information on the computers in the housing units. A resident illustrated that there are four acknowledgments that they can access: the PREA Client Acknowledgment and Summary of PREA, PREA Reporting Options and Advocacy/Support, PREA DVD Acknowledgement and the Rules, Regulation and Handbook Acknowledgment. The auditor called the Spring Institute to confirm access to services. The staff confirmed the MOU and noted they can provide services. The staff indicated they offer translation services and interpretation services. Interpretation services can be performed in person, via phone or virtually. Interviews with two LEP residents indicated both were provided information related to sexual abuse and sexual harassment in a format that they could understand

115.216 (c): The PAQ stated that agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties under 115.264, or the investigation of the resident's allegations. The PAQ further stated that the facility documents the limited circumstances in individual cases where resident interpreters, readers or other types of resident assistants are used. 4.010, page 2 states client interpreters may be used if waiting for a designated interpreter would compromise the client's safety, affect first-responders in completing responsibilities, or investigating the residents allegation. The PAQ expressed that there were zero instances where a resident was utilized to interpret, read or provide other type of assistance. Interviews with twelve staff indicated that eight were aware of a policy that prohibits the use of resident interpreters, translator, readers or other types of resident assistants for sexual abuse allegations. Interviews with five disabled residents and two LEP residents indicated all seven were provided information related to sexual abuse and sexual harassment in a format that they could understand and none had a resident translator/interpreter utilized.

	<p>Based on a review of the PAQ, 4.010 - Prison Rape Elimination Act (PREA) Client Orientation and Education, Memorandum of Understanding with Springs Institute for Intercultural Learning, the PREA Education Video (Colorado Community Corrections), PREA Poster, Mesa County Community Corrections Client Acknowledgment of Colorado Community Corrections PREA DVD, observations made during the tour as well as interviews with the Agency Head, LEP and disabled residents, and random staff, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor recommends that the facility provide refresher training on the prohibition under provision (c) and resources available to use in lieu of residents.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 2.010 - Hiring and Promotion Practices</li> <li>3. 8.045 - CJSJ Facility Access</li> <li>4. DOJ Standards and PREA Standards 115.217 Duty to Affirm</li> <li>5. PREA Questionnaire for Applicant</li> <li>6. Staff and Contractor Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Human Resource Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting</p>

anyone who may have contact with residents and prohibits enlisting 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; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 2.010, page 3 states no applicant or contractor will be hired or promoted that has a conviction, misdemeanor or felony, regarding sexual abuse in any type of institution or in the community. This includes anyone who has been civilly or administratively adjudicated to have engaged in sexual abuse. A review of the PREA Questionnaire for Applicant confirms that it includes the following questions: "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?"; "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", and "Have you even been civilly or administratively adjudicated of engaging in 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?". A review of personnel files for three staff hired in the previous twelve months and two contractors hired in the previous twelve months confirmed that all five had a criminal background records check completed prior to hire.

115.217 (b): The PAQ indicated that 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. 2.010, page 3 states CJSD will consider any incidents of sexual harassment in determining whether to hire or promote anyone hire or promote anyone or to enlist the services of any contractor, who may have contact with clients. The interview with the Human Resource staff member confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.217 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 2.010, page 2 states unless exempted by the Department Director, all applications must pass further testing which includes but is not limited to the following: Polygraph examination; Drug Test; Physical examination; and Background investigation. As part of the background and reference checks, CJSD will either mail or call prior institutional employers completing the PREA Questionnaire for prior employers. Documentation will include name and title of person contacted, contact information and date of contact. An



NCIC/CCIC criminal history and warrants check, verification of compliance with job qualifications, and a review for criminal record through fingerprint identification on all internal and external applicants prior to hiring. Applicants will complete a digital fingerprint during the conditional testing process. Until a fingerprint record check is returned the employee will not work without direct supervision. If the fingerprint submission is rejected at any point, the applicant shall complete a new submission within 15 days of notification. A completed fingerprint record check is required prior to receiving Community Corrections Information and Billing (CCIB) user access. The PAQ indicated that 27 individuals were hired since January 2024 that had a criminal background records check completed. The Human Resource staff member confirmed that a criminal background records check is completed prior to hire of employees. Additionally, she confirmed that all prior institutional employers are contacted related to incidents of substantiated sexual abuse and resignation during investigation. A review of personnel files for three staff hired in the previous twelve months confirmed that all three had a criminal background records check completed prior to hire. None of the three had prior institutional employment, however the facility provided an example of a staff member with prior institutional employment to illustrate the process for contacting prior institutional employers.

115.217 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that there were fourteen contracts for service where a criminal background records check was completed prior to enlisting services. 8.045, page 4 outlines Level Three and Level Four visitors which include those with an ongoing working relationship with CJSD, such as contractors. Page 5 states that any visitor that meets the criteria for Level Three or Four access to a CJSD building must complete an approved facility access application. The application will include at minimum; a background check which includes a Colorado Crime Information Center (CCIC) and National Crime Information Center (NCIC) criminal history check; a warrant check and a local criminal history check. The Human Resource staff member confirmed that any contractor would have a criminal background records check completed prior to enlisting their services. A review of personnel files for two contractors hired in the previous twelve months confirmed both had a criminal background records check completed prior to hire.

115.217 (e): The PAQ indicated that agency policy requires 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. 2.010, page 4 states CJSD will conduct criminal background record checks at least every five years of current employees, prior to an employee being promoted and annually for contractors who may have contact with clients. The interview with the Human Resource staff member indicated that a criminal background records check is completed through a check of CCIC and NCIC. She confirmed that criminal

background record checks are completed at least every five years and that they track these dates through a spreadsheet. The staff further stated all contractors and volunteers have a criminal background records check completed annually. A review of documentation for three staff employed longer than five years confirmed all three had a criminal background records check completed at least every five years. There were zero contractors employed longer than five years.

115.217 (f): A review of the DCJ Standards and PREA Standards 115.217 Duty to Affirm document indicates that staff are required to sign that they have read the CJSD Manual and affirm that they have not engaged in any behaviors related to inappropriate sexual activity. Section 5 of the document states the agency shall 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 residents who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The PC clarified that this form is utilized annually for staff to affirm they have not engaged in prohibited behaviors. The form is not utilized prior to hire. A review of the PREA Questionnaire for Applicant confirms that it includes the following questions: "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?"; "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", and "Have you even been civilly or administratively adjudicated of engaging in 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?". The interview with the Human Resource staff confirmed that the questions under this provision are asked on a hiring form and are also asked as part of the integrity interview. She confirmed that employees have a continuing affirmative duty to disclose any previous such misconduct. A review of documentation for three staff hired in the previous twelve months and two staff promoted in the previous twelve months confirmed all five completed the PREA Questionnaire for Applicant prior to hire/promotion.

115.217 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 2.010, page 3 states material omissions or false information from the applicant shall be grounds for termination.

	<p>115.217 (h): 2.010, page 5 states that due to the nature of public safety work all requests for a reference check of a current or former employee will be referred to the CJSJ Director. If there is a request from an institutional employer for reference information, any substantiated allegations of sexual abuse or sexual harassment will be reported. The Human Resource staff member confirmed that they would provide the requested information to other institutional employers.</p> <p>Based on a review of the PAQ, 2.010 - Hiring and Promotion Practices, 8.045 - CJSJ Facility Access, DOJ Standards and PREA Standards 115.217 Duty to Affirm, Staff and Contractor Files, PREA Questionnaire for Applicant and information obtained from the Human Resource staff interview, this standard appears to be compliant.</p>
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115.218	Upgrades to facilities and technology
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.040 - Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data</li> <li>3. 2024 Annual Staffing Plan Review</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the Director</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Modification to the Physical Plant</li> <li>2. Observations of Video Monitoring Technology</li> </ol> <p>Findings (By Provision):</p>

115.218 (a): The PAQ indicated that the agency/facility has acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. The PAQ stated that since 2022 the facility has modified the Powell building for a medication assisted treatment (MAT) program. 4.040, page 2 states that the design of any new facility or any substantial physical facility improvement or expansion shall incorporate a review of the plan's impact on the agency's ability to protect clients from sexual misconduct. A review of the 2014 Annual Staffing Plan Review indicated it noted the opening of the Chipeta Building and the cameras that were added. During the tour the auditor observed the Chipeta Building as well as the MAT program. The auditor observed that the MAT program was opened up to provide an enclosed medication distribution area. Large windows and video monitoring technology appeared to have been utilized to allow visibility and protection from sexual abuse. The interview with the Agency Head indicated that when they make substantial modifications to the existing facility they consider access points, windows and visual into the space. She stated they also consider how video and audio will be utilized. The Agency Head advised that they review the space and take into consideration client protection. The interview with the Director indicated that they invested in their medication room and they opened this area up and added cameras. He also stated they had opened a building for housing, however they were in the process of closing it and moving the residents back to the main building.

115.218 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 4.040, page 2 states that when installing or updating a video monitoring system, or any other electronic monitoring system, due consideration shall be given to deploying the system(s) to enhance CJSD's ability to protect clients from sexual abuse. A review of the 2024 Annual Staffing Plan Review confirmed noted that it outlined that blind spots were alleviated through mirrors and additional cameras. The document also noted areas where additional cameras were recommended. It also it noted the opening of the Chipeta Building and the cameras that were added. A review of the video monitoring system confirmed that the facility has adequate camera coverage, including inside the buildings and outside the buildings. Cameras are monitored by staff at the front entrance as well as staff in each housing unit. Video can also be remotely viewed by any staff member, including the Directors, Managers, the PC and Supervisors. The interview with the Agency Head indicated that when installing or updating video monitoring technology they consider how that technology will enhance their ability to protect residents from sexual abuse. She advised they place cameras in areas they need the capabilities for security and safety, with an emphasis on areas with clients. She noted they install cameras to cover blind spots. The interview with the Director confirmed that when installing or updated video monitoring technology they consider how such technology will enhance their ability to protect residents from sexual abuse. He advised that the upgraded cameras have better clarity. He also stated they have installed cameras in areas they have identified with blind spots.

	<p>Based on a review of the PAQ, 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, 2024 Annual Staffing Plan Review, observations made during the tour and information from interviews with the Agency Head and Director, this standard appears to be compliant.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA</li> <li>3. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring</li> <li>4. 4.025 – Prison Rape Elimination Act (PREA) Victim Services</li> <li>5. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements</li> <li>6. PREA Incident First Responder Checklist</li> <li>7. Memorandum of Understanding with Grand Junction Police Department</li> <li>8. Memorandum of Understanding with Sexual Abuse Nurse Examiner (SANE)</li> <li>9. Memorandum of Understanding with Hilltop Domestic Violence and Sexual Assault Services at Latimer House (Latimer House)</li> <li>10. Crisis Intervention Training Curriculum</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Staff</li> <li>2. Interview with the PREA Coordinator</li> <li>3. Interview with Residents who Reported Sexual Abuse</li> <li>4. Interview with SAFE/SANE Staff</li> </ol>

Findings (By Provision):

115.221 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while Grand Junction Police Department is responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 4.020, page 1 states to the extent CJSD is responsible for investigating allegations of sexual harassment and sexual abuse, the agency shall follow an established protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency provided an MOU with Grand Junction Police Department that indicates that CJSD understand that the process to report any crime to include reports of sexual assault would be by calling 911 or the non-emergency number. The GJPD agrees to communicate with the PC or a Manager the officer assigned and expected response time. While the MOU was provided, it was not executed and as such was not applicable. 4.030, page 2 states CJSD shall ensure that standard evidence protocols are met anytime that a crime scene, victim or perpetrator may have usable evidence pertinent to an investigation of alleged sexual abuse, misconduct or harassment. These steps are outlined in the first responder manual and include: separate and protect the alleged victim and the alleged abuser; preserve and protect the crime scene until appropriate steps can be taken to collect evidence; if the abuse occurred within a time period that allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Interviews with twelve random staff indicated ten were aware of and understood the agency's protocol on obtaining usable physical evidence. Additionally all twelve stated that they knew who was responsible for investigating sexual abuse allegations.

115.221 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful residents. The PAQ did not state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. Further communication with the PC indicated that this should have been marked yes. 4.030, page 2 states CJSD shall ensure that standard evidence protocols are met anytime that a crime scene, victim or perpetrator may have usable evidence pertinent to an investigation of alleged sexual abuse, misconduct or harassment. These steps are outlined in the first responder manual and include: separate and protect the alleged victim and the alleged abuser; preserve and protect the crime scene until appropriate steps can be taken to collect evidence; if the abuse occurred within a time period that allows for the collection of physical evidence request that the

alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

115.221 (c): The PAQ indicated that the facility offers residents who experience sexual abuse access to forensic medical examination without financial cost to the victim. The PAQ stated that when possible, examinations are conducted by SAFE or SANE and when SAFE or SANE are not available a qualified medical practitioner performs forensic examinations. The PAQ expressed that SAFE/SANE are offered at St. Mary's Hospital and Western Slope Center for Children and that the facility documents efforts to provide SAFE/SANE. 4.005, page 7 states medical services for sexual assault victims shall be referred to the Sexual Abuse Nurse Examiner Program under the Western Slope Center for Children as outlined in the MOU between the SANE program and CJSD. 4.025, page 1 states CJSD shall develop procedures for providing victim services to clients who allege that they are victims of sexual assault, contact or harassment from other clients or staff and must include at minimum medical examination (forensic or otherwise), documentation and treatment of injuries. Any forensic medical examination shall be conducted in a facility and by personnel following Sexual Assault Nurse Examiner (SANE) protocols. 4.025, page 2 further states all victim services offered to a client sexually assaulted while in the custody or under the jurisdiction of CJSD shall be offered at no cost to the victim as determined by CJSD Administration. A review of documentation indicated that the agency has an MOU with Sexual Abuse Nurse Examiner (SANE) and that the agreement is to ensure any victims of sexual assault are given the care and support needed. The MOU indicates CJSD understands the process to report a sexual assault would be by calling the Grand Junction Regional Communication Center and to request a SANE nurse. The call to GJRCC initiates a page to the SANE team and a SANE nurse will response. The MOU further states that the SANE examination will only take place at a certified medical facility, such as a local hospital. The PAQ stated that there were zero forensic exams conducted in the previous twelve months and one exam performed by SANE/SAFE. The auditor contacted St. Mary's Hospital related to forensic medical examinations. The staff member advised that they do conduct forensic medical examinations. She stated they would call the police department and tell them they need a SANE and they would send someone out to conduct the exam at the hospital. The auditor contacted Sexual Abuse Nurse Examiner related to forensic medical examinations. The staff member confirmed that they provide forensic medical examinations either at their office exam room located at the Child Advocacy Center or at the local hospital. The staff advised all exams are conducted by specifically trained forensic nurse examiners (FNE)/SANE professionals. A review of documentation noted that there was one forensic medical examination conducted at Western Slope Center for Children. It should be noted that Western Slope Center for Children is the same as the Child Advocacy Center.

115.221 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center, wither in person or by other means and that these efforts are documented. The PAQ further indicated that if and when a rape crisis center is not available to provide victim advocate services, the facility does provides a qualified staff member from a community-based organization or a qualified agency staff member. The PAQ noted that the agency currently has 20 staff members that are certified in Crisis Intervention Training (CIT), which includes 40 hours of Crisis Intervention Training as well as staff that are trained in Mental Health First Aid. Copies of the staff training records and/or CIT training certificates were provided to confirm the applicable training. 4.025, page 2 states the victim advocate will ensure a mental health referral is made to community services providers/sexual assault victim advocate for clients victimized by nonconsensual sexual assault, contact or harassment and for clients affected other than the victimized client. A review of documentation indicated that the facility has an MOU with Hilltop Domestic Violence and Sexual Assault Services at Latimer House. The MOU was established to provide clients of sexual abuse appropriate services. The MOU states that Hilltop Domestic Violence and Sexual Assault Services at Latimer House will offer: advocacy to include emotional support during forensic exam, investigatory interviews and SANE exams; assist with protection orders; support during court hearing; a 24 hour crisis line; case management; referral to sexual assault support groups; referral to counseling and education and referrals to community resources. The updated MOU was executed December 15, 2022. The PREA Incident First Responder Checklist outlines steps for staff to take, including: secure/separate the victim in a safe confidential location; determine if the victim needs emergency medical care; determine if an interpreter is needed; if penetration occurred and incident was within five days, instruct the victim not to eat, drink, use the bathroom, brush teeth, changing clothes or do anything to contaminant evidence; notify/page SART member, provide SAVA brochure and provide a private room for in-person or telephone consultation with SAVA; isolate/segregate the assailant and secure the crime scene. The interview with the PC confirmed that the facility attempts to make a victim advocate available to resident victims of sexual abuse. She stated the services are made available through the MOU with Latimer House. The PC further verified that all services are provided through a certified rape crisis and staff which are required to have appropriate training and credentials. The resident who reported sexual harassment indicated that he reported sexual harassment and he was not afforded the opportunity to contact anyone after he reported the sexual harassment. Because the allegation was harassment, the resident was not required to be provided advocacy services under this provision. A review of documentation indicated one of the three victims was afforded access to a victim advocate. The documentation indicated the victim had services through Mind Springs, which is a mental health community provider and not the organization outlined in the MOU.

115.221 (e): The PAQ indicated that as 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. A review of documentation indicated that the facility has an MOU with Hilltop Domestic Violence and Sexual Assault Services at Latimer House. The MOU was established to provide clients of sexual abuse appropriate services. The MOU states that Hilltop Domestic Violence and Sexual Assault Services at Latimer House will offer: advocacy to include emotional support during forensic exam, investigatory interviews and SANE exams; assist with protection orders; support during court hearing; a 24 hour crisis line; case management; referral to sexual assault support groups; referral to counseling and education and referrals to community resources. The updated MOU was executed December 15, 2022. The PREA Incident First Responder Checklist outlines steps for staff to take, including: secure/separate the victim in a safe confidential location; determine if the victim needs emergency medical care; determine if an interpreter is needed; if penetration occurred and incident was within five days, instruct the victim not to eat, drink, use the bathroom, brush teeth, changing clothes or do anything to contaminant evidence; notify/page SART member, provide SAVA brochure and provide a private room for in-person or telephone consultation with SAVA; isolate/segregate the assailant and secure the crime scene. The interview with the PC confirmed that the facility attempts to make a victim advocate available to resident victims of sexual abuse. She stated the services are made available through the MOU with Latimer House. The PC further verified that all services are provided through a certified rape crisis and staff which are required to have appropriate training and credentials. The resident who reported sexual harassment indicated that he reported sexual harassment and he was not afforded the opportunity to contact anyone after he reported the sexual harassment. Because the allegation was harassment, the resident was not required to be provided advocacy services under this provision. A review of documentation indicated one of the three victims was afforded access to a victim advocate. The documentation indicated the victim had services through Mind Springs, which is a mental health community provider and not the organization outlined in the MOU.

