

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

Interim Final

Date of Report December 20, 2018

Auditor Information

Name: Joan Shoemaker	Email: jshoem8681@aol.com
Company Name: Click or tap here to enter text.	
Mailing Address: P.O. Box 3162	City, State, Zip: Parker, CO 80138
Telephone: 303 909-4397	Date of Facility Visit: August 7 – 9, 2018

Agency Information

Name of Agency: Larimer County Criminal Justice Services Division		Governing Authority or Parent Agency (If Applicable): Larimer County Board of Commissioners	
Physical Address: 2307 Midpoint Drive		City, State, Zip: Fort Collins, CO 80525	
Mailing Address: Same		City, State, Zip: Same	
Telephone: 970 980-2600		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: : Alternative Sentencing Division’s mission is to provide for community safety, facility security and the welfare of staff and offenders. The Department provides programs that allow offenders to serve their court-ordered jail sentences while continuing to be productive pro-social members of the community. The effective operation of Alternative Sentencing programs is dependent on highly motivated, well-trained staff members. The mission of Larimer County Community Center is committed to community safety and client accountability, providing innovative services, assessing risks and needs and empowering clients to take responsibility. They promote positive choices and internal change, resulting in reduced recidivism.

Agency Website with PREA Information: www.larimer.org/cjs

Agency Chief Executive Officer

Name: Gary Darling	Title: Director
Email: darlinga@co.larimer.co.us	Telephone: 970 980-2671

Agency-Wide PREA Coordinator

Name: Ingrid Schroeder	Title: Program Manager
Email: schroeil@co.larimer.co.us	Telephone: 970 980-2674
PREA Coordinator Reports to: Gary Darling	Number of Compliance Managers who report to the PREA Coordinator None

Facility Information

Name of Facility: Alternative Sentencing Department (ASD) and Larimer County Community Corrections (LCCC)			
Physical Address: 2307 Midpoint Drive and 2255 Midpoint Drive, Fort Collins, CO			
Mailing Address (if different than above):			
Telephone Number: 970 980-2674			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		
Facility Mission: ASD mission is to provide for community safety, facility security and the welfare of staff and offenders. The Department provides programs that allow offenders to serve their court-ordered jail sentences while continuing to be productive pro-social members of the community. The effective operation of Alternative Sentencing programs is dependent on highly motivated, well-trained staff members. The mission of LCCC is committed to community safety and client accountability, providing innovative services, assessing risks and needs and empowering clients to take responsibility. They promote positive choices and internal change, resulting in reduced recidivism.			

Facility Website with PREA Information: www.larimer.org/cjs
Have there been any internal or external audits of and/or accreditations by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Director

Name: Tim Hand	Title: Director, LCCC
Email: thand@co.larimer.co.us	Telephone: 970 980-2600

Facility PREA Compliance Manager

Name: Ingrid Schroeder	Title: Program Manager
Email: schroeil@co.larimer.co.us	Telephone: 970 980-2674

Facility Health Service Administrator

Name: None

Title:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity: 646

Current Population of Facility: 558

Number of residents admitted to facility during the past 12 months

2249

Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:

4

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:

841

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:

1676

Number of residents on date of audit who were admitted to facility prior to August 20, 2012:

0

Age Range of Population:

Adults

Juveniles

Youthful residents

18-100

None

None

Average length of stay or time under supervision:

53 Days

Facility Security Level:

Minimum

Resident Custody Levels:

Minimum

Number of staff currently employed by the facility who may have contact with residents:

192

Number of staff hired by the facility during the past 12 months who may have contact with residents:

53

Number of contracts in the past 12 months for services with contractors who may have contact with residents:

16

Physical Plant

Number of Buildings: 2 buildings

Number of Single Cell Housing Units: 0

Number of Multiple Occupancy Cell Housing Units:

0

Number of Open Bay/Dorm Housing Units:

55

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

There are video cameras in both buildings. There are a total of 166 camera which are located throughout the buildings in hallways, laundry rooms, kitchen, classrooms, conference rooms, stairwells, entrance and exit doors. Cameras are in service hallways, lobbies, outside courtyards, dayrooms, visiting and control rooms. ASD has 71 cameras and LCCC has 95 which are monitored continuously at desk and control rooms. Additionally, the camera can be monitored from conference rooms and some offices. Video is retained for 10-14 days. If there is an identified need or investigation, the video can be downloaded and retained.

Medical

Type of Medical Facility:	Community Based Hospital
Forensic sexual assault medical exams are conducted at:	Medical Center of the Rockies
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	47
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

Audit Findings

Audit Narrative

During the Pre-audit phase, on May 29, 2018, lead auditor Joan Shoemaker meet with Agency Director, PREA coordinator, Larimer County Community Corrections (LCCC) Director and Alternative Sentencing Director (ASD) PREA Manager. For audit planning purposes, a site review of the agency was conducted. It provided an overview of the scope of the audit and included housing areas in LCCC and ASD and program areas. During the meeting, it was determined the on-site audit would be conducted on August 7-9, 2018 and include the Alternative Sentencing Department and Larimer County Community Corrections. The audit would be conducted by Certified PREA Auditors Joan Shoemaker as the lead auditor and Susan Jones who would assist in the interviews of residents and random staff members.