115.221 (f): The PAQ indicated that this standard is not applicable. Further communication with the PC indicated this should have been marked yes and that 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. The agency provide an MOU with Grand Junction Police Department that advises that all criminal activity that occurs within the geographical and jurisdictional boundaries of the City of Grand Junction is investigated by a member of the Grand Junction Police Department. It states that Criminal Justice Services staff who become aware of any allegation of sexual assault will call the Grand Junctional Regional Communication Center. The Grand Junction Police Department will respond to the call for service in accordance with their policy and procedures and conduct any investigation deemed appropriate. The MOU was executed December 14, 2022.

115.221 (g): The auditor is not required to audit this provision.

115.221 (h): The agency currently has 20 staff members that are certified in Crisis Intervention Training (CIT), which includes 40 hours of Crisis Intervention Training. Copies of the staff training records and/or CIT training certificates were provided to confirm the applicable training. Staff at the Hilltop Domestic Violence and Sexual Assault Services at Latimer House are trained victim advocates and receive training as outlined by the state's victim advocacy requirements.

Based on a review of the PAQ, 4.005 - Prison Rape Elimination Act (PREA) Introduction to PREA, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.025 - Prison Rape Elimination Act (PREA) Victim Services, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, PREA Incident First Responder Checklist, the Memorandum of Understanding with Grand Junction Police Department, the Memorandum of Understanding with Sexual Abuse Nurse Examiner (SANE), the Memorandum of Understanding with Hilltop Domestic Violence and Sexual Assault Services at Latimer House, the Crisis Intervention Training Curriculum and information from interviews with random staff, the PREA Coordinator, the resident who reported sexual abuse and the SANE/SAFE, this standard appears to require corrective action. A review of documentation indicated one of the three victims was afforded access to a victim advocate. The documentation indicated the victim had services through Mind Springs, which is a mental health community provider and not the organization outlined in the MOU.

#### Corrective Action

The facility will need to review the process related to victim advocates under this provision. Advocates should be afforded through Latimer House, as this is the organization the agency has an MOU with and is the organization identified by the agency to provide these services. Training related to the process will need to be conducted. Confirmation of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations reported during the corrective action period and associated victim advocacy documents.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by

	<p>the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Process/Training Memorandum</li> <li>2. Mock Sexual Abuse Incident</li> </ol> <p>The facility provided a process/training memo that outlined that the PC would be responsible for offering and documenting access to a victim advocate through Latimer House. The memo noted that the information would be documented in the investigative report as well as on the PREA Incident Form.</p> <p>The facility did not have a sexual abuse allegation reported during the corrective action period. As such, the facility conducted a mock sexual abuse incident in order to illustrate the updated process. The mock investigative report noted that the victim was offered a victim advocate but declined the services. It also advised that the victim signed the PREA Incident Form noting the refusal of services. A copy of the PREA Incident Form was also provided. A section exists where it is documented whether a victim advocate was accepted or declined. The mock form noted the victim declined the victim advocate.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.222</b>	<p><b>Policies to ensure referrals of allegations for investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA</li> <li>3. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring</li> </ol>
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4. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements
5. Memorandum of Understanding with Grand Junction Police Department
6. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with Investigative Staff

Findings (By Provision):

115.222 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 4.030, page 1 states CJSD will report allegations or reasonable suspicions, knowledge, or information regarding any incident of sexual abuse or sexual harassment to law enforcement. CJSD shall establish procedures for the administrative investigation of alleged nonconsensual sexual acts and contact and staff sexual misconduct and harassment. Page 1 further states that any instance a report is made alleging sexual misconduct, CJSD staff will complete a thorough and detailed investigation with accurate documentation. The PAQ indicated that there were four sexual abuse allegations reported during the previous twelve months. None had an administrative investigation and one had a criminal investigation. Further communication with the PC indicated all allegations were investigated. The interview with the Agency Head confirmed that an administrative and/or criminal investigations is completed for all allegations of sexual abuse and sexual harassment. She stated that once they receive a report it is forwarded to the PREA investigator. She stated the investigator would conduct an investigation and share the results with administrative staff and the SART team. She further stated if the incident is a crime it would be reported to local law enforcement. A review of the investigative log and eight allegations noted four were sexual abuse or sexual harassment incidents. All four had an administrative investigation completed.

115.222 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations. The PAQ did indicate that such policy is published on the agency website or make publicly available via other means and that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 4.005, page 1 states if information in the investigation is determined to be criminal, the

investigation will be turned over to local law enforcement. Page 7 states CJSD will report sexual or other types of abuse of clients to appropriate authorities. Criminal investigations shall be conducted by the Grand Junction Police Department. 4.020, page 3 states CJSD will report all criminal allegations of sexual abuse or sexual harassment to law enforcement for investigation, unless the allegation does not involve potentially criminal behavior. 4.030, page 1 states CJSD will report allegations or reasonable suspicions, knowledge, or information regarding any incident of sexual abuse or sexual harassment to law enforcement. Page 5 further states in any instance where the initial investigation determines that criminal behavior occurred, the PC or the on duty manager will contact the Grand Junction Police Department for further investigation. The Grand Junction Police Department will be responsible for collecting evidence, interviewing witnesses and referring for prosecution. A review of the agency website confirmed that information related to the investigative process and referrals to the appropriate law enforcement agency to conduct investigations is available at <https://cjsd.mesacounty.us/programs-and-services/community-corrections/residential-services/>. The interview with the facility investigator confirmed that the agency has a policy that requires all allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigation. A review of the investigative log and eight allegations noted four were sexual abuse or sexual harassment incidents. All four had an administrative investigation completed. All investigation were completed by facility staff.

115.222 (c): 4.005, page 1 states if information in the investigation is determined to be criminal, the investigation will be turned over to local law enforcement. 4.030, page 1 states CJSD will report allegations or reasonable suspicions, knowledge, or information regarding any incident of sexual abuse or sexual harassment to law enforcement. A review of the agency website confirmed that information related to the investigative process and referrals to the appropriate law enforcement agency to conduct investigations is available <https://cjsd.mesacounty.us/programs-and-services/community-corrections/residential-services/>. The agency provide an MOU with Grand Junction Police Department that advises that all criminal activity that occurs within the geographical and jurisdictional boundaries of the City of Grand Junction is investigated by a member of the Grand Junction Police Department. It states that Criminal Justice Services staff who become aware of any allegation of sexual assault will call the Grand Junctional Regional Communication Center. The Grand Junction Police Department will respond to the call for service in accordance with their policy and procedures and conduct any investigation deemed appropriate. The MOU was executed December 14, 2022.

115.222 (d): The auditor is not required to audit this provision.

115.222 (e): The auditor is not required to audit this provision.

	<p>Based on a review of the PAQ, 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA, 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements, MOU with Grand Junction Police Department, Investigative Reports, the agency’s website and information obtained via interviews with the Agency Head and the facility investigator, this standard appears to be compliant.</p>
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<b>115.231</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline</li> <li>3. National Institute of Corrections Video – PREA: Understanding Your Role and Responding to Sexual Abuse</li> <li>4. Post Order – PREA – First Responder</li> <li>5. Colorado Community Corrections PREA Training</li> <li>6. PREA and Professional Standards of Conduct Form</li> <li>7. Acknowledgment of Prison Rape Elimination Act and Standards of Conduct Advisement</li> <li>8. Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.231 (a): The PAQ stated that the agency trains all employees who may have</p>

contact with residents on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents' right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with residents, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents and how to comply with relevant laws related to mandatory reporting. The PAQ noted that all staff watch the National Institute of Corrections video, PREA: Understanding Your Role and Responding to Sexual Abuse. 4.035, page 1 states it is the responsibility of CJSD to provide comprehensive training regarding PREA to all professionals who provide services to CJSD clients. All training documentation will be maintained by the Administrative Officer. All CJSD employees shall sign the PREA Professional Advisement Form within three days of their hire start date. CJSD employees will receive no less than four hours of training related to PREA in the first year of employment. Training related to PREA may include but not be limited to: review of all PREA policies to include zero tolerance, criminal actions of staff, prevention, intervention and investigations; procedures on sharing confidential information; reporting procedures; client's right to be free from sexual misconduct; client and employees right to be free from retaliation from reporting sexual abuse; dynamics of sexual abuse in confinement; common reactions of sexual abuse victims; client pat searches and room/ed placement decisions. A review of the PREA and Professional Standards of Conduct indicated that it includes information on the prohibition of sexual contact (consensual or otherwise) and the zero tolerance policy. The document discusses the investigative process, CJSD response to an allegation, how to report, prevention and intervention and required documents for facility access. The auditor was unable to review the NIC Video as access is limited to individuals with login credentials, however a review of the synopsis of the video confirms that it includes information related to appropriate response of sexual abuse. The Post Order - PREA - First Responder outlines that apart from reporting to designated CJSD staff, staff shall not reveal any information related to a sexual abuse, misconduct or harassment to anyone, including other staff, other than to the extent necessary to make treatment, investigation and other security and management decisions. The document is a checklist of first responder duties and notes separating the victim, abuser and possible witnesses; notifying the manager; obtaining client information; preserving and protecting the crime scene, maintaining an evidence log; and obtaining copies of any behavior contract pertaining to the topic. A review of the Annual PREA Training curriculum confirmed that the annual staff training includes information on: the agency's zero tolerance policy (slide 3 & slide 6), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (all slides), the residents' right to be free from sexual abuse and sexual harassment (slide 6), the right of the resident and employee to be free from retaliation for reporting sexual abuse or sexual harassment (slide 51), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 33-38 &

slide 81-86), the common reactions of sexual abuse and sexual harassment victims (slides 42-49), how to detect and respond to signs of threatened and actual sexual abuse (slides 42-49 and slides 53-69), how to avoid inappropriate relationship with residents (slides 72-73), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents (slides 70-71) and how to comply with relevant laws related to mandatory reporting (slides 63-64). Interviews with twelve random staff indicated eleven received PREA training and the training included the elements under this provision. A review of fourteen staff training records indicated that 100% completed PREA training.

115.231 (b): The PAQ indicated that training is not tailored to the gender of the resident at the facility and that employees who are reassigned to facilities with opposite gender are not given additional training. The PAQ further stated that all staff work with male and female residents. The facility houses both male and female residents. A review of the Annual PREA Training indicated that slides 81-86 cover differences among male and female victims/potential victims and how to respond to individuals based on their gender.

115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ stated that staff are trained no less than every two years and the PREA Assessment and Bed Placement Team receives annual training. 4.035, page 2 states all CJSD staff members who have direct contact with clients will seek out and receive ongoing training regarding PREA related issues and PREA related policies. CJSD has a minimum standard of two hours of training related to PREA issues per year. A review of documentation indicated all fourteen staff had PREA training at least every two years.

115.231 (d): The PAQ stated that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. 4.035, page 1 states it is the responsibility of CJSD to provide comprehensive training regarding PREA to all professionals who provide services to CJSD clients. All training documentation will be maintained by the Administrative Officer. A review fourteen staff training records indicated that all fourteen had an electronic signature or manual signature confirming they received and understood the training.

Based on a review of the PAQ, 4.035 - Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline, National Institute of Corrections Video - PREA: Understanding Your Role and Responding to Sexual Abuse, Post Order - PREA - First Responder, Colorado Community Corrections PREA Training, PREA and Professional



	Standards of Conduct Form, Acknowledgment of Prison Rape Elimination Act and Standards of Conduct Advisement. Staff Training Records, as well as information form interviews with random staff, this standard appears to be compliant.
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.035 - Prison Rape Elimination Act (PREA) CJSJ Staff and Contractor Training/ Discipline Curriculum</li> <li>3. PREA and Professional Standards of Conduct Form</li> <li>4. Mesa County Sheriff's Office Prison Rape Elimination Act (PREA) Overview</li> <li>5. Facility Access Guidelines/Rules Agreement</li> <li>6. Acknowledgment of Prison Rape Elimination Act (PREA) and Standards of Conduct Advisement</li> <li>7. Volunteer and Contractor Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Volunteers and Contractors Who Have Contact with Residents</li> </ol> <p>Findings (By Provision):</p> <p>115.232 (a): The PAQ indicated that 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/sexual harassment prevention, detection and response. 4.035, page 3 states all contractors, volunteers and other persons having direct, unsupervised contact with clients must sign the PREA Professional Advisement Form. This form will include the agencies zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. The PC will keep a record confirming that volunteers and contractors understand the PREA Professional</p>

Advisement Form. Contractors and volunteers complete the PREA and Professional Standards of Conduct form. A review of the PREA and Professional Standards of Conduct form indicated that it includes information on the prohibition of sexual contact (consensual or otherwise) and the zero tolerance policy. The document discusses the investigative process, CJSJ response to an allegation, how to report, prevention and intervention and required documents for facility access. Further, it was discovered that the food service contractors are shared with the Mesa County Sheriff's Office and they complete training through the Sheriff's Office. A review of the MCSO PREA Training notes that it includes information on the history of PREA, the goal of PREA, policies and training, reporting and documentation, investigation and discipline, prevention, and applying knowledge to create a safer environment. The PAQ indicated that twelve volunteers and contractors had received PREA training. Additionally, a review of the Facility Access Guidelines/Rules Agreement confirms that it includes information on the zero tolerance policy, reporting mechanisms and first responder duties. The auditor attempted to conduct phone interviews with the volunteers and contractors, however at the issuance of the interim report the interviews had not been completed. A review of three contractor and three volunteer training records indicated all six had PREA training.

115.232 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is not based on the services they provide and level of contact they have with residents. The PAQ stated that there are different levels of access to the facility, but all complete the same form and training. Additionally, the PAQ indicated that 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 on how to report such incidents. 4.035, page 3 states all contractors, volunteers and other persons having direct, unsupervised contact with clients must sign the PREA Professional Advisement Form. This form will include the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. The PC will keep a record confirming that volunteers and contractors understand the PREA Professional Advisement Form. Contractors and volunteers complete the PREA and Professional Standards of Conduct form. A review of the PREA and Professional Standards of Conduct form indicated that it includes information on the prohibition of sexual contact (consensual or otherwise) and the zero tolerance policy. The document discusses the investigative process, CJSJ response to an allegation, how to report, prevention and intervention and required documents for facility access. Additionally, a review of the Facility Access Guidelines/Rules Agreement confirms that it includes information on the zero tolerance policy, reporting mechanisms and first responder duties. Further, it was discovered that the food service contractors are shared with the Mesa County Sheriff's Office and they complete training through the Sheriff's Office. A review of the MCSO PREA Training notes that it includes information on the history of PREA, the goal of PREA, policies and training, reporting and documentation, investigation and discipline, prevention, and applying knowledge to create a safer environment.

The auditor attempted to conduct phone interviews with the volunteers and contractors, however at the issuance of the interim report the interviews had not been completed. A review of three contractor and three volunteer training records indicated all six had PREA training.

115.232 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 4.035, page 3 states all contractors, volunteers and other persons having direct, unsupervised contact with clients must sign the PREA Professional Advisement Form. This form will include the agencies zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. The PC will keep a record confirming that volunteers and contractors understand the PREA Professional Advisement Form. A review of three contractor and three volunteer training records indicated all six had signed (manual or electronic) that they received PREA training.

Based on a review of the PAQ, 4.035 - Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline Curriculum, PREA and Professional Standards of Conduct Form, Facility Access Guidelines/Rules Agreement, Acknowledgment of Prison Rape Elimination Act (PREA) and Standards of Conduct Advisement, Volunteer and Contractor Training Records and interviews with contractors and volunteers, this standard appears to be compliant.

115.233	Resident education
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.010 - Prison Rape Elimination Act (PREA) Client Orientation and Education</li> <li>3. 8.040 - Intake Interview, Program Orientation and Advisement</li> <li>4. Memorandum of Understanding with Springs Institute for Intercultural Learning</li> <li>5. Client Acknowledgment of PREA Advisement - Facts on Expected Sexual Conduct</li> <li>6. PREA Client Acknowledgment and Summary of PREA</li> <li>7. PREA Reporting Options and Advocacy/Support</li> </ol>

8. PREA DVD Acknowledgement
9. Rules, Regulation and Handbook Acknowledgment
10. PREA Poster
11. Client Handbook
12. Resident Education Records
13. Staff Training

Interviews:

1. Interview with Intake Staff
2. Interview with Random Residents

Site Review Observations:

1. Observations of Intake Area and Education Process
2. Observations of PREA Posters

Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual 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 PAQ indicated that on intake residents acknowledge the PREA Standards of Conduct and are given an information page on reporting. Residents then watch the PREA video within two weeks of intake. 4.010, page 1 states the client will be given a PREA Advisement: Facts on Expected Sexual Misconduct document at intake. The PREA Advisement is a brief fact based document explaining zero tolerance for sexual misconduct, process and avenues for client and third party reporting and limits of confidentiality regarding mandatory reporting issues. The policy further states that all clients will view an educational DVD "Colorado Community Corrections, PREA" regarding rights as well as information and expectations about sexual misconduct. Information provided includes advisement on rights, self-protection, prevention, treatment, counseling, resources, reporting procedures and the investigative process. Additionally, 8.040, page 3 states staff processing clients will provide each client with a copy of the

program handbook. Staff will instruct every client to read the handbook and are responsible for ensuring the client has an understanding of its contents. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information on the zero tolerance policy, types of sexual abuse, the investigative process, reporting methods, self-protection, confidentiality, grievance process, prevention and intervention, false allegations and treatment and counseling. A review of the Client Handbook confirmed that it contained information on the zero tolerance policy, the resident's right to be free from sexual abuse, the investigative process, reporting methods and advocacy and support information. The PREA Client Acknowledgement and Summary of PREA includes information on prohibition of sexual contact, investigative process, disciplinary action, complaint/grievances and reporting. The PREA Reporting Options and Advocacy/Support outlines the zero tolerance policy, right to be free from sexual abuse and sexual harassment, right to be free from retaliation from reporting, investigative process, types of sexual abuse, reporting methods, confidentiality, complaints/grievances related to sexual abuse, self-protection, false allegations, treatment and counseling, and advocacy and support. A The PAQ indicated that 230 residents received information on the zero tolerance policy and how to report at intake. The auditor observed the intake/ education process through a demonstration. Residents have computers in the intake room where they review the PREA forms and are provided a Handbook. Staff verbally ask the residents if they have any questions related to the forms. The forms are then available for residents to review on their client portal. Residents also watch the PREA Resource Center Adult Intake video. The video is viewed on a 65 inch screen in the intake classroom. The video is available in English, Spanish and ASL. Additionally, bilingual staff or the Springs Institute can be utilized for translation. The intake staff also stated that if they had any residents with disabilities they would read the information one on one to ensure the resident fully understood. It should be noted the electronic forms on the client portal are in English only and as such any LEP residents would be provided a physical copy of the form. After the on-site portion of the audit the facility updated the video being utilized to the Adult Comprehensive video. Confirmation was provided by the intake staff of using the longer version of the video for comprehensive education. The interview with the intake staff confirmed that residents receive information on zero tolerance, their to be free from sexual abuse and sexual harassment, their right to be free from retaliation and how to report. The staff stated that residents view the PREA video and they also review three PREA forms on the computer. Staff advised they get a physical copy of the Handbook and they are able to view the three forms on the housing unit computers at any time. 19 of the 20 residents interviewed indicated they received information on the facility's sexual abuse and sexual harassment policies and they received information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting sexual abuse or sexual harassment and ways to report sexual abuse and sexual harassment. Most indicated they received the information on the first day via video. A review of 22 resident files confirmed all 22 were documented with PREA education. It should be noted that during the review it was discovered that residents who leave the residential part of the program but still remain in another section of the Mesa County Criminal Justice program who then return to the residential

program do not have education completed upon return. This was discussed with the PC related to the requirement as they left the residential part of the program so when they return it is like a new intake. The PC conducted training with staff on this process. Confirmation of the training was provided.

115.233 (b): The PAQ indicated that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233 (a). The PAQ further indicated there were zero residents who transferred from a different community confinement facility over the previous twelve months. 4.010, page 1 states the client will be given a PREA Advisement: Facts on Expected Sexual Misconduct document at intake. The PREA Advisement is a brief fact based document explaining zero tolerance for sexual misconduct, process and avenues for client and third party reporting and limits of confidentiality regarding mandatory reporting issues. The policy further states that all clients will view an educational DVD "Colorado Community Corrections, PREA" regarding rights as well as information and expectations about sexual misconduct. Information provided includes advisement on rights, self-protection, prevention, treatment, counseling, resources, reporting procedures and the investigative process. Additionally, 8.040, page 3 states staff processing clients will provide each client with a copy of the program handbook. Staff will instruct every client to read the handbook and are responsible for ensuring the client has an understanding of its contents. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information on the zero tolerance policy, types of sexual abuse, the investigative process, reporting methods, self-protection, confidentiality, grievance process, prevention and intervention, false allegations and treatment and counseling. A review of the Client Handbook confirmed that it contained information on the zero tolerance policy, the resident's right to be free from sexual abuse, the investigative process, reporting methods and advocacy and support information. The PREA Client Acknowledgement and Summary of PREA includes information on prohibition of sexual contact, investigative process, disciplinary action, complaint/grievances and reporting. The PREA Reporting Options and Advocacy/Support outlines the zero tolerance policy, right to be free from sexual abuse and sexual harassment, right to be free from retaliation from reporting, investigative process, types of sexual abuse, reporting methods, confidentiality, complaints/grievances related to sexual abuse, self-protection, false allegations, treatment and counseling, and advocacy and support. The auditor observed the intake/education process through a demonstration. Residents have computers in the intake room where they review the PREA forms and are provided a Handbook. Staff verbally ask the residents if they have any questions related to the forms. The forms are then available for residents to review on their client portal. Residents also watch the PREA Resource Center Adult Intake video. The video is viewed on a 65 inch screen in the intake classroom. The video is available in English, Spanish and ASL. Additionally, bilingual staff or the Springs Institute can be utilized for translation. The intake staff also stated that if they had any residents with disabilities they would read the information one on one to ensure the resident fully understood. It

should be noted the electronic forms on the client portal are in English only and as such any LEP residents would be provided a physical copy of the form. After the on-site portion of the audit the facility updated the video being utilized to the Adult Comprehensive video. Confirmation was provided by the intake staff of using the longer version of the video for comprehensive education. The interview with the intake staff confirmed that residents receive information on zero tolerance, their to be free from sexual abuse and sexual harassment, their right to be free from retaliation and how to report. The staff stated that residents view the PREA video and they also review three PREA forms on the computer. Staff advised they get a physical copy of the Handbook and they are able to view the three forms on the housing unit computers at any time. A review of 22 resident files confirmed all 22 were documented with PREA education.

115.233 (c): The PAQ stated that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Additionally, the PAQ stated that resident PREA education is available in formats accessible to all residents, including those who are deaf, visually impaired, have limited reading skills, or are otherwise disabled. 4.010, page 2 states CJSD shall take appropriate steps to ensure that clients with disabilities and/or limited English shall have equal opportunity to benefit from CSJD efforts to prevent, detect and respond to sexual misconduct in its facilities. These steps shall include, but not be limited to; providing client interpreters; making available, through auditory means, all PREA related materials and information for clients with impaired vision or any degree of literacy and making available, through visual means, all PREA related material and information for clients with impaired hearing. Policy further states that if bilingual CJSD staff are not available, language specific translators including American Sign Language translators will be requested from the Mesa County Sheriff's Office or from private contracted services that have appropriate certification. A review of the PREA education video confirmed that it is available in English and Spanish and that the video contains large writing with all the key points that are spoken verbally. A review of the PREA video confirmed that it is available in English, Spanish and ASL and it contains large writing with key points that are spoken verbally. A review of the PREA Poster and Client Handbook indicated that information is provided in adequate font size and color scheme and is available in English and Spanish. The auditor observed PREA information posted throughout the facility. PREA Posters were observed in each housing unit near the phone and/or on the bulletin board. Posters were observed on legal size paper English and Spanish. PREA Posters were also observed in common areas of the facility. In addition to the posted information the auditor observed that residents can access PREA information on the computers in the housing units. A resident illustrated that there are four acknowledgments that they can access: the PREA Client Acknowledgment and Summary of PREA, PREA Reporting Options and Advocacy/Support, PREA DVD Acknowledgement and the Rules, Regulation and Handbook Acknowledgment. The agency has an MOU with Spring Institute for Intercultural Learning. The MOU states the Spring Institute shall provide interpreter services for eligible consumers of the client. All interpreters are

screened by Spring Institute, trained in providing interpretation services and are fluent in English and in language(s) for which interpretation services are required. The MOU was signed in August 2024. A review of four disabled and two LEP resident files indicated all six had confirmation that they received and understood the PREA information. It should be noted both LEP residents signed English acknowledgment forms.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. 4.010, page 1 states all clients will sign the "Client Acknowledgment" form indicating that they received the advisement and understood its contents. Page 2 further states staff shall document verification of client orientation and education on PREA by completing the PREA Client Acknowledgment form at intake. A review of 22 resident files confirmed all 22 completed the three acknowledgment forms.

115.233 (e): The PAQ indicated that 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. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information on the zero tolerance policy, types of sexual abuse, the investigative process, reporting methods, self-protection, confidentiality, grievance process, prevention and intervention, false allegations and treatment and counseling. The reporting options include CJSJ options, Department of Corrections options and other options. The treatment and counseling section included information for three victim advocacy services. A review of the Client Handbook confirmed that it contained information on the zero tolerance policy, the resident's right to be free from sexual abuse, the investigative process, reporting methods and advocacy and support information. The PREA Client Acknowledgement and Summary of PREA includes information on prohibition of sexual contact, investigative process, disciplinary action, complaint/grievances and reporting. The PREA Reporting Options and Advocacy/Support outlines the zero tolerance policy, right to be free from sexual abuse and sexual harassment, right to be free from retaliation from reporting, investigative process, types of sexual abuse, reporting methods, confidentiality, complaints/grievances related to sexual abuse, self-protection, false allegations, treatment and counseling, and advocacy and support. A review of the PREA Poster indicated that it included information on internal and external reporting mechanism and information on advocacy and support. The auditor observed PREA information posted throughout the facility. PREA Posters were observed in each housing unit near the phone and/or on the bulletin board. Posters were observed on legal size paper English and Spanish. PREA Posters were also observed in common areas of the facility. In addition to the posted information the auditor observed that residents can access PREA information on the computers in the housing units. A resident illustrated that there are four acknowledgments that they can access: the PREA Client Acknowledgment and Summary of PREA, PREA Reporting Options and



	<p>Advocacy/Support, PREA DVD Acknowledgement and the Rules, Regulation and Handbook Acknowledgment.</p> <p>Based on a review of the PAQ, 4.010 – Prison Rape Elimination Act (PREA) Client Orientation and Education, 8.040 – Intake Interview, Program Orientation and Advisement, Memorandum of Understanding with Springs Institute for Intercultural Learning, Mesa County Community Corrections Client Acknowledgment of Colorado Community Corrections PREA DVD, PREA Advisement Facts on Expected Sexual Conduct, PREA Poster, Men’s Residential Program PREA (Handbook), Women’s Resident Program (Handbook), Resident Education Records, Staff Training, observations made during the tour as well information obtained during interviews with intake staff and random residents, this standard appears to be corrected and as such compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that facility verbally go over key facility specific information during the education process, including internal and external reporting information and the victim advocacy information. Additionally, the auditor recommends the facility have residents sign acknowledgment forms in their primary language (i.e. Spanish).</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline</li> <li>3. The PREA Investigator Course: Investigating Prison Rape and Sex Assault Investigations Inside Correctional Facilities</li> <li>4. Investigator Training Records</li> </ol>

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.234 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 4.035, page 2 states CJSJ will ensure that any designated staff for conducting sexual abuse investigation such as the PC have received required training for sexual abuse investigations in a confinement setting. This training will include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training is completed through the Prison Rape And Sex Assault Investigations Inside Correctional Facilities Training Curriculum. The interview with the facility investigator confirmed she received specialized training in conducting sexual abuse investigation in a confinement setting.

115.234 (b): 4.035, page 2 states CJSJ will ensure that any designated staff for conducting sexual abuse investigation such as the PC have received required training for sexual abuse investigations in a confinement setting. This training will include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training is completed through the PREA Investigator Course: Investigating Prison Rape and Sex Assault Investigations Inside Correctional Facilities. A review of the training confirmed that it encompasses the requirements under this provision. The interview with the facility investigator confirmed that the required topics were covered in the training.

115.234 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that four facility investigators have completed the required training. A review of documentation indicated that four facility staff are documented with the specialized training via a training certificate. A review of investigations indicated one staff member conducted all investigations. The staff member was documented with receiving the specialized training.

115.234 (d): The auditor is not required to audit this provision.

	<p>Based on a review of the PAQ, 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline, Prison Rape And Sex Assault Investigations Inside Correctional Facilities Training Curriculum, Investigator Training Records, as well as the interview with the facility investigator, this standard appears to be compliant.</p>
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115.235	Specialized training: Medical and mental health care
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.035 – Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline</li> <li>3. National Institute of Corrections PREA 201 for Medical and Mental Health Practitioners</li> <li>4. Training Records</li> </ol> <p>Findings (By Provision):</p> <p>115.235 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 4.035, page2 states staff with assignments related to PREA standards such as the CJSD nurse will receive additional training to include: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that zero medical and mental health care practitioners who work regularly at the facility received the required training. The facility does not employ medical or mental health staff. The PAQ stated that the facility has substance abuse counselors who can provide initial crisis services if needed. If the facility ever has medical or mental health care staff they utilize the NIC’s PREA 201 for Medical and Mental Health Practitioners, which includes all the elements under this standard.</p> <p>115.235 (b): The PAQ indicated that agency medical staff do not perform forensic</p>

exams and as such this provision does not apply. Forensic exams are conducted at St. Mary's Hospital or the Child Advocacy Center. The facility does not employ medical and/or mental health professionals, all residents are referred to community based providers for services.

115.235 (c): The PAQ indicated that this standard is not applicable. 4.035, page 2 states staff with assignments related to PREA standards such as the CJSD nurse will receive additional training to include: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. If the facility ever has medical or mental health care staff they utilize the NIC's PREA 201 for Medical and Mental Health Practitioners, which includes all the elements under this standard.

115.235 (d): 4.035, page 2 states staff with assignments related to PREA standards such as the CJSD nurse will receive additional training to include: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. Page 3 states all contractors, volunteers and other persons having direct, unsupervised contact with clients must sign the PREA Professional Advisement Form. This form will include the agencies zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. The PC will keep a record confirming that volunteers and contractors understand the PREA Professional Advisement Form. Additionally, page 1 states it is the responsibility of CJSD to provide comprehensive training regarding PREA to all professionals who provide services to CJSD clients. All training documentation will be maintained by the Administrative Officer. All CJSD employees shall sign the PREA Professional Advisement Form within three days of their hire start date. CJSD employees will receive no less than four hours of training related to PREA in the first year of employment. Training related to PREA may include but not be limited to: review of all PREA policies to include zero tolerance, criminal actions of staff, prevention, intervention and investigations; procedures on sharing confidential information; reporting procedures; client's right to be free from sexual misconduct; client and employees right to be free from retaliation from reporting sexual abuse; dynamics of sexual abuse in confinement; common reactions of sexual abuse victims; client searches and room/ed placement decisions.

Based on a review of the PAQ, 4.035 - Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline, National Institute of Corrections PREA 201 for Medical and Mental Health Practitioners and Training Records, this standard appears

to not be applicable and as such compliant.

**115.241 Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. 4.015 - Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations
3. Assessment for Victim Prone/Abusive Characteristics
4. Resident Assessment and Reassessment Documents
5. Staff Training

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Residents
3. Interview with the PREA Coordinator

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Resident Files are Located

Findings (By Provision):

115.241 (a): The PAQ stated that 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. 4.015, page 1 states CJSJ staff will complete required assessments on each client to determine risk factors of clients who may be victim prone and of clients who may have predator characteristics. Assessments will be completed and resulting information will be

used for work and bed placement assignments and place a client in a room to best fit his/her capabilities. CJSD shall identify, assess, and manage clients with special needs, including those who are potentially vulnerable or dangerous, to assist in providing safe housing, adequate protection, and programmatic resources to meet their needs. Page 2 states that all clients shall be given a full assessment utilizing the Risk of Sexual Victim Vulnerability/Abusiveness Assessment initially within 72 hours of intake. The auditor was provided a demonstration of the initial risk assessment. The risk assessment is completed in a private office setting and is completed electronically. Staff review the resident's file prior to meeting with them to review their criminal history, discipline, etc. The staff provide information on what they will be completing and the reason for the screening. Staff prepare them about personal information that will be asked and advise them that they can be honest as the information is limited. Staff then go through the questions including; height, weight, age, prior sexual abusiveness, prior sexual victimization criminal history, gang affiliation, prior incarcerations, gender identity, sexual preference and if they feel vulnerable. The interview with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness upon admission to the facility. It should be noted that during the review it was discovered that residents who leave the residential part of the program but still remain in another section of the Mesa County Criminal Justice program who then return to the residential program do not have a risk assessment completed upon return. This was discussed with the PC related to the requirement as they left the residential part of the program so when they return it is like a new intake. The PC conducted training with staff on this process. Confirmation of the training was provided.

115.241 (b): The PAQ indicated that the policy does not require that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Further communication with the PC indicated that this should have been marked yes, risk assessments are required to be completed within 72 hours or arrival. 4.015, page 1 states CJSD staff will complete required assessments on each client to determine risk factors of clients who may be victim prone and of clients who may have predator characteristics. Assessments will be completed and resulting information will be used for work and bed placement assignments and place a client in a room to best fit his/her capabilities. Page 2 states that all clients shall be given a full assessment utilizing the Risk of Sexual Victim Vulnerability/Abusiveness Assessment initially within 72 hours of intake. The PAQ stated that 299 residents were screened for their risk of sexual victimization and risk of sexually abusing other residents. This was over than 100% of those reported to have arrived in the previous twelve months that stayed over 72 hours. A review of the Assessment for Victim Prone/Abusive Characteristics indicated that the form provides direction at the top that states assessments are required to be completed within 72 hours of a client intake. In addition, the CJSD staff member completing this assessment will need to schedule a follow up assessment at thirty days from the date of intake. Additional assessments are required if violations of

PREA occur. Interviews with eighteen residents that arrived within the previous twelve months confirmed indicated fifteen were asked the risk screening questions upon arrival. The interview with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness within 72 hours. A review of 21 resident files of those that arrived within the previous twelve months confirmed that all 21 had an initial risk screening completed. Seventeen of the 21 were completed within 72 hours.

115.241 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 4.015, page 1 states all clients shall be screened using the standardized screening instrument: the Risk of Sexual Victim Vulnerability/Abusiveness Assessment. A review of the Assessment for Victim Prone/Abusiveness Characteristics form confirmed that the assessment includes thirteen questions for victimization and five questions for abusiveness. The yes responses are totaled and the number indicates whether the resident is at risk of victimization or abusiveness.

115.241 (d): 4.015, pages 1-2 states CJSD will utilize the Risk of Sexual Victim Vulnerability/Abusiveness Assessment form to assess, at minimum: mental, physical or developmental disability, physical build/stature, previous incarcerations, violent/non-violent criminal history, prior sex offenses against an convictions; lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) status; previous sexual victimization; the client's own perception of vulnerability; prior acts of sexual abuse; prior convictions for violent crimes and history or institutional violence and/or sexual abuse. A review of the Assessment for Victim Prone/Abusive Characteristics form confirmed that it contains thirteen questions related to victim/vulnerability factors. These questions include: whether the resident is youthful age (under 22); whether the resident is elderly age (over 60); height; mental illness or development disability; physical disability; whether it is the resident's first incarceration; history of non-violent crimes only; history of sex offense convictions; LGBTI or perceived as such by others; history of sexual victimization; whether the resident feels vulnerable to victimization and any other factors. The staff responsible for the risk screening stated that the risk screening includes asking residents questions including: height, weight, age, abuse history, victimization history, criminal history, gang affiliation, prior incarcerations, gender identity, sexual preference, and perception of vulnerability. She advised she reviews the file prior to meeting with the resident and if responses in the file differ from that they provide verbally she uses information from the file (i.e. criminal history). She confirmed the elements under this provision are included in the risk screening.