Lead auditor Shoemaker sent by email the audit notices to be posted by email on Sunday 24, 2018. The agency was asked to post the notices on brightly colored paper in common areas throughout the ASD and LCCC. Notices of the audit in both English and Spanish were posted on Sunday June 24, 2018 in common areas including bulletin boards in the housing areas of ASD and LCCC. Confirmation of notices being posted was by email on Sunday June 24,2018 and verified during the site review. Additionally, the notice was posted as an email in the resident email system. The notice provided contact information for lead auditor, Joan Shoemaker for written correspondence could be sent. No letters were received prior to the audit.

The on-line pre-audit questionnaire was opened on July 26, 2018 and the PREA Coordinator was notified by email. The pre-audit on-line tool was completed by PREA coordinator two weeks prior to the on-site audit. Two phone calls were conducted to discuss the pre-audit questionnaire, audit process and schedules for the three days. The facility was requested to identify potential targeted resident interviews and provide that information at the start of the audit. The list of all residents would also be available at the beginning of the audit. The lists were not requested prior to the audit because there are daily changes in the population especially in the Alternative Sentencing Division. The lists would be utilized for auditors to select residents for interviews. The specialized staff interviewed were discussed to assure they would be available during the on-site audit. The facility was asked to compose a list of all staff who will be present during the audit and their scheduled time on duty. The phone calls also confirmed the auditor's access to employee personnel files, resident records and investigation files that had been conducted on allegations. Since medical care is not provided by ASD or LCCC, there were no medical records that could be reviewed during the audit. There have been no sexual assault allegations since the last PREA audit, so no medical records are available.

The on-site audit began on August 7, 2018 at 8:00 am with a site review of all areas of the two buildings. Hours for lead auditor Joan Shoemaker were August 7, 2018 from 8:00 am to 6:00 pm and from 8:00 pm to 10:00 pm, Susan Jones was on-site on August 7 from 11:00 am to 6:00 pm and 8:00 pm to 11:30 pm. On August 8, 2018, Joan Shoemaker was on-site from 8:30 to 6:30 pm and Susan Jones was on site from 9:00 am to 11:30 am. On August 9, 2018, Joan Shoemaker was on site from 7:30 until 3:00 pm. Both auditors were provided with a key fob which provided free access to all areas in the buildings without escort.

Interviews of specialized staff included the agency head, facility directors, PREA coordinator, PREA managers for ASD and LCCC, LCCC clinical director, program services director, victim advocate, and human service manager. Staff who perform risk screening for victimization and abusiveness, intake staff and incident review team members were also interviewed as well as staff who conducting administrative investigations. Additional interviews were done with staff from all three shifts and both programs. All random interviews were selected by the auditors from the roster that was provided by the agency. Interviews were selected to assure there were men and women in each of the three programs. Interviews were also selected based on the availability of residents since the majority work in the community. Three vendors (contractors) and one volunteer were interviewed. The total number of staff interviews were 42 that included 15 specialized staff, 23 random staff, three vendors and one volunteer.

Residents were interviewed from ASD and LCCC. Specialized interviews were conducted with residents: who have physical disabilities, were blind, deaf or hard of hearing or have cognitive disabilities, were limited English proficient, identified as lesbian, gay or bisexual, identify as transgender and reported sexual victimization during risk screening. There were no residents who reported sexual abuse or harassment currently in the facility. ASD and LCCC do not accept anyone who is 18 or younger so there were no youthful residents. All random interviews with residents were selected by the auditors. 34 resident interviews were completed on day one of the audit (August 7, 2018) and two were completed on August 8, 2018. The total number of residents interviewed were 36. The following tables provide the breakdown of resident interviews.

Resident Interviews	LCCC	Alternative Sentencing	Workender
Men	8	1	2
Women	2	3	2
Total	11	4	4

Targeted Interviews	
Youthful Residents	None in program
Physical Disability	1
Blind, Deaf or Hearing Impaired	2
LEP	1
Cognitive Disability/Mental Illness	4
Identified by Lesbian, Gay or Bisexual	5
Identify as Transgender	1
Reported Sexual Abuse in facility	0
Reported Sexual victimization during risk screening	3

The intake process for ASD was observed during the audit including direct observation of interview after receiving permission from the resident. PREA video is viewed prior to the one to one interview that includes the PREA risk screening. Housing assignment is then confirmed after the interview. LCCC intake process was observed for both women and men which includes the PREA video. PREA risk screening is done within 48 hours after admission to LCCC.

File review was done on twelve investigation reports, six employee files and six resident records. The resident records are electronic. Four resident files of residents that were interviewed, were also reviewed during staff interviews.

On Thursday August 9, 2018 at 2:00 pm lead auditor Shoemaker conducted an out-briefing with the agency director, facility directors, PREA Coordinator, facility administrative staff.

During the post-audit phase, the interim report was written. The Post Office box was checked during the two weeks after the on-site audit. No letters were received. Contact was made with the community-based victim advocacy center to verify their ongoing agreement with the Larimer County Criminal Justice Division.

Facility Characteristics

Larimer County Criminal Justice Services Division (CJSD) is comprised of two programs: Alternative Sentencing Department (ASD) and Larimer County Community Corrections (LCCC). ASD receives residents through the court system and has two tracks: work release sentenced with continuously housed in secure setting sentence in secure housing and residents that are housed for two days/weekly. LCCC receives residents from the Colorado Department of Corrections and diversion residents from the Larimer County Court System. There are beds for the LCCC program in the ASD. ASD work release residents are housed on the bottom floor where workender residents are housed. The intersection between all the programs both administrative staff and residents was the determining factor to conduct a single audit for all programs. The administration agreed that the audit should be conducted as a single audit. The design capacity in all programs is 646 with a current population of 558. The average daily population for the last twelve months was 481.

There are video cameras in the ASD and LCCC buildings. There are a total of 166 camera which are located throughout the buildings in hallways, laundry rooms, kitchen, classrooms, conference rooms, stairwells, entrance and exit doors. Cameras are in service hallways, lobbies, outside courtyards, dayrooms, visiting and control rooms. ASD has 71 cameras and LCCC has 95 which are monitored continuously at desk and control rooms.

All staff keys in both buildings are maintained in a key watch system. Staff must be authorized to obtain keys from the system which are logged as to when they were obtained and when the keys were returned. Keys rings for certain doors within the buildings are assigned to a limited number of staff and the keys are not accessible to any other staff member. The key fobs are assigned to certain individuals and the use is logged into a security system. All use of keys and key fobs could be tracked if necessary to monitor staff movement.

All medical services are provided by community providers at the resident's expense. Residents go for scheduled appointments after obtaining permission for an absence from the program staff. If residents need emergency care while in the programs, emergency medical personnel would be called by staff.

There are limited numbers of volunteers who come into the agency. Residents access faith-based services as they progress in the programs. AA volunteers do provide some groups for the ASD participants.

Maintenance on the buildings is completed by Larimer County Maintenance Department employees. There do not report directly to CJSD administration so are viewed as contractors. If addition contractors are necessary for building maintenance, the county would be responsible for securing those services. The county employees are escorted to and from the site where work is performed and have limited contact with residents.

There is a contractor who supplies the vending machines throughout the ASD and LCCC buildings. The contract staff are escorted and have limited contact with residents.

Alternative Sentencing Department (ASD) was implemented in 1983 as a measure to reduce the cost of incarceration. This unit have two programs; work release and workender which housed in the same building. The work release program is designed to enable residents to maintain employment and live at the division when not working. Residents receive the sentence for work release and then are scheduled when to begin their work release stay. The waiting period is approximately two to three weeks between sentencing and start of the program.

Residents in the workender program live in the community except for two days and one night. The residents maintain their community employment and come into the division for a Tuesday/Wednesday or Saturday/Sunday stay. Residents participate in community service projects when they are spending the two days at the division. Often the residents are experiencing secure housing for the first time in the criminal justice system. Currently, there is a very brief orientation on the first day the resident arrives.

The ASD building has the administrative office area for the CJSD, the kitchen for the ASD and LCCC. There are 71 cameras throughout the building including hallways, day rooms, laundry room, classrooms, conference rooms, stairwells, entrance and exit doors. Cameras are also in the kitchen, outside courtyards, lobbies and control room. The staff utilize the camera to view all the different areas in the building. There are two large computer screens in the control center which display the camera views. Staff have the ability to view a single camera or multiple camera views. The multiple views are utilized most often and visible when walking by the control desk. The computers have two screens so that staff can monitor the cameras while they are working on other documents. Staff were very aware of movement on the monitor screen.

The first floor of the ASD has the main entrance area for the ASD residents. Inside the entry area, are lockers utilized by residents. The area is well lite and has cameras on the entry door, stairwell and elevator. The door leading to the housing area is locked and requires either key or key fob for entrance. The other entrance to the first-floor housing unit is utilized as the entry point for the workender program residents. Inside the workender entrance is an open processing area. It is large and visible from the control center. The control center has sight lines into the large open bay male housing unit, the two dayrooms and the one hallway into the female housing unit.

The housing area has three separate units; one (40 beds) for female workender residents and two are open bay units for male residents. The largest open bay unit (68 beds) houses workender residents and the small unit (36 beds) which house male residents and one unit is closed area for women residents. The women workender unit has a restroom area that includes 3 toilets and 2 showers. Adjacent to the male housing units is a shared restroom area with 4 toilets and 5 showers. The restroom in the female housing unit and male restroom area have toilet doors and shower curtains for privacy.

There is one small laundry area for the workender residents immediately behind the control center. The laundry room has a camera which is monitored at control center on the second floor. In the same area of the first floor, there is a storage room for tools utilized on the workender community service program. There is one private office in the same area that is utilized for individual interviews.