115.241 (e): 4.015, pages 1-2 states CJSD will utilize the Risk of Sexual Victim Vulnerability/Abusiveness Assessment form to assess, at minimum: mental, physical or developmental disability, physical build/stature, previous incarcerations, violent/non-violent criminal history, prior sex offenses against an convictions; lesbian, gay,

bisexual, transgender, questioning and intersex (LGBTQI) status; previous sexual victimization; the client's own perception of vulnerability; prior acts of sexual abuse; prior convictions for violent crimes and history or institutional violence and/or sexual abuse. A review of the Assessment for Victim Prone/Abusive Characteristics confirmed that it contains five questions related to aggression/abusiveness factors. These questions include: history of sexual abusiveness in the community; history of violent convictions; history of institutional violence or sexual abuse; gang affiliation and other factors. The staff responsible for the risk screening stated that the risk screening includes asking residents questions including: height, weight, age, abuse history, victimization history, criminal history, gang affiliation, prior incarcerations, gender identity, sexual preference, and perception of vulnerability. She advised she reviews the file prior to meeting with the resident and if responses in the file differ from that they provide verbally she uses information from the file (i.e. criminal history). She confirmed the elements under this provision are included in the risk screening.

115.241 (f): The PAQ indicated that 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. 4.015, page 2 states all clients shall be given a full assessment utilizing the Risk of Sexual Victim Vulnerability/Abusiveness Assessment and a risk assessment review is required at 30 days. The PAQ indicated that 258, or over 100% of residents entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. A review of the Assessment for Victim Prone/Abusive Characteristics indicated that the form provides direction at the top that states assessments are required to be completed within 72 hours of a client intake. In addition, the CJS staff member completing this assessment will need to schedule a follow up assessment at thirty days from the date of intake. Additional assessments are required if violations of PREA occur. The risk reassessment process is identical to the initial and is done within 30 days of arrival. The interview with the staff responsible for the risk screening confirmed that residents are reassessed within a month and then again annually if they are still at the facility. Interviews with eighteen residents that arrived within the previous twelve months indicated thirteen were asked the risk screening questions on more than one occasion. Most stated the reassessment was completed a few weeks to a month after they arrived. A review of 21 resident files of those that arrived within the previous twelve months indicated all 21 residents were reassessed. Nineteen of the 21 were within 30 days.

115.241 (g): The PAQ indicated that policy requires that an 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. 4.015, page 2 states a full assessment will be completed annually if the client does not identify as transgender or intersex and



anytime new or additional information is received that could impact the client's risk of sexual victimization, abuser, or predatory behavior. This includes instances where a client may be a witness to sexual abuse or sexual harassment. Additionally, it states a full assessment will be completed any time a client is placed in the Mesa County Detention Facility or removed as a result of a PREA investigation. A review of the Assessment for Victim Prone/Abusive Characteristics indicated that the form provides direction at the top that states assessments are required to be completed within 72 hours of a client intake. In addition, the CJSD staff member completing this assessment will need to schedule a follow up assessment at thirty days from the date of intake. Additional assessments are required if violations of PREA occur. Interviews with eighteen residents that arrived within the previous twelve months indicated thirteen were asked the risk screening questions on more than one occasion. Most stated the reassessment was completed a few weeks to a month after they arrived. The staff responsible for the risk screening confirmed that residents are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. A review of 21 resident files of those that arrived within the previous twelve months indicated all 21 residents were reassessed. There was one substantiated or unsubstantiated sexual abuse allegation over the previous twelve months that would require a reassessment due to incident of sexual abuse. Documentation confirmed the victim was reassessed.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer whether or not the resident has mental, physical or developmental disability; whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the resident has previously experienced sexual victimization; and the residents own perception of vulnerability. 4.015, page 3 states clients may not be disciplined for refusing to answer, or for not disclosing complete information, in response to screening questions regarding: mental, physical or developmental disabilities; sexual orientation, gender, or gender identity; whether or not he/she has experienced previous sexual victimization and own perception of vulnerability. The interview with the staff who conduct the risk screening confirmed that residents are not disciplined for refusing to answer risk screening questions.

115.241 (i): 4.015, pages 2-3 state information obtained from these screening instruments shall be used to make informed, individualized decisions regarding each client's housing and program placement. This information shall be limited in dissemination only to those staff who make housing and program placement decisions. PREA investigative files are paper and electronic. The paper files are in the PC's office, which is locked with limited access. The electronic investigative reports are maintained on the administrative folder which has very limited access. Resident risk assessments are electronic and all facility staff have access to the risk assessments. Due to the size of the facility, all staff assist with risk assessment and bed assignments. As such the Director stated all staff need access. The PREA

	<p>Coordinator stated that they have confidentiality, but the information is not limited due to staff serving in numerous capacities. The PC advised that the current system is based on the level of staff and that the risk screening is one of the levels that all staff have access to as any staff can be responsible for conducting risk screenings. The staff who conduct the risk screening confirmed that the agency implements appropriate controls on the dissemination of information to ensure that sensitive information is not exploited to the resident detriment by staff or other residents. She stated it is in their file and that anyone with access to the file could view the responses.</p> <p>Based on a review of the PAQ, 4.015 - Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations, Assessment for Victim Prone/Abusive Characteristics, Resident Assessment and Reassessment Documents, Staff Training, and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screening and random residents, this standard appears to be compliant.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.015 - Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations</li> <li>3. Sample of Housing Determination Documents</li> <li>4. LGBTI Resident Housing</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interview with the PREA Coordinator</li> <li>3. Interview with Gay, Lesbian and Bisexual Residents</li> <li>4. Interview with Transgender Residents</li> </ol>

Site Review Observations:

1. Location of Resident Records
2. Housing Assignments of LGBTI Residents
3. Shower Area in Housing Units

Findings (By Provision):

115.242 (a): The PAQ stated that the agency/facility uses information from the risk screening 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. 4.015, pages 2-3 state information obtained from these screening instruments shall be used to make informed, individualized decisions regarding each client's housing and program placement. This information shall be limited in dissemination only to those staff who make housing and program placement decisions. Page 1 also states CJSD staff will complete required assessments on each client to determine risk factors of clients who may be victim prone and of clients who may have predator characteristics. Assessments will be completed and resulting information will be used for work and bed placement assignments and place a client in a room to best fit his/her capabilities. The interview with the PREA Coordinator indicated the information from the risk screening is utilized to assign rooms/housing. The interview with the staff responsible for the risk screening indicated the risk screening information determines the resident designation, which in turn is used for bed placement. She advised they do not put abusers with victims. A review of resident files and of resident housing assignments noted there were numerous high risk victims housed with high risk abusers. The facility has minimal programming and work assignments as most residents work in the community and participate in activities in the community. The auditor determined that while the facility has an objective risk screening tool that meets the requirements under 115.241, the tool is ineffective as it over predicts victimization and abusiveness. As such, the facility was unable to keep high risk victims separated from high risk abusers.

115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. 4.015, pages 2-3 state information obtained from these screening instruments shall be used to make informed, individualized decisions regarding each client's housing and program placement. This information shall be limited in dissemination only to those staff who make housing and program placement decisions. The interview with the staff responsible for the risk screening indicated the risk screening information determines the resident designation, which in turn is used for bed placement. She

advised they do not put abusers with victims.

115.242 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case by case basis. 4.015, page 1 states CJSD will assess on a case-by-case basis with the Bed Placement Team and CJSD Administration the best placement for any transgender/gender reassignments/intersex client regarding room, dayroom and building assignments. CJSD will consider the best way to ensure the client's health and safety, and whether the placement would present management or security problems. The interview with the PC indicated that transgender and intersex resident housing is case-by-case. She stated they do not have a specialized area, but they do have rooms that are smaller with less people that have better lines of sight. The PC confirmed that they take into consideration the residents' own views with respect to his/her safety. She further confirmed that the agency considers whether placement would present any management or security problems and whether the placement would ensure the residents health and safety. There were no transgender residents at the facility during the on-site portion of the audit and as such no interviews were conducted and no documentation was available for review.

115.242 (d): 4.015, page 3 states designated staff will meet with the client regarding their views and concerns about safety. Housing arrangements shall be made with serious consideration given to the client's preference and management concerns. The interviews with the PC and the staff responsible for risk screening confirmed that the residents' own views with respect to his/her safety would be given serious consideration. There were no transgender residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (e): The interviews with the PC and the staff responsible for risk screening confirmed that transgender and intersex residents are provided the opportunity to shower separately. The PC stated that the shower stalls are separate and they would be housed in these areas and/or they would be provided a separate time to shower. During the tour the auditor observed that certain housing units had single person showers with curtains. A few units had shared showers with curtains. There were no transgender residents housed at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (f): The interview with the PC confirmed that the agency does not have a consent decree. The PC stated that placing LGBTI residents in a housing unit solely on their gender identify/sexual preference is a prohibited. The interview with the one LGB resident indicated he did not believe that LGBTI residents were placed in

any specific facility, unit or wing based on their sexual preference and/or gender identity. There was only one resident who identified as LGB and the other LGB resident who was at the facility during the previous twelve months was not housed in the same unit as the current LGB, illustrating LGBTI residents are not housed in one housing unit.

Based on a review of the PAQ, 4.015 – Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations, Sample of Housing Determination Documents, LGBTI Resident Housing and information from interviews with the PC, staff responsible for the risk screenings and the LGB resident, this standard appears to require corrective action. A review of resident files and of resident housing assignments noted there were numerous high risk victims housed with high risk abusers. The auditor determined that while the facility has an objective risk screening tool that meets the requirements under 115.241, the tool is ineffective as it over predicts victimization and abusiveness. As such, the facility was unable to keep high risk victims separated from high risk abusers.

#### Corrective Action

The facility will need to reevaluate the scoring of their risk screening as it relates to high risk designations. The updated scoring will need to ensure that designations allow for the facility to keep separate high risk victims from high risk abusers. The facility will need to provide the updated risk screening scoring and the updated high risk victim and high risk abuser lists once all residents are screened using the updated scoring.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Updated Risk Screening Tool
2. Process Memorandum Related to Risk Screening and Tracking

3. High Risk Victim and High Risk Abuser Housing Assignments

The facility provided the updated risk screening tool. The updated tool removed the “known victim” and “known abuser” categories and only utilized the “potential victim” and “potential abuser” categories. Additionally, the scoring was updated to increase the number of “yes” responses to determine high risk. These updates ensured the current risk screening tool was not over predicting risk levels. A copy of the updated tool was provided.

The facility provided a memo outlining that a hard copy of the risk screening would be utilized to determine risk levels. The risk designation produced by the risk screening would then be entered into the electronic system for tracking. Supervisors are required to review bed placement weekly to ensure high risk abuser do not share dayrooms with high risk abusers.

The facility provided the updated housing assignments of all residents at the facility. High risk victims were typically not housed in the same housing unit as with high risk abusers. Exceptions were made in the program unit and female housing unit, as separation is not possible. In these housing units, high risk victims were not housed in the same room as high risk abusers. The facility reviews all housing on a case-by-case basis to ensure appropriate based on risk level. Additionally, it should be noted that all housing units have an assigned staff member, so there is direct staff supervision.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.251	Resident reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:  1. Pre-Audit Questionnaire  2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA  3. 4.010 – Prison Rape Elimination Act (PREA) Client Orientation and Education

4. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring
5. Client Handbook
6. PREA Poster
7. Client Acknowledgment of PREA Advisement – Facts on Expected Sexual Conduct
8. PREA Client Acknowledgment and Summary of PREA
9. PREA Reporting Options and Advocacy/Support
10. PREA DVD Acknowledgement
11. Rules, Regulation and Handbook Acknowledgment
12. Updated PREA Poster

Interviews:

1. Interview with the PREA Coordinator
2. Interview with Random Staff
3. Interview with Random Residents

Site Review Observations:

1. Observation of PREA Reporting Information

Findings (By Provision):

115.251 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for residents to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 4.005, page 7 states CJSJ will have several methods by which clients can self-report sexual abuse. The options must include multiple internal methods to report as well as a minimum of one external method. The information will be posted on the CJSJ website, in client dayrooms, and will be distributed during the client's intake into the program. 4.010, page 1 states the client will be given a PREA Advisement: Facts on Expected Sexual Conduct document which outlines the process and avenues for client and third party

reporting. 4.020, pages 1-2 state clients who are victims of or have knowledge of nonconsensual sexual acts or harassment regarding clients, contractors, volunteers or staff may report the incident in writing or verbally in one of the following methods: to a CJSD staff member, by sending an email to CJSD-TIPS@mesacounty.us; by calling the Criminal Justice Administrative tip line; by utilizing the client grievance procedure, by calling the Colorado Department of Corrections tip line; by notifying the Grand Junction Police Department; by notifying the 21st Judicial District Attorney and by a third party. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information internal and external reporting methods. CJSD reporting methods include verbally to any staff, in writing to any staff, sending an email to CJSD-TIPS@mesacounty.us, and by calling or writing the Criminal Justice Administrator. The external reporting methods include to the CDOC via the PREA line or the TIPS line, by sending a letter to CDOC PREA Administrator, by calling the PREA Crisis Line and by notifying the Grand Junction Police Department. A review of the Client Handbook confirmed that it contained information internal and external reporting mechanisms. The Client Handbook notes internal methods include: verbally to staff, via in writing to staff, through an email to CJSD-TIPS@mesacounty.us, by calling the Criminal Justice Administration, by filing a complaint and through a third party. The external reporting methods included in the Client Handbook include to the Colorado Department of Corrections TIP line (may anonymously report), through the Grand Junction Regional Communication Center (Grand Junction Police Department), by filing a complaint with the 21st Judicial Attorney or by calling the Division of Criminal Justice. A review of the PREA Poster indicated that it outlines internal and external reporting mechanism, including verbally to any staff, through an email to CJSD-TIPS@mesacounty.us, by calling the Criminal Justice Services Department Administration, by completing a grievance form on the client portal, through the CDOC Tip Line, by calling the Division of Criminal Justice, by notifying the Grand Junction Police Department and by telling a third party to report. The PREA Client Acknowledgement and Summary of PREA includes information on prohibition of sexual contact, investigative process, disciplinary action, complaint/grievances and reporting. The PREA Reporting Options and Advocacy/Support outlines the zero tolerance policy, right to be free from sexual abuse and sexual harassment, right to be free from retaliation from reporting, investigative process, types of sexual abuse, reporting methods, confidentiality, complaints/grievances related to sexual abuse, self-protection, false allegations, treatment and counseling, and advocacy and support. The auditor observed PREA information posted throughout the facility. PREA Posters were observed in each housing unit near the phone and/or on the bulletin board. Posters were observed on legal size paper in English and Spanish. PREA Posters were also observed in common areas of the facility. In addition to the posted information the auditor observed that residents can access PREA information on the computers in the housing units. A resident illustrated that there are four acknowledgments that they can access: the PREA Client Acknowledgment and Summary of PREA, PREA Reporting Options and Advocacy/Support, PREA DVD Acknowledgement and the Rules, Regulation and Handbook Acknowledgment. The auditor tested the internal reporting mechanisms during the tour. The auditor had a resident submit an electronic grievance via the client portal. The grievance was



submitted on September 4, 2025. On the same date the PC provided a copy of the grievance (#100796) to confirm that it was received. She advised that she receives and responds to all grievances electronically. During the tour the auditor confirmed that residents utilize the US mail process. Mail is not screened by staff and there are no restrictions related to mail. All mail is given to staff to place in an outgoing mail safe. Interviews with 20 residents indicated that all 20 knew at least one method to report an allegation of sexual abuse or sexual harassment. Most residents indicated they could report through a staff member, through the phone number or in writing. Interviews with twelve staff confirmed that residents have multiple methods to report including to any staff member, through a grievance, and by calling the numbers.

115.251 (b): The PAQ stated that the agency provides at least one way for residents to report abuse or harassment to a public entity or office that is not part of the agency. 4.005, page 7 states CJSD will have several methods by which clients can self-report sexual abuse. The options must include multiple internal methods to report as well as a minimum of one external method. The information will be posted on the CJSD website, in client dayrooms, and will be distributed during the client's intake into the program. 4.010, page 1 states the client will be given a PREA Advisement: Facts on Expected Sexual Conduct document which outlines the process and avenues for client and third party reporting. 4.020, pages 1-2 state clients who are victims of or have knowledge of nonconsensual sexual acts or harassment regarding clients, contractors, volunteers or staff may report the incident in writing or verbally in one of the following methods: to a CJSD staff member, by sending an email to CJSD-TIPS@mesacounty.us; by calling the Criminal Justice Administrative tip line; by utilizing the client grievance procedure, by calling the Colorado Department of Corrections tip line; by notifying the Grand Junction Police Department; by notifying the 21st Judicial District Attorney and by a third party. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information internal and external reporting methods. The external reporting methods include to the CDOC via the PREA line or the TIPS line, by sending a letter to CDOC PREA Administrator, by calling the PREA Crisis Line and by notifying the Grand Junction Police Department. A review of the Client Handbook confirmed that it contained information internal and external reporting mechanisms. The Client Handbook notes internal methods include: verbally to staff, via in writing to staff, through an email to CJSD-TIPS@mesacounty.us, by calling the Criminal Justice Administration, by filing a complaint and through a third party. The external reporting methods included in the Client Handbook include to the Colorado Department of Corrections TIP line (may anonymously report), through the Grand Junction Regional Communication Center (Grand Junction Police Department), by filing a complaint with the 21st Judicial Attorney or by calling the Division of Criminal Justice. A review of the PREA Poster indicated that it outlines internal and external reporting mechanism. External mechanism include: through the CDOC Tip Line, by calling the Division of Criminal Justice, by notifying the Grand Junction Police Department and by telling a third party to report. The PREA Poster advises that regardless of internal or external reporting, you will have the option to make reports anonymously. The PREA Client Acknowledgement and Summary of PREA includes

information on prohibition of sexual contact, investigative process, disciplinary action, complaint/grievances and reporting. The PREA Reporting Options and Advocacy/Support outlines the zero tolerance policy, right to be free from sexual abuse and sexual harassment, right to be free from retaliation from reporting, investigative process, types of sexual abuse, reporting methods (internal and external), confidentiality, complaints/grievances related to sexual abuse, self-protection, false allegations, treatment and counseling, and advocacy and support. The auditor observed PREA information posted throughout the facility. PREA Posters were observed in each housing unit near the phone and/or on the bulletin board. Posters were observed on legal size paper in English and Spanish. PREA Posters were also observed in common areas of the facility. In addition to the posted information the auditor observed that residents can access PREA information on the computers in the housing units. A resident illustrated that there are four acknowledgments that they can access: the PREA Client Acknowledgment and Summary of PREA, PREA Reporting Options and Advocacy/Support, PREA DVD Acknowledgement and the Rules, Regulation and Handbook Acknowledgment. The auditor also tested the external reporting mechanism via the Colorado Department of Corrections (CDOC) TIPs line. The auditor utilized the free client phone in a housing unit. The hotline has both an English and Spanish option. A message was left on the hotline on September 4, 2025. Confirmation was provided via email on September 5, 2025 that the information was received by CDOC. The CDOC staff advised they do not have an agreement or contact for the facility and as such they would have to look up the contact information to pass along the reported information. The CDOC staff advised that residents can remain anonymous by not providing their name. The external hotline can be called on the payphones in the housing units or on the free client phone in the housing units. Phones are not monitored or recorded. The auditor, PC and CDOC staff spoke during the interim report period. The CDOC staff agreed to serve as the external reporting entity for the agency but did advise for residents to remain anonymous they must not provide their name (due to mandatory reporting laws). The interview with the PC indicated that information with reporting numbers is posted throughout the facility. She advised residents can report externally through local law enforcement, the CDOC reporting line and DCJ. The PC advised that if residents report to DCJ it would be referred back to the facility through the Agency Head or board. She advised local law enforcement would call the facility and speak to a manager and CDOC would send an email with the information. Interviews with 20 residents indicated fifteen were aware of the external reporting entity and sixteen residents stated they knew they could report anonymously. After the on-site portion of the audit the facility updated their poster to outline that residents are required to advise the CDOC reporting line that they are calling from Mesa County. A photo was provided to confirm the updated information was added to the resident portal.

115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document

verbal reports immediately. 4.020, page 1 states immediate notification of any report of abuse whether it be written, verbal or third party will include reporting to the on duty or on call CJSD Manager as soon as the information is received. Page 3 further states that CJSD employees and service providers will report all suspected and reported sexual misconduct by a client to the PC or a member of CJSD Administration. Page 1 further states that reports of abuse regardless of how it is received shall be promptly documented in a written report and submitted to a CJSD Manager. During the tour, the auditor asked staff to demonstrate how they document a verbal report. Staff indicated they initially report the verbal information to the PREA Coordinator and/or Manager and then they send an email of the information to the PREA Coordinator. Interviews with 20 residents confirmed that all 20 knew they could report verbally or in writing to staff and fourteen were aware that they could report through a third party. Interviews with twelve staff indicated that residents can report verbally, in writing, anonymously and through a third party. Most of the staff stated that if they received a verbal report they would document it as soon as possible. A review of investigative reports indicated four were reported verbally, three were reported in writing and one was reported through a third party. Three of the four verbal reports were documented in a written format.

115.251 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The PAQ stated that staff are informed of these procedures through PREA training and signature on the PREA Professional Standards Form. 4.020, page 3 states staff must be alert to situations in which nonconsensual sexual acts or contact, or staff sexual misconduct or harassment might occur. If staff suspect a co-worker or other agency personnel of sexual misconduct toward a client, they are required to report such suspicion. This report may be made to any member of CJSD Administration. Interviews with twelve staff indicated all twelve were aware that they could privately report sexual abuse and sexual harassment of residents.

Based on a review of the PAQ, 4.005 - Prison Rape Elimination Act (PREA) Introduction to PREA, 4.010 - Prison Rape Elimination Act (PREA) Client Orientation and Education, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, PREA Poster, PREA Advisement Facts on Expected Sexual Conduct, the PREA Poster, Men's Residential Program PREA (Handbook), Women's Resident Program (Handbook), Updated PREA Poster, observations from the facility tour and interviews with the PC, random residents and random staff, this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility create an incident report or form for

	<p>staff to complete when they received the allegation of sexual abuse or sexual harassment. This ensure consistency in how verbal reports are immediately documented.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring</li> <li>3. 5.060 – Complaints and Grievances</li> <li>4. Client Handbook</li> <li>5. PREA Advisement Facts on Expected Sexual Conduct</li> <li>6. Sexual Abuse Grievances</li> <li>7. Grievance Log</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Interview with Residents who Reported Sexual Abuse</li> </ol> <p>Findings (By Provision):</p> <p>115.252 (a): The PAQ indicated that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. 5.050, pages 405 and 4.020, pages 2-3 outline guidelines for sexual abuse grievances.</p> <p>115.252 (b): The PAQ indicated that the agency has a policy that allows an resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an resident to use an informal grievance process, or otherwise to attempt to resolve without submitting it to the staff member who is the</p>

subject of the complaint. 4.020, page 2 states that no time shall be established that limits the time period in which a grievance may be submitted. Additionally, it states that no informal resolution process shall be required prior to accepting and responding to the grievance. A review of the Client Handbook notes that page 24 includes information on sexual abuse grievances. Additionally, the PREA Advisement Facts on Expected Sexual Conduct also includes information on sexual abuse grievances.

115.252 (c): The PAQ indicated that 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. Additionally, the PAQ stated that the agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 4.020, page 2 states the grievance will not be submitted and/or directed to a staff member who is the subject of the complaint. A review of the Client Handbook notes that page 24 includes information on sexual abuse grievances. Additionally, the PREA Advisement Facts on Expected Sexual Conduct also includes information on sexual abuse grievances.

115.252 (d): The PAQ indicated that 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. The PAQ further stated that the agency always notifies a resident in writing when the agency files an extension, including notice of the date by which a decision is made. 4.020, pages 2-3 state a grievance regarding an incident of sexual misconduct shall for all intent and purposes be treated as a PREA report. Nothing in existing policy and procedure regarding client grievance procedures shall preclude any part of established PREA response protocols from being activated. All grievances regarding sexual misconduct shall be immediately reviewed and first response protocols initiated. The responsibility will fall to the CJSD staff member that receives the grievance and that staff will respond in the same manner as any other PREA report. 5.060, page 4 states an agency decision on the merit of any portion of a complaint or grievance alleging sexual abuse will be issued within 90 days of the initial filing of the complaint or grievance. The time period may be extended up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. The PAQ indicated that there were fifteen grievances of sexual abuse filed in the previous twelve months and all fifteen grievances reached a final decision within 30 days after being filed. A review of the grievances indicated that three were sexual abuse, five were related to official duties and seven were not sexual abuse or sexual harassment. All fifteen grievances included a response within 90 days. The interview with the resident who reported sexual harassment indicated that he did not file a grievance related to the incident.

115.252 (e): The PAQ indicated that agency policy and procedure permits 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. The PAQ further stated that agency policy and procedure request that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. 4.020, pages 2-3 state a grievance regarding an incident of sexual misconduct shall for all intent and purposes be treated as a PREA report. Nothing in existing policy and procedure regarding client grievance procedures shall preclude any part of established PREA response protocols from being activated. All grievances regarding sexual misconduct shall be immediately reviewed and first response protocols initiated. The responsibility will fall to the CJSD staff member that receives the grievance and that staff will respond in the same manner as any other PREA report. 5.060, page 4 states third parties, including fellow clients, staff members, family members, attorneys and outside advocates, shall be permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse, and shall be permitted to file such requests on behalf of clients. f a third party files a complaint or grievance on behalf of a client, 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. Further policy states if the client declines to have the request processed on his or her behalf, the agency shall document the client's decision. The PAQ indicated that there have not been grievances alleging sexual abuse filed by residents in the past twelve months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline. A review of the grievances indicated one was filed by a third party, but the incident was not sexual abuse or sexual harassment. None of the three sexual abuse allegations were reported by a third party.

115.252 (f): The PAQ indicated that the agency has a policy and established procedure for filing an emergency grievance alleging that a resident is subject to substantial risk of imminent sexual abuse. It further stated that agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response in 48 hours. Additionally, the PAQ indicated the agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 4.020, page 3 states if the grievance alleges an immediate or imminent threat, the first responder will take immediate action in accordance with the safety and security needs of the reporting client and the facility. 5.050, page 5 states after receiving an emergency complaint or grievance alleging a client is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the complaint or 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. At a minimum to an on duty or on call Manager, the PREA Manager and/or the PREA Coordinator. The agency shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint or grievance. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievances indicated that none were imminent risk of sexual abuse.

115.252 (g): The PAQ indicated that 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. 5.060, page 5 states the agency may discipline a client for filing a grievance related to alleged sexual abuse only where the agency demonstrates the client filed the complaint or grievance in bad faith. The PAQ indicated that no residents have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 5.060 – Complaints and Grievances, Reporting PREA Violations and Use of Grievances, Sexual Abuse Grievances, the Grievance Log and the interview with the resident who reported sexual abuse, this standard appears to be compliant.

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Memorandum of Understanding with Hilltop Domestic Violence and Sexual Assault Services at Latimer House</li> <li>3. Client Acknowledgment of PREA Advisement – Facts on Expected Sexual Conduct</li> <li>4. PREA Reporting Options and Advocacy/Support</li> <li>5. Client Handbook</li> </ol>

6. PREA Poster

Interviews:

1. Interview with Random Residents
2. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.253 (a): The PAQ indicated the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. It states that the facility provides residents with access to such services by giving residents mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations. The PAQ further stated that 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. A review of documentation indicated that the facility has an MOU with Hilltop Domestic Violence and Sexual Assault Services at Latimer House. The MOU was established to provide clients of sexual abuse appropriate services. The MOU states that Hilltop Domestic Violence and Sexual Assault Services at Latimer House will offer: advocacy to include emotional support during forensic exam, investigatory interviews and SANE exams; assist with protection orders; support during court hearing; a 24 hour crisis line; case management; referral to sexual assault support groups; referral to counseling and education and referrals to community resources. The updated MOU was executed December 15, 2022. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information treatment and counseling. It includes the phone number and mailing address for Domestic Violence/Sexual Assault Services, Victim Services through GJPD and Victim Services through the Mesa County Sheriff's Office. It also advises confidentiality may be limited in cases of mandatory reporting; criminal matters and self-injurious behavior threats. A review of the Client Handbook noted that it states victims of sexual abuse have a right to advocacy and support at no cost. Resource information is available throughout the facility in client day rooms and is also available in the intake documents on the client portal. A review of the PREA Poster noted that it includes contact information for advocacy and support services, including to the PREA Crisis Hotline, Domestic Violence/Sexual Assault Services, Victim Services through GJPD and Victim Services through Mesa County Sheriff's Office. The PREA Client Acknowledgement and Summary of PREA includes information on prohibition of sexual contact, investigative process, disciplinary action, complaint/grievances and reporting. The PREA Reporting Options and Advocacy/Support outlines the zero tolerance policy, right to be free from sexual abuse and sexual harassment, right to be free from retaliation from reporting, investigative process, types of sexual abuse,



reporting methods, confidentiality, complaints/grievances related to sexual abuse, self-protection, false allegations, treatment and counseling, and advocacy and support (mailing address and phone number). The auditor observed PREA information posted throughout the facility. PREA Posters were observed in each housing unit near the phone and/or on the bulletin board. Posters were observed on legal size paper in English and Spanish. PREA Posters were also observed in common areas of the facility. In addition to the posted information the auditor observed that residents can access PREA information on the computers in the housing units. A resident illustrated that there are four acknowledgments that they can access: the PREA Client Acknowledgment and Summary of PREA, PREA Reporting Options and Advocacy/Support, PREA DVD Acknowledgement and the Rules, Regulation and Handbook Acknowledgment. The auditor tested the victim advocacy hotline during the tour. The auditor called the local hotline via the free client phone in a housing unit. The auditor called the hotline on September 4, 2025. The auditor reached a live person who indicated the hotline is available 24 hours and they are available to provide services. The staff advised they are an answering services for the rape crisis center and they would ask the resident their name and connect them to an advocate. The residents can call the hotline from the payphones or the client phone, both of which are not monitored or recorded. Interviews with 20 residents indicated that four were aware of outside services for victims of sexual abuse and nine residents were provided a mailing address and telephone number to a local, state or national rape crisis center. It should be noted that while less than half were aware of the services, the information was provided to them through postings and handouts and was available electronically on the client portal.

115.253 (b): The PAQ stated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs residents about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law. A review of documentation indicated that the facility has an MOU with Hilltop Domestic Violence and Sexual Assault Services at Latimer House. The MOU was established to provide clients of sexual abuse appropriate services. The MOU states that Hilltop Domestic Violence and Sexual Assault Services at Latimer House will offer: advocacy to include emotional support during forensic exam, investigatory interviews and SANE exams; assist with protection orders; support during court hearing; a 24 hour crisis line; case management; referral to sexual assault support groups; referral to counseling and education and referrals to community resources. The updated MOU was executed December 15, 2022. A review of the PREA Advisement Facts on Expected Sexual Conduct confirms that it includes information treatment and counseling. It includes the phone number and mailing address for Domestic Violence/Sexual Assault Services, Victim Services through GJPD and Victim Services through the Mesa County Sheriff's Office. It also advises confidentiality may be limited in cases of mandatory reporting; criminal matters and self-injurious behavior

threats. A review of the Client Handbook noted that it states victims of sexual abuse have a right to advocacy and support at no cost. Resource information is available throughout the facility in client day rooms and is also available in the intake documents on the client portal. A review of the PREA Poster noted that it includes contact information for advocacy and support services, including to the PREA Crisis Hotline, Domestic Violence/Sexual Assault Services, Victim Services through GJPD and Victim Services through Mesa County Sheriff's Office. The PREA Poster also advises that all contact with the organization is confidential and information provided will not result in a report to the facility unless a release of information is signed. The PREA Client Acknowledgement and Summary of PREA includes information on prohibition of sexual contact, investigative process, disciplinary action, complaint/grievances and reporting. The PREA Reporting Options and Advocacy/Support outlines the zero tolerance policy, right to be free from sexual abuse and sexual harassment, right to be free from retaliation from reporting, investigative process, types of sexual abuse, reporting methods, confidentiality, complaints/grievances related to sexual abuse, self-protection, false allegations, treatment and counseling, and advocacy and support. The auditor observed PREA information posted throughout the facility. PREA Posters were observed in each housing unit near the phone and/or on the bulletin board. Posters were observed on legal size paper in English and Spanish. PREA Posters were also observed in common areas of the facility. In addition to the posted information the auditor observed that residents can access PREA information on the computers in the housing units. A resident illustrated that there are four acknowledgments that they can access: the PREA Client Acknowledgment and Summary of PREA, PREA Reporting Options and Advocacy/Support, PREA DVD Acknowledgment and the Rules, Regulation and Handbook Acknowledgment. During the tour the auditor confirmed that residents utilize the US mail process. Mail is not screened by staff and there are no restrictions related to mail. All mail is given to staff to place in an outgoing mail safe. Interviews with 20 residents indicated that four were aware of outside services for victims of sexual abuse and nine residents were provided a mailing address and telephone number to a local, state or national rape crisis center. It should be noted that while less than half were aware of the services, the information was provided to them through postings and handouts and was available electronically on the client portal.

115.253 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide residents with emotional services related to sexual abuse. It further indicated that the agency or facility maintains copies of those agreements. A review of documentation indicated that the facility has an MOU with Hilltop Domestic Violence and Sexual Assault Services at Latimer House. The updated MOU was executed December 15, 2022.

Based on a review of the PAQ, Memorandum of Understanding with Hilltop Domestic Violence and Sexual Assault Services at Latimer House, the PREA Advisement Facts

	<p>on Expected Sexual Conduct, PREA Poster, Client Handbook, PREA Reporting Options and Advocacy/Support, observations from the facility tour as well as information from interviews with random residents and the resident who reported sexual abuse, this standard appears to be compliant.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. PREA Poster</li> </ol> <p>Findings (By Provision):</p> <p>115.254 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. The PAQ stated that the information is on the agency website. A review of the agency website indicated that third parties can report by emailing the Mesa County Criminal Justice Services at <a href="mailto:CJSD-TIPS@mesacounty.us">CJSD-TIPS@mesacounty.us</a> or call the Criminal Justice Administration at 970-244-1728. Third party reporting information was observed in the visitation area via the PREA Poster. The poster was in English and Spanish on legal size paper. The auditor did not observe third party reporting information at the front entrance. Immediately following the on-site portion of the audit the facility posted third party reporting information at the front entrance via the PREA Poster. Photos were provided as confirmation. The auditor tested the third party reporting mechanisms by sending an email to <a href="mailto:CJSD-TIPS@mesacounty.us">CJSD-TIPS@mesacounty.us</a>. The email was sent on September 4, 2025. On the same date the Agency Head provided confirmation that the email was received.</p> <p>Based on a review of the PAQ, PREA Poster, observations made during the tour and the agency's website this standard appears to be compliant.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>

## **Auditor Discussion**

### Documents:

1. Pre-Audit Questionnaire
2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA
3. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring
4. 4.025 – Prison Rape Elimination Act (PREA) Victim Services
5. Investigative Reports

### Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Director
4. Interview with the PREA Coordinator

### Findings (By Provision):

115.261 (a): The PAQ stated that the agency required 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; any 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. 4.020, page 1 states CJSD will report reasonable suspicions, knowledge, or information regarding any criminal incident of sexual abuse or sexual harassment to law enforcement. This includes any incidents that occurred in a facility; whether or not it is part of CJSD and regardless of whether or not the client was under the supervision of CJSD at the time. Reports of PREA investigations will also be made to the referral agency of the client, the Community Corrections Board and DCJ. Immediate notification of any report of abuse whether it be written, verbal or third party will include reporting to the on duty or on call CJSD Manager as soon as the information is received. Page 3 further states apart from reporting to the appropriate on-call Manager, staff shall not reveal 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 decision. CJSD service providers will report all suspected and reported

sexual misconduct by a client to the PREA Coordinator or a CJSD staff member. Interviews with twelve staff confirmed that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect.

115.261 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 4.020, page 1 states CJSD will report reasonable suspicions, knowledge, or information regarding any criminal incident of sexual abuse or sexual harassment to law enforcement. This includes any incidents that occurred in a facility; whether or not it is part of CJSD and regardless of whether or not the client was under the supervision of CJSD at the time. Reports of PREA investigations will also be made to the referral agency of the client, the Community Corrections Board and DCJ. Immediate notification of any report of abuse whether it be written, verbal or third party will include reporting to the on duty or on call CJSD Manager as soon as the information is received. Page 3 further states apart from reporting to the appropriate on-call Manager, staff shall not reveal 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 decision. CJSD service providers will report all suspected and reported sexual misconduct by a client to the PREA Coordinator or a CJSD staff member. Interviews with twelve staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the information to the PC, their supervisor and/or the Manager.