The kitchen has food preparation area, dry storage, dish wash area, freezer, refrigerator and one office. All food is prepared in this kitchen and food is transported to LCCC. ASD residents eat in the dining area at the ASD. There are five cameras in this area. The fifth camera was added dish wash area for increased visibility because there were several reports of sexual harassment between residents in the area. Both men and women residents work in the kitchen at times. The dry storage area does not have a camera however it has several clear glass windows which are visible from the hallway and office. The locked door to the dry storage area also has a clear glass window. The camera are monitored from the control center on the second floor. Administrative and kitchen staff are the only ones who have keys to this area.

The fifth camera in the kitchen area was as result of the evaluation of incidents occurring in 2017 which is discussed in the PREA Annual Report 2016-2017. There were three allegations from the kitchen, one was found to be substantiated and two were unsubstantiated. As part of the annual review, the agency administration reduced the blind area in the kitchen by adding the fifth camera.

There is a service corridor behind the kitchen which leads to the trash dumpster. There are cameras in the hallway and outside area. There is a large maintenance room located in the hallway. The keys are only accessible to county maintenance personnel.

The administration area is located on the first floor. There are office spaces for the agency director and six other administration staff. The employee records are kept in locked file cabinets. There is a large conference room and large training room in addition to a staff breakroom area. Residents are escorted if they are in the area which is infrequent.

The second floor of ASD has housing units primarily for the work release residents however there are a small number of beds utilized for LCCC. The control center is in the middle of the floor and has sight lines into the dayroom areas and all corridors leading to the housing units.

All housing units have stacked bunks of two beds and are "L" shaped sleeping areas with a rest room area in between two units. The shape of the units allow four bunks to be visible from the hallway door window. The other two bunks are only visible after entering the room. The restroom area is accessible from either housing unit and have three toilets and two showers. All toilets and showers have curtains to allow privacy. During the on-site review, it was observed that all staff routinely announce their presence when entering the restroom areas and residents only dress and undress in the restroom area.

The women work release residents are housed in units 2074 (12 beds), 2075 (12 beds) and 2076 (10 beds). Unit 2076 does not share a restroom with another unit. There is a small dayroom only utilized by the women residents adjacent to their housing units. There is a laundry room and interview room also in the area. Cameras are in the laundry room, interview rooms and day room spaces. There are two multipurpose dayrooms on each side of the building which also have cameras monitored at the control center.

Men from the LCCC program are ASD housing in units 2084 (12 beds) and 2085 (12 beds). These two housing units in the ASD share a restroom. There is a dayroom area and laundry room for this area. Additionally, there is one office space. Men from the work release program are housed in units 2007 (12beds), 2008 (12 beds), 2012 (12 beds), 2013 (12 beds), 2019 (12beds), 2020 (12beds), 2024 (12 beds) and 2025 (12 beds). The men from the work release program have a large dayroom area and two laundry rooms. There are two dayroom areas on the second floor for men residents. Restrooms between two units which have three toilets and two showers. All toilets and showers have curtains to provide privacy.

There is a visiting room across from the control center desk. The visiting room is utilized for work release orientation approximately two weeks before beginning the program on again on the first day of arrival. The PREA video is played in the visiting room. At the first orientation, the residents receive the PREA brochure and handbook. They complete several forms before coming back to begin the program. On the first day of starting the work release program, they watch the PREA video and are interviewed individually by intake staff. The interview includes the risk screening instrument which is reviewed by staff prior to final room assignment.

The second floor of the ASD has two offices and one open office area with three cubicles. There is work area for staff and the area is locked. If residents are present in this area, they are supervised by staff.

Officer staffing for the ASC, first floor is one on day shift, two on second shift and one on night shift. The second-floor officer staffing is three on day shift, four on second shift and two on night shift. The total in the building is three on day shift, six on second shift and three on night shift. Weekdays, there is an officer designated as the intake specialist. There are three case manager staff who work weekdays.

Larimer County Community Corrections (LCCC) has both men and women who are either sentenced directly by the court system into a diversion program or they are progressing out of prison for evidential release on parole. Residents live at LCCC and may participate in several programs including substance use disorder treatment. There are four levels and each level has an increase in privileges and community access to attend church, go to the library or maintain employment.

There are three floors in the LCCC building. There are 95 cameras throughout the three floors that are monitored in the control centers. All housing units have a similar construction of a sleeping area and restroom area. Residents dress and undress in the restroom areas. This practice is clearly stated in the resident handbook and was confirmed by all resident interviews. This allows for private toileting, showering and dressing. All the housing units except two have security mirrors mounted in the bed areas of the unit. The mirrors are mounted directly across from the entry door and reduce the blind spots in the corners of the sleeping areas. Sight into the sleeping areas is visible as staff enter the doorway of each room. There two housing units without mirrors are on the second floor in the men's housing unit area. Visibility into housing unit 221 would be enhanced with a security mirror however housing unit 224 would not benefit from mirror installation. Housing unit 224 is configured

differently and the sight lines from the entry door are clear. One additional housing unit 344 on the third floor does not have mirrors and installation would not improve the sight lines in the bed areas.