115.261 (c): 4.025, page 3 states therapists and other medical and mental health care providers are required to report PREA qualifying incidents and shall inform clients under their care of their duty to report such information. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.261 (d): 4.005, page 6 states mandatory reporting for PREA includes two main groups; juveniles and vulnerable persons. Generally, CJSD does not house any person that is not at least eighteen years of age. Vulnerable persons refers to clients over the age of eighteen who are unable to report abuse without assistance due to physical or mental impairment. The interview with the PC indicated that they do not house anyone under eighteen and that they would notify local law enforcement related to any vulnerable adult. The Director stated the facility does not house

anyone under eighteen and that with regard to vulnerable adults, they would follow any mandatory reporting laws. He advised they would contact Adult Protective Services. It should be noted that all criminal allegations would be reported to the local law enforcement who would report to any additional required agencies.

115.261 (e): 4.020, page 1 states CJSD will report reasonable suspicions, knowledge, or information regarding any criminal incident of sexual abuse or sexual harassment to law enforcement. This includes any incidents that occurred in a facility; whether or not it is part of CJSD and regardless of whether or not the client was under the supervision of CJSD at the time. Reports of PREA investigations will also be made to the referral agency of the client, the Community Corrections Board and DCJ. Immediate notification of any report of abuse whether it be written, verbal or third party will include reporting to the on duty or on call CJSD Manager as soon as the information is received. Page 3 further states apart from reporting to the appropriate on-call Manager, staff shall not reveal 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 decision. CJSD service providers will report all suspected and reported sexual misconduct by a client to the PREA Coordinator or a CJSD staff member. The interview with the Director confirmed that all allegations of sexual abuse or sexual harassment are reported to the designated facility investigator. A review of documentation indicated four allegations were reported verbally, three were reported in writing and one was reported through a third party. All were forwarded to the facility investigators (four of the allegations did not meet the definition of sexual abuse or sexual harassment).

Based on a review of the PAQ, 4.005 - Prison Rape Elimination Act (PREA) Introduction to PREA, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.025 - Prison Rape Elimination Act (PREA) Victim Services, Investigative Reports and interviews with random staff, the PREA Coordinator and the Director, this standard appears to be compliant.

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:
	1. Pre-Audit Questionnaire

2. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring

3. Investigative Reports

4. Grievance Log

Interviews:

1. Interview with the Agency Head

2. Interview with the Director

3. Interview with Random Staff

Findings (By Provision):

115.262 (a): The PAQ indicated that when the agency or facility learns that an resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. 4.020, page 3 states upon notification of a suspected non-consensual act, contact or staff sexual misconduct or harassment, CJSJ staff will immediately activate PREA protocols and utilize the PREA Incident Response Manual. The PAQ stated that there have been zero residents who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The interview with the Agency Head indicated that if a resident was at imminent risk of sexual abuse they would separate that resident from the potential perpetrator and evaluate their placement for a change in bed assignment. She advised that depending on the allegation, they would conduct an investigation and potentially remove the threat from the facility. The interview with the Director noted that they take action such as separating them from the risk and isolating to a safe place. He advised they evaluate the situation and danger and they would investigate and possibly house one of the residents in a different facility. Interviews with twelve random staff confirmed that they would take immediate action, including removing the resident from the threat and changing the residents housing assignment. A view of documentation noted that there were zero residents deemed at imminent risk of sexual abuse. There were numerous allegations reported that did not meet the definition of sexual abuse or sexual harassment, however the facility took immediate action in all instances to address any issues or concerns with the resident. The documentation confirmed staff met with each resident related to their concern and resolved the concerns quickly.

Based on a review of the PAQ, 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, Investigative Reports, Grievance Log, and interviews

	with the Agency Head, Director and random staff, this standard appears to be compliant.
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115.263	Reporting to other confinement facilities
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.015 – Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations</li> <li>3. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements</li> <li>4. Notification Documents</li> <li>5. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the Director</li> </ol> <p>Findings (By Provision):</p> <p>115.263 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an 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. 4.015, page 3 states any information obtained during screening that indicates the client may have been a victim or perpetrator of sexual abuse in a previous facility shall be immediately passed on to a CJSD Manager and the PC. The CJSD Manager or the PC will notify the appropriate office of the facility in which the incident allegedly occurred. Such notification shall occur within 72 hours of when the information was initially reported, and be documented via email, written report or the PREA Screening Assessment Form. The PAQ indicated that during the previous twelve months, the facility had zero allegations received that a resident was abused while confined at another facility. A review of documentation indicated</p>



there was one resident who reported sexual abuse that occurred at another agency/facility. The PC attempted to contact the local jail, however she was unsuccessful in her attempts.

115.263 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 4.015, page 3 states any information obtained during screening that indicates the client may have been a victim or perpetrator of sexual abuse in a previous facility shall be immediately passed on to a CJSD Manager and the PC. The CJSD Manager or the PC will notify the appropriate office of the facility in which the incident allegedly occurred. Such notification shall occur within 72 hours of when the information was initially reported, and be documented via email, written report or the PREA Screening Assessment Form. A review of documentation indicated there was one resident who reported sexual abuse that occurred at another agency/facility. The PC attempted to contact the local jail, however she was unsuccessful in her attempts. The first attempt was within 72 hours.

115.263 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 4.015, page 3 states any information obtained during screening that indicates the client may have been a victim or perpetrator of sexual abuse in a previous facility shall be immediately passed on to a CJSD Manager and the PC. The CJSD Manager or the PC will notify the appropriate office of the facility in which the incident allegedly occurred. Such notification shall occur within 72 hours of when the information was initially reported, and be documented via email, written report or the PREA Screening Assessment Form. A review of documentation indicated there was one resident who reported sexual abuse that occurred at another agency/facility. The PC attempted to contact the local jail, however she was unsuccessful in her attempts. The PC documented the attempts on the resident risk screening document.

115.263 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 4.030, page 1 states CJSD will report allegations or reasonable suspicions, knowledge, or information regarding any incident of abuse or sexual harassment to law enforcement. This includes any incidents that occurred in a facility; whether or not it is part of CJSD and regardless of whether or not the client was under the supervision of CJSD at the time. Reports will also be made to the referral agency of the client, the Community Corrections Board and DCJ. The PAQ indicated there have been zero allegations of sexual abuse the facility received from other facilities. The interview with the Agency Head indicated that PREA allegations from other agencies/facilities would be reported to the PC. The PC would attempt to investigate the allegation as best as she can with the information provided. The Agency Head advised they have not received an allegation from another agency/

facility within the previous twelve months. The interview with the Director indicated if they received an allegation from another agency/facility they would initiate an investigation into the complaint. He advised the PC would work with the agency reporting the information. The Director advised he was not aware of any information provided from another agency/facility. A review of documentation confirmed that the facility had not received any sexual abuse or sexual harassment allegations from other facilities/agencies.

Based on a review of the PAQ, 4.015 – Prison Rape Elimination Act (PREA) PREA Assessment, Housing and Transgender/Gender Reassignment/Intersex Considerations, 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements, Notification Documents, Investigative Reports and interviews with the Agency Head Designee and Director, this standard appears to be compliant.

115.264	Staff first responder duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring</li> <li>3. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements</li> <li>4. PREA Incident First Responder Checklist</li> <li>5. Post Order PREA First Responder</li> <li>6. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with First Responders</li> <li>2. Interviews with Random Staff</li> <li>3. Interview with Residents who Reported Sexual Abuse</li> </ol> <p>Findings (By Provision):</p>

115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an resident was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 4.020, page 4 states staff who receive a report of sexual assault, contact or harassment shall: separate the victim from the alleged perpetrator to protect the victim and prevent violence; immediately notify a CJSD Manager and the CJSD PC; and promptly intervene on the victim's behalf to ensure prompt medical and psychological assistance including an assessment for potential risk of suicide. 4.030, page 2 states CJSD shall ensure that standard evidence protocols are met anytime that a crime scene, victim or perpetrator may have usable evidence pertinent to an investigation of alleged sexual abuse, misconduct or harassment. These steps are outlined in the first responder manual and include: separate and protect the alleged victim and the alleged abuser; preserve and protect the crime scene until appropriate steps can be taken to collect evidence; if the abuse occurred within a time period that allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. A review of the Post Order PREA First Responder indicates that it is a checklist of duties, including: separating the victim, abuser and potential witnesses; preserve and protect the crime scene and if necessary and in a reasonable time period, do not allow either party to take action that could destroy physical evidence; and maintain an event log. The PREA Incident First Responder Checklist outlines steps for staff to take, including: secure/separate the victim in a safe confidential location; determine if the victim needs emergency medical care; determine if an interpreter is needed; if penetration occurred and incident was within five days, instruct the victim not to eat, drink, use the bathroom, brush teeth, changing clothes or do anything to contaminant evidence; notify/page SART member, provide SAVA brochure and provide a private room for in-person or telephone consultation with SAVA; isolate/segregate the assailant and secure the crime scene. The PAQ indicated that during the previous twelve months there have been four allegations of sexual abuse and three required the separation of alleged victim and abuser. None of the four involved the preservation of the crime scene or evidence and requested/ensured actions were not taken to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The interview with the first responder indicated they would separate the individuals, remove them from the situation, secure the crime scene and not allow them to wash, change clothes or take a shower. The non-security first responder advised she would report directly to security. The resident who reported sexual harassment stated that he reported the incident verbally to staff and that eventually both he and the alleged perpetrator

were moved to a different housing unit. There were three sexual abuse allegations reported, one of which involved first responder duties. The scene was secure and the victim was taken to the local hospital for a forensic examination.

115.264 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence. The PAQ was blank for part (b) but further communication with the PC indicated that agency policy requires that if the first staff responder is not a security staff member, the responder is required notify security staff. 4.030, page 2 states if the first responder is not a Criminal Justice Officer or specifically trained as a first responder that person is required to request that the victim not take any actions which could destroy physical evidence and then notify security staff. The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse and as such there were none that involved a non-security first responder. The interview with the first responder indicated they would separate, remove them from the situation, secure the crime scene and not allow them to wash, change clothes or take a shower. The non-security first responder advised she would report directly to security. Interviews with twelve random staff confirmed that they were familiar with first responder duties. There were three sexual abuse allegations reported, however none were reported to a non-security first responder.

Based on a review of the PAQ, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, PREA Incident First Responder Checklist, Post Order PREA First Responder, Investigative Reports and interviews with random staff, first responders and the resident who reported sexual abuse, this standard appears to be compliant.

115.265	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CJSD Coordinated Response Process for PREA Related Concerns and Reports</li> </ol> <p>Interviews:</p>

	<p>1. Interview with the Director</p> <p>Findings (By Provision):</p> <p>115.265 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the CJSJ Coordinated Response Process for PREA Related Concerns and Reports confirms that it outlines duties for first responders, the PC, agency leadership and investigators. The document also includes direction related to SANE, victim advocates and interpreters. The document did not address duties of medical and mental health care staff as these services are provided off-site in the community. The Director confirmed that the facility has a plan that coordinates action among first responders, facility leadership, medical, mental health and investigators.</p> <p>Based on a review of the PAQ, CJSJ Coordinated Response Process for PREA Related Concerns and Reports and the interview with the Director, this standard appears to be compliant.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>1. Pre-Audit Questionnaire</p> <p>Interviews:</p> <p>1. Interview with the Agency Head</p> <p>Findings (By Provision):</p>

	<p>115.266 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. As such this standard is not applicable. The interview with the Agency Head confirmed that the agency does not have a collective bargaining agreement and as such this standard does not apply.</p> <p>115.266 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ and the interview with the Agency Head, this standard appears to be not applicable and as such compliant.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring</li> <li>3. Investigative Reports</li> <li>4. Monitoring Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the Director</li> <li>3. Interview with Designated Staff Member Charged with Monitoring Retaliation</li> <li>4. Interview with Residents who Reported Sexual Abuse</li> </ol> <p>Findings (By Provision):</p>

115.267 (a): The PAQ indicated that the agency has a policy to protection all residents and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PAQ further indicated that the PREA Coordinator is responsible for monitoring for retaliation. 4.020, page 4 states CJSD will not tolerate retaliation against clients, employees or other parties for reporting sexual misconduct. Clients who report sexual misconduct are protected from retaliation as outlined in CJSD Policy regarding Staff Relations and Standards of Conduct, and shall be entitled to additional protection measures, if warranted, to ensure that no such retaliation takes place. Policy further states that the CJSD PC shall be responsible for monitoring clients who have witnessed, been victimized or accused of sexual harassment and sexual abuse.

115.267 (b): 4.020, page 4 states protective measures include, but are not limited to: change in housing assignments; facility transfer; additional status checks/ watches; removal of contact with alleged staff or resident abusers; and emotional support services through in-house advocates or a Sexual Abuse Victim's Advocate. Interviews with the Agency Head, Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if a resident or staff member expressed fear of retaliation. The Agency Head indicated that they follow the monitoring for retaliation process. She confirmed they can take protective measures, including: housing changes, changes to staffing to a certain extent and removal of contact with abusers. The Director advised that they have retaliation follow-up through the PC. He advised the PC meets with individuals for a certain period of time. The Director confirmed that they can take protective measures including housing changes, facility transfers, removal of staff and emotional support services. The designated staff member charged with monitoring for retaliation stated that her role is to monitor behavior, case notes, earned time, etc. that is outlined on the form. She advised they can take protective measure such as a dayroom change (housing change), room change, program change, removal of staff from that dayroom and emotional support services. The interview with the resident who reported sexual harassment indicated he felt protected against retaliation. A review of documentation noted that two residents reported retaliation. The Director and/or the PC followed up with the residents on the concerns. It should be noted neither instance was determined to be retaliation. A review of documentation indicated there were three sexual abuse allegations reported. One involved the resident being moved to a different housing unit and one involved mental health services.

115.267 (c): The PAQ states that the agency/facility monitors the conduct and treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any

such retaliation, Additionally, the PAQ stated that the agency/facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need. 4.020, page 5 states the CJSD PREA Coordinator shall be responsible for monitoring clients who have witnessed, been victimized, or accused of sexual harassment or sexual abuse for a minimum of 90 days. Monitoring will include using a "Retaliation Monitoring" form that includes specific areas to monitor such as behavior, disciplinary reports, earned time, housing, program, or supervision level changes. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The Director advised that if retaliation was suspected they would investigate, separate and discipline. The designated staff member charged with monitoring for retaliation stated that she monitors for 90 days and that there is not an end date if there is a need to continue monitoring past the 90 days. She advised she reviews case notes, behavior, and earned time related to retaliation. She confirmed she would review housing changes, job changes, program changes, discipline, performance reviews and post assignments. A review of documentation indicated there were three sexual abuse allegations reported and all three required monitoring for retaliation. All three included at least one periodic status check, however none included documentation of a review of the elements under this standard. Additionally, one only included monitoring for 30 days.

115.267 (d): 4.020, page 5 states monitoring also includes individual face to face meetings between the PC or PREA Manager with the victim. These meetings will be documented as follow up in the client's chronological notations. This will take place periodically but should be targeted on a bi-weekly basis. The designated staff member charged with monitoring for retaliation stated that she conducts in person status checks every few days for the first few weeks and then she tappers off and conducts just the file review. A review of documentation indicated there were three sexual abuse allegations reported and all three required monitoring for retaliation. All three included at least one periodic status check.

115.267 (e): 4.020, page 4 states CJSD will not tolerate retaliation against clients, employees or other parties for reporting sexual misconduct. Clients who report sexual misconduct are protected from retaliation as outlined in CJSD Policy regarding Staff Relations and Standards of Conduct, and shall be entitled to additional protection measures, if warranted, to ensure that no such retaliation takes place. Policy further states that the CJSD PC shall be responsible for monitoring clients who have witnessed, been victimized or accused of sexual harassment and sexual abuse. Interviews with the Agency Head and Director indicated that anyone who cooperates with an investigation who expresses fear of retaliation would be given the same protection, including: housing changes, staffing changes and removal of contact with abusers.

115.267 (f): Auditor not required to audit this provision.



Based on a review of the PAQ, 4.020 – Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, Investigative Reports, Monitoring Documents, and interviews with the Agency Head, Director, staff responsible for monitoring for retaliation and resident who reported sexual abuse, this standard appears to require corrective action. A review of documentation indicated there were three sexual abuse allegations reported and all three required monitoring for retaliation. All three included at least one periodic status check, however none included documentation of a review of the elements under this standard. Additionally, one only included monitoring for 30 days.

#### Corrective Action

The facility will need to ensure that monitoring for retaliation is completed for the full 90 days and included a review of the requirements under provision (d) and periodic in-person status checks. The facility will need to document this information more effectively. A list of sexual abuse allegations and associated monitoring documents will need to be provided.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Mock Sexual Abuse Monitoring Documents

The facility did not have any sexual abuse allegations during the corrective action period. As such, a mock sexual abuse incident was completed. The facility utilized a prior incident for the mock. The facility conducted monitoring for retaliation for the full 90 days during the mock incident. The monitoring for retaliation was documented via the Retaliation Monitoring Form. This form included boxes that outline the required checks under provision (d). The mock form showed necessary checks were completed. The form also outlines information from the in-person status check. The mock form illustrated that there were six in-person status checks completed during the 90 days period.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.271	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements</li> <li>3. Investigator Training Records</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> <li>2. Interview with the Director</li> <li>3. Interview with the PREA Coordinator</li> <li>4. Residents who Reported Sexual Abuse</li> </ol> <p>Findings (By Provision):</p> <p>115.271 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 4.030 outlines the investigative process. The policy indicates how administrative investigations are to be completed as well as requirements for criminal investigations. Page 1 states that any instance a report is made alleging sexual misconduct, CJSJ staff will complete a thorough and detailed investigation with accurate documentation. The interview with the facility investigator indicated an investigation is initiated immediately following an allegation. She confirmed that third party and anonymously reported allegations would not be investigated any differently than other reported allegations. A review of the eight allegations indicated four did not rise to the level of sexual abuse or sexual harassment. The four remaining investigations were reviewed. All four investigation were prompt, two were thorough and two were objective.</p>

115.271 (b): 4.035, page 2 states CJSD will ensure that any designated staff for conducting sexual abuse investigation such as the PC have received required training for sexual abuse investigations in a confinement setting. This training will include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training is completed through the Prison Rape And Sex Assault Investigations Inside Correctional Facilities Training Curriculum. A review of the training indicates that it encompasses the requirements under this provision. The training is a robust curriculum with nine sections and scenarios. Interviewing techniques are discussed in section two and section eight. Evidence collection is discussed in section two. Standard of proof is discussed in section three and Miranda and Garrity are covered in section seven. A review of investigations indicated one staff member conducted all investigations. The staff member was documented with completing the specialized training.

115.271 (c): 4.030 outlines the investigative process. The policy indicates how administrative investigations are to be completed as well as requirements for criminal investigations. Page 1 states that any instance a report is made alleging sexual misconduct, CJSD staff will complete a thorough and detailed investigation with accurate documentation. The interview with the facility investigator indicated that her first steps include looking at the PREA assessments to understand the dynamics, reviewing any case notes and treatment information and getting herself oriented with the resident. She advised she would then interview the reporting party, talk to staff, talk to witnesses and follow-up on more background information from any information received from the interviews. She stated she would review cameras as well. The investigator indicated she would be responsible for gathering video evidence, interviews/statements, paperwork and notes. She stated she does not collect any physical evidence. She advised she does review prior complaints of the alleged perpetrator. A review of the four investigative reports noted all four included interviews and evidence and none involved any prior complaints of the alleged perpetrator.

115.271 (d): 4.030, page 2 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. The interview with the facility investigator indicated that anything criminal is referred to local law enforcement to handle. A review of investigative reports indicated that none involved any compelled interviews. All victims were offered the opportunity to file a report with the local police.

115.271 (e): 4.030, page 4 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 a client or staff. Polygraph examinations or other truth-telling devices may not be used on the alleged victim as a condition for proceeding with the investigation. The interview with the investigator confirmed that she would not require a resident victim to take a polygraph or truth telling device test. She further stated that credibility would be based on prior complaints and the ability to match up evidence. The interview with the resident who reported sexual harassment confirmed that he was not required to take a polygraph or truth telling device test.

115.271 (f): 4.030, page 4 states administrative investigations will include: 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 a client or staff. Polygraph examinations or other truth-telling devices may not be used on the alleged victim as a condition for proceeding with the investigation; an effort to determine whether staff actions or failures to act contributed to the abuse; and documentation descriptions of physical and testimonial evidence, reasoning behind credibility and investigative facts and findings. The interview with the facility investigator confirmed that administrative investigations would be documented in written reports and include: how the allegation was received, documentation of each interaction with individuals, interviews, camera review, facts, outcome and credibility issues. She advised that during the investigation she would determine if there were any issues with staff, including if they reported to the managers appropriately and if they violated any policies or procedures. A review of documentation noted that none of the incidents were documented in an investigative report. All were documented as comments in an electronic database. The comments were difficult to follow and difficult to understand. Additionally, information was lacking in the comments on the elements under this standard.

115.271 (g): 4.030, page 5 states in any instance where the initial investigation determines that criminal behavior occurred, the PC or the on duty manager will contact the Grand Junction Police Department for further investigation. The Grand Junction Police Department will be responsible for collecting evidence, interviewing witnesses and referring for prosecution. The interview with the facility investigator indicated that local law enforcement conducts criminal investigations and copies of the investigations are provided to management staff. A review of investigative reports indicated that none of the allegations were investigated by local law enforcement.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution and that there was one substantiated allegation of conduct that was referred for prosecution since the last PREA audit. Further communication with the PC indicated the allegation was

referred for criminal investigation, not prosecution. 4.030, page 5 states in any instance where the initial investigation determines that criminal behavior occurred, the PC or the on duty manager will contact the Grand Junction Police Department for further investigation. The Grand Junction Police Department will be responsible for collecting evidence, interviewing witnesses and referring for prosecution. The interview with the facility investigator indicated that all criminal allegations are referred to local law enforcement to handle and refer for prosecution. There were no criminal investigations completed with the previous twelve months. All victims were given the opportunity to file a police report with Grand Junction PD. None of the allegations were investigated by Grand Junction PD or referred for prosecution.

115.271 (i): The PAQ stated that 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. A review of historical investigative reports indicated that information is retained by the facility in the electronic system.

115.271 (j): 4.030, page 5 states investigations will not be terminated if the alleged abuser or alleged victim are removed from employment with CJSD or are no longer a client at CJSD. The facility investigator confirmed that an investigation would be completed regardless of the departures of the staff member or resident.

115.271 (k): The auditor is not required to audit this provision.

115.271 (l): 4.030, page 5 states CJSD shall cooperate with outside investigators and will make contact as necessary to remain informed about the progress of an investigations. The PC stated that if an outside agency conducts an investigation she remains informed through reaching out to them. The interview with the Director indicated that outside law enforcement would typically communicate with the PC, as she is the liaison. The facility investigator stated when an outside agency investigates they will usually just walk the client over to the police station and then follow up with them on the investigation.

Based on a review of the PAQ, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, Investigator Training Records, Investigative Reports and information from interviews with the Director, PREA Coordinator, facility investigator and the resident who reported sexual abuse, this standard appears to require corrective action. A review of the eight allegations indicated four did not rise to the level of sexual abuse or sexual harassment. The four remaining investigations were reviewed. All four investigation were prompt, two were thorough and two were

objective. A review of the four investigative reports noted all four included interviews and evidence and none involved any prior complaints of the alleged perpetrator. A review of documentation noted that none of the incidents were documented in an investigative report. All were documented as comments in an electronic database. The comments were difficult to follow and difficult to understand. Additionally, information was lacking in the comments on the elements under this standard.

#### Corrective Action

The facility will need to ensure that all allegations are thoroughly and objectively investigated. The investigation will need to be documented in a formal written report and include all the required elements under this standard, including documentation of a review of prior complaints of the alleged perpetrator. A list of sexual abuse and sexual harassment allegations reported during the corrective action period and associate investigations will need to be provided.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

##### 1. Mock Sexual Abuse Investigative Reports

There were zero sexual abuse or sexual harassment allegations reported during the corrective action period. As such, the facility conducted two mock investigations to illustrate corrective action. The first mock investigation was documented in a formal written report. It was thorough and objective. It included all necessary interviews (victim, subject and applicable witnesses), a description of the evidence reviewed (i.e. video) and included a review of prior complaints of the alleged suspect. A second mock investigation was provided and was also documented in a formal investigative report. The investigation was thorough and objective and included all the same elements as the first mock investigation.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.272	Evidentiary standard for administrative investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements</li> <li>3. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.272 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 4.030, page 3 states in determining whether an allegation of sexual misconduct is substantiated, unsubstantiated or unfounded, the decision shall be based solely upon the preponderance of evidence gathered during the investigation. The interview with the facility investigator confirmed that a preponderance of evidence is the standard of proof required to substantiate an allegation of sexual abuse or sexual harassment. A review of investigative reports noted that they appeared to utilize no more than a preponderance of the evidence.</p> <p>Based on a review of the PAQ, 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements, Investigative Reports and information from the interview with the facility investigator, this standard appears to be compliant.</p>

115.273	Reporting to residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire
2. 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements
3. Investigative Reports
4. Documentation of Verbal Notifications

Interviews:

1. Interview with the Director
2. Interview with Investigative Staff
3. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.273 (a): The PAQ indicated that 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. 4.030, page 2 states upon conclusion of any administrative and/or criminal investigation, the victim shall be notified of the outcome of the investigation and the determination made if their complaint was substantiated, unsubstantiated or unfounded. CJSJ shall request all pertinent information from criminal investigators, if applicable. The PAQ indicated that were four administrative and/or criminal investigations of alleged resident sexual abuse completed by the facility during the past twelve months, and three residents were notified, verbally or in writing, of the results of the investigation. The interview with the resident who reported sexual harassment indicated he knew the facility was required to inform him of the outcome of the investigation. He stated he was verbally advised of the outcome. The interviews with the Director and investigator confirmed that residents are notified of the outcome of the investigation into their allegation. A review of documentation indicated that the three sexual abuse investigations included a victim notification.

115.273 (b): The PAQ indicated that if 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. 4.030, page 2 states upon conclusion of any administrative and/or criminal investigation, the victim shall be notified of the outcome of the investigation and the determination made if their complaint was substantiated, unsubstantiated or



unfounded. CJSJ shall request all pertinent information from criminal investigators, if applicable. The PAQ indicated that there was one investigation completed within the previous twelve months by an outside agency and four residents were notified about information related to outside law enforcement investigations. A review of documentation confirmed all reported allegations were investigated at the facility level and there were no outside agency investigations completed.

115.273 (c): The PAQ indicated that following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 4.030, page 3 states upon conclusion of any administrative and/or criminal investigation, the victim shall be notified whenever the alleged perpetrator (staff) has pending or completed disciplinary action; is no longer employed at CJSJ; is charged criminally; and/or is convicted. During the interim report period the facility updated their policy to include that the victim shall be notified whenever the alleged perpetrator (staff) is no longer posted within the client's dayroom. The PAQ indicated that there has not been a substantiated or unsubstantiated allegation of sexual abuse committed by a staff member against a resident in the previous twelve months. The resident who reported sexual harassment indicated he reported sexual harassment against another resident and as such this provision was not applicable. A review of investigative reports confirmed there were two sexual abuse allegations reported against a staff member in the previous twelve months, however neither required notification under this provision.

115.273 (d): The PAQ indicates that following an resident's allegation that he or she has been sexually abused by another resident, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 4.030, page 3 states upon conclusion of any administrative and/or criminal investigation, the victim shall be notified whenever the alleged perpetrator (client) has been charged criminally and/or has been convicted. The interview with the resident who reported sexual harassment indicated his allegation was sexual harassment and as such this provision does not apply. A review of investigative reports indicated there was one resident-on-resident sexual abuse allegation reported during the previous twelve months, however it did not require notification under this provision.

115.273 (e): The PAQ indicated that the agency has a policy that all notifications to

residents described under this standard are documented. 4.030, page 3 states the CJSD PC shall be responsible for making such notifications and for documenting the notification in the client file. The PAQ stated that there were zero notifications to residents made pursuant to this standard. A review of documentation indicated that victim notifications are documented in the notes on the electronic system.

115.273 (f): This provision is not required to be audited.

Based on a review of the PAQ, 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements, Investigative Reports, Documentation of Verbal Notifications and information from interviews with the Director, facility investigator and resident who reported sexual abuse, this standard appears to be compliant.

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring</li> <li>3. 4.035 - Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/ Discipline Employee Handbook</li> <li>4. Investigative Reports</li> </ol> <p>Findings (By Provision):</p> <p>115.276 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 4.035, page 3 states staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 4.020, page 3 states any employee or service provider who fails to report an allegation, coerces or threatens another person to submit inaccurate, incomplete or untruthful information, or acts in a retributive manner</p>

toward any party to a PREA report may face disciplinary action, up to and including termination. Page 4 also states that employees, contractors, volunteers, etc. that retaliate may face disciplinary action up to and including termination from employment.

115.276 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies over the previous twelve months and zero staff who were terminated for violating agency sexual abuse or sexual harassment policies. 4.035, page 3 states staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.276 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 4.035, page 3 states that disciplinary sanctions for violations of policies related 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. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of documentation indicated there were zero substantiated sexual abuse or sexual harassment allegations against a staff member in the previous twelve months.

115.276 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 4.035, page 3 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 and licensing agencies (unless the activity was clearly not criminal), and to any relevant licensing bodies. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and zero staff members were reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, 4.020 - Prison Rape Elimination Act (PREA) Reporting,

	Intervention and Monitoring, 4.035 - Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline Employee Handbook and Investigative Reports, this standard appears to be compliant.
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115.277	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring</li> <li>3. 4.035 - Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Director</li> </ol> <p>Findings (By Provision):</p> <p>115.277 (a): The PAQ stated that the 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. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. 4.035, page 3 states any contractor or volunteer who engages in sexual abuse is prohibited from contact with clients and is reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. CJSD will take appropriate remedial measures regarding prohibiting further contact with clients. 4.020, page 3 states any employee or service provider who fails to report an allegation, coerces or threatens another person to submit inaccurate, incomplete or untruthful information, or acts in a retributive manner toward any party to a PREA report may face disciplinary action, up to and including termination. Page 4 also states that employees, contractors, volunteers, etc. that retaliate may face disciplinary action up to and including termination from employment. The PAQ indicated that there</p>

have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports indicated there were no reported sexual abuse or sexual harassment allegations against a volunteer or contractor.

115.277 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 4.035, page 3 states any contractor or volunteer who engages in sexual abuse is prohibited from contact with clients and is reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. CJSD will take appropriate remedial measures regarding prohibiting further contact with clients. The interview with the Director indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in the contract being cancelled to ensure no future contact with the residents. He advised if it was criminal it would be referred to the Police Department.

Based on a review of the PAQ, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 4.035 - Prison Rape Elimination Act (PREA) CJSD Staff and Contractor Training/Discipline, Investigative Reports and information from the interview with the Director, this standard appears to be compliant.

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring Residential Rules Matrix</li> <li>3. 5.100 - Behavior Response Strategies to Support Change</li> <li>4. 5.110 - Disciplinary Reports, Hearings and Sanctions</li> <li>5. Investigative Reports</li> <li>6. Disciplinary Records</li> </ol> <p>Interviews:</p>

1. Interview with the Director
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.278 (a): The PAQ stated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. 5.100, page 1 states CJSD has established rules to govern client behavior which are defined in writing and communicated to all clients and staff. Clients are subject to responses and discipline for any violation of the rules specified in the client handbook, posted operational rules, those established by the referring agency, and those prescribed by law. Generally, where a conflict exists between the referring agency rule and facility rules, facility rules take precedence. Page 2 advises rules are listed in the client handbook and are posted in each client dayroom. Rule violations are categorized into four separate classes, depending on the seriousness of the violation in accordance with the following description. Class 1, serious rule infractions or repeated violations will be dealt with through the disciplinary process. See related policy on Disciplinary Reports, Hearings and Sanctions. 5.110 outlines the disciplinary hearing process. Page 34 of the Client Handbook outlines disciplinary sanctions for each disciplinary class category. The PAQ indicated there has been two administrative finding for resident-on-resident sexual abuse within the previous twelve months and zero criminal findings of guilt for resident-on-resident sexual abuse. The PAQ advised both administrative findings were unsubstantiated. A review of documentation indicated there were no resident-on-resident substantiated sexual abuse or sexual harassment investigations.

115.278 (b): 5.100, page 1 states CJSD has established rules to govern client behavior which are defined in writing and communicated to all clients and staff. Clients are subject to responses and discipline for any violation of the rules specified in the client handbook, posted operational rules, those established by the referring agency, and those prescribed by law. Generally, where a conflict exists between the referring agency rule and facility rules, facility rules take precedence. Page 2 advises rules are listed in the client handbook and are posted in each client dayroom. Rule violations are categorized into four separate classes, depending on the seriousness of the violation in accordance with the following description. Class 1, serious rule infractions or repeated violations will be dealt with through the disciplinary process. See related policy on Disciplinary Reports, Hearings and Sanctions. 5.110 outlines the disciplinary hearing process. Page 4 states if there is guilty finding, the hearing officer will impose sanctions per the Behavior Response Strategies to Support Change (BRSSC) Disciplinary Hearing Sanction Matrix. The client will be told of the decision and sanctions. The client will receive an electronic

copy, or paper copy if not electronically available, of the disposition form following the hearing. Any restriction period imposed must have a starting and ending date as well as a listing of all conditions of the restriction and other sanctions. Page 27-36 of the Client Handbook outline the disciplinary process, offenses and sanctions. The interview with the Director indicated that if a resident violated the sexual abuse policies he/she would go through the formal disciplinary process. He advised they would be subject to sanctions and removal from the program. He confirmed that disciplinary sanctions would be consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and sanctions imposed for comparable offenses by other residents.

115.278 (c): 5.100, page 1 states CJSD has established rules to govern client behavior which are defined in writing and communicated to all clients and staff. Clients are subject to responses and discipline for any violation of the rules specified in the client handbook, posted operational rules, those established by the referring agency, and those prescribed by law. Generally, where a conflict exists between the referring agency rule and facility rules, facility rules take precedence. Page 2 advises rules are listed in the client handbook and are posted in each client dayroom. Rule violations are categorized into four separate classes, depending on the seriousness of the violation in accordance with the following description. Class 1, serious rule infractions or repeated violations will be dealt with through the disciplinary process. See related policy on Disciplinary Reports, Hearings and Sanctions. 5.110 outlines the disciplinary hearing process. Page 27-36 of the Client Handbook outline the disciplinary process, offenses and sanctions. The interview with the Director confirmed that a residents' mental disability or mental illness would be considered in the disciplinary process.

115.278 (d): The PAQ stated that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending resident to participate in these interventions as a condition of access to programming and other benefits. Further clarification from the PCM indicated that the facility does not directly provide these services as they do not employ medical or mental health care staff, but services would be provided through a community organization. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.278 (e): The PAQ stated that the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

	<p>115.278 (f): The PAQ stated that 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. 4.020, page 5 states disciplinary action may result from deliberately malicious or false reports by clients or other parties.</p> <p>115.278 (g): The PAQ indicates that the agency prohibits all sexual activity between residents and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Page 29 of the Client Handbook outlines sexual misconduct as a violation, which is consensual sexual interaction including physical action and/or verbal/written/electronic transmission with any unauthorized person on or off grounds.</p> <p>Based on a review of the PAQ, 4.020 - Prison Rape Elimination Act (PREA) Reporting, Intervention and Monitoring, 5.100 - Behavior Response Strategies to Support Change, 5.110 - Disciplinary Reports, Hearings and Sanctions, Investigative Reports, Disciplinary Records and information from the interview with the Director, this standard appears to be compliant.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.025 - Prison Rape Elimination Act (PREA) Victim Services</li> <li>3. Investigative Reports</li> <li>4. Secondary Medical and/or Mental Health Documentation</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Resident who Reported Sexual Abuse</li> <li>2. Interview with First Responders</li> </ol>



Findings (By Provision):

115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff do not maintain secondary materials documenting services. The PAQ indicated they do not keep medical or mental health records but they do have documentation of when residents are transported to the hospital for services and this is kept by the PC. 4.025, page 1 clients who are victims of sexual assault, contact or harassment shall receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Services will include at minimum: a medical examination (forensic or otherwise), mental health crisis intervention and treatment; and social, family and peer support. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is provided in the community. The facility has a medication distribution area only. The facility does not employ medical or mental health care staff and as such no interviews were conducted. The resident who reported sexual harassment stated that he was not offered medical and mental health care. It should be noted the resident reported sexual harassment and as such medical and mental health services were not required. A review of documentation noted there were three sexual abuse allegations reported. Two did not involve medical services as one was related to a pat search and one was voyeurism. The third involved emergency medical and mental health treatment. Secondary documentation of services is maintained via documentation of transportation to and from the treatment.