There are several outdoor recreation areas surrounding LCCC. These include a basketball court, handball court, a walking trail and garden area. Residents have access to these areas depending on their level in the program. Residents also have access to community recreation facilities.

The first floor has the public entrance, administrative office spaces and three administrative conference rooms. Male residents are escorted into this area by their case managers. There are two intake areas on the first floor, one for men and one for women residents. The men intake area is adjacent to the administration area. There are chairs in the hallway for waiting if there are several men to process into LCCC. The PREA video is shown in the visiting room to the group while each individual is processed into the unit. Residents are pat searched prior to entering the secure hallway behind the control center. They are seen by their assigned case manager within 48 to 72 hours for the PREA risk screening.

There are five housing units for men on the first floor. Each unit has four stacked bunks for a total capacity of eight in each unit. Units 158, 159, 163 and 164 have a restroom between two units. Unit 157 does not share a restroom. The restrooms have one toilet and shower on each side which have curtains for privacy. There is a dayroom and laundry room on the same hallway as the housing units. Cameras are in the hallway, dayroom and laundry room.

The women's intake area has a separate entrance from the men's intake area. There is lobby waiting area with two rooms for visiting. One of the visiting rooms is utilized for viewing the PREA video as part of the intake procedures. Women are pat searched as part of the intake processing. The control center has sight lines in the lobby, visiting rooms and hallways. There are six housing units with four stacked bunks for a total capacity of 48 women on the first floor. Housing unit 23, 26, 27 and 28 have restrooms in the unit and units 24 and 25 share the restroom. The shared restroom have one toilet and shower on each side. There are shower curtains for privacy. There is a laundry room and outdoor area which have camera in each. There are two multipurpose rooms and one storage room in the area. There are cameras in both corridors. There is a locked door between the housing areas for men and women. It is controlled by key or key fob access.

There two stairwells to the second floor of LCCC. Both stairwells have cameras on all levels of the stairs. The second floor has multipurpose rooms and office space for the program staff. On the men's side of the building, there are nine housing units with stacked bunks. Housing unit 205 A and 205 B have six stacked bunks for a capacity of 12 and share a restroom. Units 206, 207, 217 and 219 have four stacked bunks in each for a capacity of eight in each unit with shared restrooms that have one toilet and shower on each side. Unit 216 has four stacked bunks for a capacity of eight with a single restroom. There is a dayroom and laundry room for these units. There are cameras in both rooms.

There are two additional housing units for men in this area. Unit 221 has five stacked bunks for a capacity of ten and Unit 224 has six stacked bunks for a total capacity of 12. These two units share a restroom with three toilets and three showers. There is a dayroom, laundry room and classroom across from the two housing units which are utilized for these two housing units. The three rooms have cameras in each space.

The women's housing units are located at the end of the building and are accessed through locked doors. There are six housing units with four stacked bunks in each for a total unit capacity of eight. Units 248 and 249 share a restroom with one toilet and shower on each side. Units 242, 250, 251 and 252 have a single restroom area with a single toilet and shower. All the restrooms have shower curtains for privacy. There is a dayroom and laundry area which have cameras. In addition to the housing units, there are two multipurpose rooms which currently have the substance use disorder treatment programs in them. There are two locked storage areas which do not have cameras inside the rooms but there are several cameras in the hallway which provide sight lines. There is an office space that has a control center and seven offices.

The third floor has two housing areas both utilized for men. Housing unit 305 has six stacked bunks for a total capacity of 12. This unit currently houses men who work as mentors for new arrival residents. The unit has a

single restroom area with two toilets and showers. There is also a small room that the residents use as television area. Housing units 306, 308, 311, 313, 315 and 317 have four stacked bunks for a capacity of eight in each unit. There is one shared restroom area with one toilet and shower on each side between two units. There is a dayroom and laundry room adjacent to housing unit 317 which has cameras in both rooms. The hallway has several cameras.

The other housing unit on the third floor has seven housing units. Six of the units have four stacked bunks each for a capacity of eight. Unit 338, 341, 342 and 343 have individual restroom areas with one toilet and shower. Units 339 and 340 have a shared restroom area. Housing unit 344 has two bed areas with two stacked bunks on each side. The single restroom is in the middle of the room. There are two multipurpose rooms, one laundry room and one dayroom in this area. There are several cameras in the hallways, one in the dayroom, laundry and multipurpose rooms. There is a control room area and five offices in the same area.

Security officer staffing for the building is five on day shift, seven on afternoon shift and three on graveyard shift. There are case managers available from 7:00 am to 8:00 pm. There are substance abuse disorder treatment staff providing programming from 8:00 am to 8:00 pm.