115.282 (b): The interview with the first responder indicated they would separate, remove them from the situation, secure the crime scene and not allow them to wash, change clothes or take a shower. The non-security first responder advised she would report directly to security. A review of documentation noted there were three sexual abuse allegations reported. Two did not involve medical services as one was related to a pat search and one was voyeurism. The third involved emergency medical and mental health treatment and the victim was taken to the local hospital.

115.282 (c): The PAQ states that 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. 4.025, page 2 states if reported within five days of the incident, staff shall, with the victim's permission, immediately ensure medical services are provided to evaluate and treat sexual assault/rape victims. If reported more than five days after the incident, staff shall,

	<p>with the victim’s permission refer the victim to health care services responsible for treatment and follow-up care for sexually transmitted or other communicable diseases. Policy further states that client victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The facility does not employ medical or mental health care staff and as such no interviews were conducted. The resident who reported sexual harassment stated that he was not offered medical and mental health care. It should be noted the resident reported sexual harassment and as such medical and mental health services were not required. A review of documentation noted there were three sexual abuse allegations reported. Two did not involve medical services as one was related to a pat search and one was voyeurism. The third involved emergency medical and mental health treatment and the victim was taken to the local hospital where the victim was offered prophylaxis (emergency contraception was not required).</p> <p>115.282 (d): The PAQ indicated that treatment and 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. 4.025, page 2 states all victim services offered to a client sexually assaulted while in the custody or under the jurisdiction of CJSJ shall be offered at no cost to the victim as determined by CJSJ Administration.</p> <p>Based on a review of the PAQ, 4.025 - Prison Rape Elimination Act (PREA) Victim Services, Investigative Reports, observations made during the tour and information from interviews with first responders and the resident who reported sexual abuse, this standard appears to be complaint.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.025 - Prison Rape Elimination Act (PREA) Victim Services</li> <li>3. Investigative Reports</li> <li>4. Secondary Medical and/or Mental Health Documentation</li> </ol>

Interviews:

1. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.283 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 4.025, page 1 states CJSD will offer medical and mental health evaluations and, as appropriate, treatment to all clients that have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility, regardless of whether or not the victimization occurred prior to the client entering community corrections. The evaluation and treatment will include 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. A review of documentation noted there were three sexual abuse allegations reported. Two did not involve medical services as one was related to a pat search and one was voyeurism. The third involved emergency medical and mental health treatment and the victim was taken to the local hospital. The victim was provided follow-up services as needed in the community. The pat search resident was also provided follow-up mental health services in the community. The one resident who reported sexual abuse that occurred at another facility was offered follow-up mental health services.

115.283 (b): 4.025, page 1 states CJSD will offer medical and mental health evaluations and, as appropriate, treatment to all clients that have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility, regardless of whether or not the victimization occurred prior to the client entering community corrections. The evaluation and treatment will include 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. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is provided in the community. The facility has a medication distribution area only. facility does not employ medical or mental health care staff and as such no interviews were conducted. The resident who reported sexual harassment stated that he was not offered medical and mental health care. It should be noted the resident reported sexual harassment and as such medical and mental health services were not required. A review of documentation noted there were three sexual abuse allegations reported. Two did not involve medical services as one was related to a pat search and one was voyeurism. The third involved emergency medical and

mental health treatment and the victim was taken to the local hospital. The victim was provided follow-up services as needed in the community. The pat search resident was also provided follow-up mental health services in the community.

115.283 (c): 4.025, page 2 states all programs shall allow unimpeded access to all community medical and mental health care, consistent with program rules and requirements. All routine and emergency medical and mental health care are conducted in the community. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.283 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 4.025, page 2 states client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy does result the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. The resident who reported sexual harassment was male and reported sexual harassment, not abuse and as such this questions were not applicable. There were no sexual abuse allegations reported by female residents that required the need for pregnancy testing or lawful pregnancy related materials.

115.283 (e): The PAQ indicated that 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. 4.025, page 2 states client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy does result the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. There were no sexual abuse allegations reported by female residents that required the need for pregnancy testing or lawful pregnancy related materials.

115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 4.025, page 2 states that client victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The facility does not employ medical or mental health care staff and as such no interviews were conducted. The resident who reported sexual harassment stated that he was not offered medical and mental health care. It should be noted the resident reported sexual harassment and as such medical and mental health services were not required. A review of documentation noted there were three sexual abuse allegations reported. Two did not involve medical services as one was related to a pat search and one was voyeurism. The third involved emergency

medical and mental health treatment and the victim was taken to the local hospital where the victim was offered testing.

115.283 (g): 4.025, page 2 states all victim services offered to a client sexually assaulted while in the custody or under the jurisdiction of CJSD shall be offered at no cost to the victim as determined by CJSD Administration. The resident who reported sexual harassment stated that he was not offered medical and mental health care. It should be noted the resident reported sexual harassment and as such medical and mental health services were not required.

115.283 (h): The PAQ indicated that the facility attempts 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. 4.025, page 3 states CJSD shall attempt to conduct a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. There were no resident-on-resident substantiated sexual abuse allegations and as such there were no known resident-on-resident abusers that were required to be evaluated by mental health. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

Based on a review of the PAQ, 4.025 - Prison Rape Elimination Act (PREA) Victim Services, Investigative Reports, observations made during the tour and information from the interview with the resident who reported sexual abuse, this standard appears to be compliant.

115.286	Sexual abuse incident reviews
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents: <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire</li><li>2. 4.030 - Prison Rape Elimination Act (PREA) Investigation Requirements</li><li>3. Investigative Reports</li><li>4. PREA Incident Debriefing Report</li></ol>

Interviews:

1. Interview with the Director
2. Interview with the PREA Coordinator
3. Interview with Incident Review Team

Findings (By Provision):

115.286 (a): The PAQ stated that 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. 4.030, page 4 states the Sexual Assault Response Team (SART) shall meet at the conclusion of all administrative and/or criminal investigations to conduct a full incident review using the PREA Incident Review/Debriefing. Page 3 further states that SART shall debrief investigations of sexual misconduct within 30 days of the conclusion of the investigation. The PAQ indicated there were two criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding those that are unfounded. A review of documentation indicated there were three sexual abuse allegations reported. All three included a sexual abuse incident review.

115.286 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 4.030, page 4 states the Sexual Assault Response Team (SART) shall meet at the conclusion of all administrative and/or criminal investigations to conduct a full incident review using the PREA Incident Review/Debriefing. Page 3 further states that SART shall debrief investigations of sexual misconduct within 30 days of the conclusion of the investigation. The PAQ indicated there were two sexual abuse incident reviews completed within 30 day of the conclusion of the investigation. A review of documentation indicated there were three sexual abuse allegations reported. All three included a sexual abuse incident review that was completed within 30 days.

115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 4.030, page 3 states the SART shall be comprised of members specially trained in responding to sexual misconduct and sexual abuse. The SART will include; the PC; designated CJSD PREA Manger; designated CJSD PREA Supervisor and a CJSD advocate to coordinate victim services. A review of the completed sexual abuse incident reviews indicated the

review team included the Director, PC and supervisors. The interview with the Director confirmed that they complete sexual abuse incident reviews and the review team includes those on the SART team (PC/Investigator, Director and supervisors).

115.286 (d): The PAQ stated that 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 each report to the facility head and PCM. 4.030, page 4 states SART shall meet at the conclusion of all administrative and/or criminal investigation to: conduct a full incident review using the PREA Incident Review/Debriefing; ensure that all required follow-up steps are communicated to staff; and explore alternatives to prevent or improve the response to any future events of sexual misconduct. A review of the PREA Incident Debriefing Report indicated that it includes information on the allegation, the incident type, the findings, SART discussion topics, findings and recommendations and a final checklist. The SART discussion topics include: a need for a change in policy; if the incident was partially due to bias, gang activity or other group dynamics; if the physical layout enabled the abuse, staffing levels at the time of the incident, and whether additional monitoring equipment would have aided in the prevention of the incident. Interviews with the Director, PC and sexual abuse incident review team member confirmed that the facility conducts sexual abuse incident reviews and they include the required elements under this standard. The Director stated that they utilize information from the sexual abuse incident reviews to identify any patterns or to see if there is something that can be done differently in the future. He advised they use the information to prevent any incidents in the future. The PC stated that she is part of the sexual abuse incident review team and that she has noticed many of their allegations recently have been associated with mental health issues. She advised that once the reviews are submitted they make any corrections or implement any recommendations. A review of documentation indicated there were three sexual abuse allegations reported. All three included a sexual abuse incident review with narrative related to the elements required under this provision.

115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 4.030, page 4 states SART shall meet at the conclusion of all administrative and/or criminal investigation to: conduct a full incident review using the PREA Incident Review/Debriefing; ensure that all required follow-up steps are communicated to staff; and explore alternatives to prevent or improve the response to any future events of sexual misconduct. A review of the PREA Incident Debriefing Report indicated that it includes information on the allegation, the incident type, the findings, SART discussion topics, findings and recommendations and a final checklist. A review of completed sexual abuse incident reviews confirmed a section exists for recommendations and findings, however none required any corrective action or recommendations.

	<p>Based on a review of the PAQ, 4.030 – Prison Rape Elimination Act (PREA) Investigation Requirements, Investigative Reports, PREA Incident Debriefing Report and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA</li> <li>3. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data</li> <li>4. PREA Incident Debriefing Report</li> <li>5. PREA Annual Report</li> </ol> <p>Findings (By Provision):</p> <p>115.287 (a): The PAQ indicated that 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. It also indicates that the standardized instrument and set of definitions. 4.005, page 7 states CJSD will collect data regarding all sexual misconduct that occurs. CJSD will supply upon request by the Bureau of Justice Statistics an annual report on the number of instances of sexual violence in the facility. Data will be collected on each instance of sexual abuse and sexual harassment and will be reported on an annual basis. 4.040, page 2 states the PC shall collect accurate and uniform data for every allegations of sexual abuse at a CJSD facility. The PC indicated that the facility utilizes the PREA Incident Debriefing Report to collect data. The report includes allegation type and investigative outcome. A review of the PREA Annual Reports confirms that it includes aggregated data and encompasses information and data on all allegations, including allegation type and investigative outcome.</p> <p>115.287 (b): The PAQ indicates that the agency aggregates the incident based</p>



sexual abuse data at least annually. 4.005, page 7 states CJSD will collect data regarding all sexual misconduct that occurs. CJSD will supply upon request by the Bureau of Justice Statistics an annual report on the number of instances of sexual violence in the facility. Data will be collected on each instance of sexual abuse and sexual harassment and will be reported on an annual basis. 4.040, page 3 states the PC shall compile data annually which will be reviewed by the Sexual Assault Response Team (SART). A review of the PREA Annual Reports confirmed that each annual report includes aggregated data.

115.287 (c): The PAQ indicated that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 4.005, page 7 states CJSD will collect data regarding all sexual misconduct that occurs. CJSD will supply upon request by the Bureau of Justice Statistics an annual report on the number of instances of sexual violence in the facility. Data will be collected on each instance of sexual abuse and sexual harassment and will be reported on an annual basis. 4.040, page 2 states such data shall be collected and organized using the most recent "Survey of Sexual Violence Form put out by the DOJ. The PC indicated that the facility utilizes the PREA Incident Debriefing Report to collect data. The report includes allegation type and investigative outcome. A review of the PREA Annual Reports confirms that it includes aggregated data and encompasses information and data on all allegations, including allegation type and investigative outcome.

115.287 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 4.005, page 7 states CJSD will collect data regarding all sexual misconduct that occurs. CJSD will supply upon request by the Bureau of Justice Statistics an annual report on the number of instances of sexual violence in the facility. Data will be collected on each instance of sexual abuse and sexual harassment and will be reported on an annual basis. 4.040, page 2 states data shall be compiled from all incident reporting sources, including, but not limited to: police reports; behavior reports; sexual assault response team reports; incident review reports; case notes; and emails or other electronic communication.

115.287 (e): The PAQ indicated this provision does not apply. The agency does not contract for the confinement of its residents.

115.287 (f): The PAQ indicated that this provision is not applicable as the Department of Justice has not requested agency data.

	Based on a review of the PAQ, 4.005 – Prison Rape Elimination Act (PREA) Introduction to PREA, 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, the PREA Incident Debriefing Report and the PREA Annual Report, this standard appears to be compliant.
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data</li> <li>3. PREA Annual Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head</li> <li>2. Interview with the PREA Coordinator</li> </ol> <p>Findings (By Provision):</p> <p>115.288 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and 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. 4.040, page 3 states the PC shall compile data annually which will be reviewed by the Sexual Assault Response Team (SART). The SART will: compare current year data to previous year data; compile a list of identified problem areas or areas for improvement; take corrective action to address those areas; and document any reasons (if any) for not taking corrective action. Following the receipt of the annual report the SART shall meet to review the report and assess the effectiveness of agency sexual abuse prevention, detection and response. The interview with the Agency Head indicated they review sexual abuse and sexual harassment data to</p>

determine what went well and what went wrong. She stated they look at the process and how to better handle the situation. She also advised they review the data to identify any patterns. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. She stated that they look at the data to determine if they need to change policy or they need to train staff. She advised they take corrective action immediately based on data/incidents. A review of the PREA Annual Reports indicates that reports include allegation data. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions, general information and progress in meeting PREA standards. The most recent report outlined updates to the facility, including minor modifications, additional video monitoring technology, staff training and resident education. The report compares the data from the current year with the previous year.

115.288 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 4.040, page 3 states the PC shall compile data annually which will be reviewed by the Sexual Assault Response Team (SART). The SART will: compare current year data to previous year data; compile a list of identified problem areas or areas for improvement; take corrective action to address those areas; and document any reasons (if any) for not taking corrective action. Following the receipt of the annual report the SART shall meet to review the report and assess the effectiveness of agency sexual abuse prevention, detection and response. A review of PREA Annual Reports indicates that reports include allegation data. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions, general information and progress in meeting PREA standards. The most recent report outlined updates to the facility, including minor modifications, additional video monitoring technology, staff training and resident education. The report compares the data from the current year with the previous year.

115.288 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 4.040, page 3 states following this review, the final report shall be issued and distributed/made available to agency personnel; to the public (via the agency website or Mesa County Attorney's Office); and to the DOJ (upon request). The interview with the Agency Head confirmed that she approves the annual report and it is publicly available. The report is published online at <https://cjsd.mesacounty.us/programs-and-services/community-corrections-residential-services/>.

115.288 (d): The PAQ indicated when the agency redacts material from an annual

	<p>report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 4.040, page 3 states nothing in this section precludes redaction of any information which compromises the security and/or safety of the facility and/or staff. All personal identifiers shall be removed prior to publication. Policy further states that all reports and data shall be maintained for a period of ten years from the date of the final annual report. The interview with the PC indicated that there are no specific identifiers in the report and as such there is not a need to redact any information. She stated the report is generic with numbers only. A review of the PREA Annual Report confirms that no personal identifying information is included in the report nor any security related information. The report did not contain any redacted information.</p> <p>Based on a review of the PAQ, 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, the PREA Annual Report, the website and information obtained from interviews with the Agency Head and PC, this standard appears to be compliant.</p>
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115.289	Data storage, publication, and destruction
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. 4.040 – Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data</li> <li>3. PREA Annual Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> </ol> <p>Findings (By Provision):</p> <p>115.289 (a): The PAQ stated that the agency ensures that incident based data and aggregated data is securely retained. The PAQ indicated that data is maintained in an upper level drive that only administrative staff have access to. The PC confirmed</p>

that the data is securely retained. She advised she monitors the data and stores the data. She advised data has limited access and is confidential.

115.289 (b): The PAQ states that the agency will 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 through other means. A review of the website: <https://cjsd.mesacounty.us/programs-and-services/community-corrections/residential-services/> confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.289 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PAQ further stated that the agency maintains sexual abuse data collected pursuant to 115.287 for at least ten years after the date of initial collection, unless federal, state, or local law requires otherwise. 4.040, page 3 states nothing in this section precludes redaction of any information which compromises the security and/or safety of the facility and/or staff. All personal identifiers shall be removed prior to publication. A review of the PREA Annual Report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.289 (d): 4.040, page 3 states that all reports and data shall be maintained for a period of ten years from the date of the final annual report. A review of historical annual reports indicated that aggregated data is available from 2019 to present online. The PC stated that information prior to 2019 is available upon request.

Based on a review of the PAQ, 4.040 - Prison Rape Elimination Act (PREA) Staffing, Monitoring and Data, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Findings (By Provision):

	<p>115.401 (a): The facility the stand alone facility for the Mesa County Criminal Justice Service. The facility is being audited in the first year of the audit cycle.</p> <p>115.401 (b): The facility the stand alone facility for the Mesa County Criminal Justice Service. The facility is being audited in the first year of the audit cycle.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from residents.</p> <p>115.401 (n): The facility provided an assurance memorandum that the audit announcement was placed throughout the facility six weeks prior to the audit. Additionally, during the tour the auditor observed the audit announcements on letter size paper in English and Spanish. Audit announcements were displayed in each housing unit and in common areas. The announcements advised the residents that they could confidentially correspond with the auditor.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings (By Provision):</p> <p>115.403 (f): The facility was previously audited in 2022. The final audit report is publicly available via the agency website. The facility is a stand-alone and no other audit reports are available.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female 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
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or	yes

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

	expressively, using any necessary specialized vocabulary?	
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes

<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>	

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

	advocate from a rape crisis center?	
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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).	no
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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	yes



	investigation is completed for all allegations of sexual harassment?	
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a	yes

	resident is transferred to a different facility?	
<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing	yes

	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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	na

	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.)	
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive	yes

	toward other residents?	
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>	



<b>(h)</b>		
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

<b>115.242 (c)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.242 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

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

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data	yes

	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

<b>(f)</b>		
	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