Summary of Audit Findings

Number of Standards Exceeded: 1

115.265

Number of Standards Met: 35

115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.231, 115.232, 115.233, 115.234, 115.235, , 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.293, 115.401

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Larimer County maintenance staff have not been receiving the PREA contract worker training program and they provide maintenance throughout Larimer County Criminal Justice Services Division (CJSD). As part of the corrective action steps taken, CJSD provided training for all Larimer County maintenance staff. At the conclusion of the training, maintenance staff signed the PREA acknowledgement form. These forms will be kept on file with human resources. Copies of the forms were provided to the lead auditor to verify the completion of the training.

The residents in ASD Workender program have not been receiving the PREA orientation, risk screening or reassessments within 30 days of arrival. Corrective action was implemented to include this population of residents in the orientation, risk screening and reassessment process. ASD Workender residents are completing the PREA orientation as part of the intake process. The orientation includes receiving the brochure and watching the PREA video. They are now signing PREA Offender Acknowledgement Form LCCJS-11. The auditor was provided copies of the signed form.

There is no PREA information in the ASD handbook. Work release residents are given the PREA brochure but utilize the handbook for all other information. The handbook is more likely to be retained by the residents than the single page PREA brochure. Corrective action was implemented by revising the ASD handbook and Workender guidelines to include the PREA information. The auditor was provided updated copies of the ASD handbook and Workender guidelines.

PREVENTION PLANNING

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 – PREA, II.A. 1-8, B.1-3
CJSD Policy 1.00.110.204 – Professional Conduct, Procedures: 18

Interviews:

Agency PREA Coordinator
Division PREA Managers

Findings:

Criminal Justice Service Division (CJSD) PREA policy states “Criminal Justice Services (CJS) has zero tolerance relating to the sexual assault/rape of offenders and recognizes these offenders as crime victims. CJSD shall immediately respond to allegations, fully investigate reported incidents, pursue disciplinary action and refer for investigation and prosecution those who engage in such conduct.” This policy defines the process for preventing, detecting and responding to sexual abuse and sexual harassment. Procedure II.A defines responsibility of the PREA Coordinator as coordinating, developing policies and procedure to identify, monitor and track sexual misconduct incidents occurring in CJS facilities and programs. Procedure II.B assigns staff member to serve as PREA Manager in each program and requires their coordination with the PREA Coordinator.

During the interviews with the PREA coordinator and PREA Managers, they believe they have sufficient time and authority to implement, oversee and coordinate the agency’s effort to comply with PREA standards. The administrative team are actively involved in PREA and maintaining the systems necessary for compliance with the standards. The PREA Coordinator reports directly to the agency Director as documented in the organizational chart.

Conclusion

Provision (a) has been documented by PREA policy language, interviews with the PREA Coordinator, PREA Managers and administrative staff. Residents interviews confirm the zero tolerance by the agency. Provision (b) has been documented by PREA policy language, organizational chart and staff interviews. Based on the review and analysis of all available evidence, CJSD is found in compliance with standard 115.211.

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Interview:

Agency Director

The Criminal Justice Services Division does not contract with any other entity for housing of the resident population. There have not been any contracts during the last three years.

Conclusion:

Provisions (a), (b) and (c) are non-applicable since the agency does not have contracts to house residents in private agencies or other governmental agencies. Agency administration confirm any contracts would include appropriate language to assure contract facility would meet compliance with all standards. Based upon the review and analysis of all the available evidence, CJSD is found in compliance with this standard 115.212.

Standard 115.213: Supervision and monitoring

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.110.158 – Staffing Pages 1-3
Staffing Schedules

Interview:

Division Directors
PREA Coordinator
PREA Managers

Findings:

CJSD policy 1.00.110.158 policy states CJSD encompassing the Larimer County Community Corrections Department (LCCC) and the Alternative Sentencing Department (ASD) will maintain an acceptable staffing

pattern to ensure adequate offender supervision and provision of services. The policy defines minimum ratios for security employees in LCCC and ASD as well as substance use disorder staffing for programs in LCCC. The minimum ratios are either based on number of residents or shift hours. Any deviation from the required staffing must be documented in facilities logs by the shift supervisor or their supervisor. Annual review is defined in policy to be completed by the program management to gauge the effectiveness of staffing levels as well as the efficacy of existing remote-monitoring equipment (Annual Review, 1.). The policy language in #3 further supports the agency's commitment to sexual safety stating, "In calculating proper staffing levels, primary consideration should be given to minimum staffing levels to prevent offenders from becoming the victims of harassment, misconduct, assault or abuse (including specifically sexual harassment, misconduct assault and/or abuse)."

Documents were included in the Audit on-line tools demonstrating the annual review of staffing during the agency budgeting process and the allocation of funding to upgrade the camera system at LCCC. The budget document was review of salaries needed for existing positions.

By policy, the minimum staffing is three staff on duty between the hours of 0700 and 1200 hours, four staff between the hours of 1200 to 2200 and two staff on duty between the hours of 2200 and 0700. Staffing present during the onsite review and by schedules show officer staffing for the ASD, first floor is five on day shift, afternoon shift and three on graveyard. Weekdays, there is an officer designated as the intake specialist. There are three case manager staff who work weekdays. Officer staffing for the ASD, second floor is five on day shift, two on second shift and one on graveyard. The staff noted on schedules and who were present during the onsite review exceed the minimum outlined by policy.

By policy, LCCC will maintain a minimum ratio of two security employees at all times for programs with a residential population of 50 or more. The security staffing present during the onsite review and by monthly schedules was five on day shift, seven on afternoon shift and four on graveyard shift. There are case managers available from 7:00 am to 8:00 pm. There are substance abuse disorder treatment staff providing programming from 8:00 am to 8:00 pm.

During the on-site audit, facility directors and PREA Managers verified the review of staffing was completed when bed allocations have changed, and community corrections residents were moved in the ASD unit. This required ASD to move some of the work release residents to the first floor of their building. The moves were made to accommodate the growing population of LCCC which more fully utilized the existing bed space in the ASD. Adjustments were made in the staffing patterns to assure adequate supervision of the residents as well as one case manager position was moved from LCCC's building to the ASD building.

Video technology is used throughout CJSD. There are 166 cameras in the two buildings, ASD has 71 and LCCC has 95. The cameras are monitored by staff at control centers, security desks and conference rooms. During the on-site audit, staff were observed utilizing the cameras to view areas within the two buildings. The addition of a fifth camera in the kitchen area was as result of the evaluation of incidents occurring in 2017 which is discussed in the PREA Annual Report 2016-2017. There were three allegations from the kitchen, one was found to be substantiated and two were unsubstantiated. As part of the annual review, the agency administration reduced the blind area in the kitchen by adding the fifth camera. An upgrade of the LCCC cameras has been funded for fiscal year 2019.

The LCCC housing units have security mirrors in the sleeping areas reducing the blind corners in the rooms. There are two housing unit (221 and 224) at LCCC that do not have mirrors. The visibility in housing unit 224 is very good and having mirror would not increase the site lines, however unit 221 could benefit from a mirror. There are no security mirrors in the housing unit at ASD. The site lines in the housing units on both floors would be increased from the doorways if security mirrors were installed. The exception is the largest open bay housing unit located on the first floor. Sight lines in this open bay housing unit would not benefit from security mirrors however this area does not have cameras and monitoring the housing unit might be increased with some cameras.

Conclusion:

CJSD has staffing patterns in place and policy that governs the staffing decisions. Staffing was reviewed during the on-site review. Based upon the review and analysis of all available evidence, CJSD is found in compliance with standard 115.213.

Standard 115.215: Limits to cross-gender viewing and searches

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

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

115.215 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.130.109 Offender Searches - Definitions, Procedures I, II, III, V
 CJSD Policy 1.00.140.103 Transgender Gender Reassignment/Intersex Offenders – Searches
 CJSD Policy SEC.130 – Random Headcounts
 CJSD Correctional Services Specialists Training Program – Client Searches
 2018 Resident Guidebook (LCCC)
 2017 Resident Handbook (ASD)

Interviews:

Random Staff
 PREA Coordinator
 PREA Managers
 LCCC Director
 ASD Director
 Random Resident (male and female)
 Transgender Residents

Findings:

CJSD policy 1.00.130.109 – Offender Searches definition section prohibits all strip or body cavity searches. If these types of searches were deemed necessary, the resident would be taken to the Larimer County Jail where Deputies would conduct the searches. The strip search is defined as a search where the resident is required to remove all clothing and a visual inspection of the body is conducted.

Only pat-down searches are allowed by Policy 1.00.130.109 in Procedures III. It states pat searches are conducted by the same gender staff. The policy further states that when a resident alerts staff that they are transgender/gender reassignment/intersex, the search will be conducted by staff of the gender the resident has requested. Section V. states the cross gender pat searches are permitted when there is an imminent threat to the

security of the facility or if valuable evidence may be lost, based on articulated reasonable suspicion and the same or request gender staff is not available. This section required the documentation to justify the extenuating circumstances. Policy 1.00.140.103 Transgender/Gender Reassignment/Intersex Offenders has states that these offenders are searched by a staff member of the gender request by the offenders and that at no time shall a search be done for the sole purpose of determining the offender's gender or genital status. Policy SEC.130 requires staff of the opposite gender announce their presence where it is likely that residents are showering, changing clothes or using restroom facilities. The resident LCCC guidebook and ASD handbook clearly state that changing clothes will only be done in the restroom areas. Staff announcements were observed during the site review and verified by random staff interviews. Resident interviews also confirmed staff consistently make announcements when making security rounds. Resident interviews consistently reported being pat searched by staff of same gender.

Training on client searches defines Level I, Level II and Level III searches and how to complete each. Level I search is visual search completed without touching the resident. These searches can be done anywhere in the facility however, the front desk area should be avoided. Level II searches are "pat down" and should be done whenever possible. These are completed away from public areas and completed by staff of the same gender. If the same gender staff is not available, then a Level I search which is a visual search without touching the resident should be completed. Level III searches are done in private areas and the resident removes their outer clothing. Level III searches must be done by two staff members and documented with a case note. Level III searches are generally done when major rules are being broken which may involve introduction of contraband including drugs into the facility.

Conclusion:

Provision (a) has been documented with policy, confirmed with random staff and resident interviews. Facility directors also confirm on pat searches are done. Strip searches would only be completed at the Sherriff's Office and must be authorized by facility directors. None have been authorized. Only pat searches are done in the agency and they are done only by same gender staff.

Provision (b) has been documented by policy, resident handbook and guidebook. Random staff and resident interviews and observation of housing units during the onsite review confirm there are both men and women staff on duty.

Provision (c) has been documented in policy, staff and resident interviews. Interviews confirm strip searches are not performed and pat searches are done by same gender staff.

Provision (d) has been documented by policy and resident handbook and guide book. Interviews with residents confirm their understanding that dressing and undressing will only be done in the restroom areas for privacy. The restroom areas have barriers that allow for privacy when showering or performing bodily functions.

Provision (e) was documented by policy and confirmed by staff interviews. The lesson plan on searches addresses transgender or intersex residents.

Provision (f) was documented by policy, confirmed by staff and resident interviews. Training records document the attendance of staff for search procedures.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.215.

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Documents Review:

CJSD Policy 1.00.140.101 PREA – IV.A. 1-3. B. C.
PREA Training for Staff/Volunteers/Contractors

Interview:

PREA Coordinator
PREA Managers
Intake staff
Staff who perform Screening for risk of victimization and abusiveness
Targeted Resident Interviews

Findings:

CJSD Policy 1.00.140.101 PREA Procedure IV. Offender Access to PREA Information (Disabilities and Limited English) A. – C. provides direction for staff when they have residents with limited English proficiency, or disabilities included hearing, vision, physical, cognitive and psychiatric. This section requires the use of non-residents interrupters to assure resident's safety, when conducting first-responder responsibilities or investigating allegations. Information is available in audio and video formats. There is a list of staff who are authorized to translate for limited English proficient residents in addition to the Larimer County's Language Translation Registry at http://bboard.larimer.org/county_info/language.translators.cfm.

Interviews with targeted residents confirm the information was made available to them regardless of their limited English proficiency or disability. They confirm seeing the information in written or visual forms. Residents who had limited English proficiency explained that most often they ask additional questions until they understand rather than requesting an interrupter. The residents knew that interrupter services were available. Facility directors, PREA Managers, intake and random staff interviews confirm the availability of interrupter services. Staff also confirmed the availability of tools for disabled residents.

Conclusions:

Provision (a) was documented by policy and confirmed with staff interviews and resident interviews.

Provision (b) was documented by policy and confirmed by staff/resident interviews.

Provision (c) was documented by policy and confirmed by staff interviews and resident interviews. Targeted residents confirmed they were able to ask questions until they understood rather than use the interruptive services that are available.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.216.

Standard 115.217: Hiring and promotion decisions

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents Review

CJSD Policy 1.00.110.152 Personnel Records

CJSD Policy 1.00.110.153 Transfer, Promotion & Flexing Opportunities

CJSD Policy 1.00.110.154 Hiring

CJSD Policy 1.00.110.159 Contract Workers

CJSD Policy 1.00.110.204 Professional Conduct

Interviews:

Human Resource Staff

Contract Administrator

Facility Directors

Findings:

CJSD Policy 1.00.110.154 Hiring has specific requirements that applicants must have prior to employment which includes: 1. criminal background records check 2. background investigation including employment, education and qualification verification 3. Pass integrity interviews 4. Background check with social services child welfare and 5. Contact with prior institutional employers for information on any substantiated allegation of sexual abuse/harassment or any resignation during a pending investigation of an allegation of sexual abuse/harassment. CJSD Policy 1.00.110.153 Transfer, Promotion & Flexing Opportunities, Procedures 3. g. requires a review for criminal history and any incidents of sexual misconduct to be completed prior to any transfer or promotion. CJSD Policy 1.00.110.152 Personnel Records requires criminal history check as part of pre-hire screening process and at a minimum once every four years for all employees. CJSD Policy 1.00.110.159 Contract Workers requires potential contract workers to sign the Criminal History Consent Form (LCCJS-36) so that a criminal history can be completed. CJSD Policy 1.00.110.204 Professional Conduct procedures 5 states any other act or omission which the employee knew or should have known was contrary to good order and discipline of the Department or Division can be also considered a rule violation would be policy be cause for corrective or adverse employment action.

Interviews confirmed the practice for hiring, promotion and transfer of employees follows the direction in the outlined policies. The interviews also confirmed the process is completed on contract workers. Failure to pass the criminal background or integrity interviews resulted in not hiring individuals. Employment action has been taken for violation of rules was confirmed through staff interviews. Review of the employee files verified the criminal history and integrity interview forms were completed. Files reviewed for employees with more than four years of service contained the criminal history review every four years. Files also contained signed agreements that employees understand misconduct will be reported to other agencies if asked during the hiring process for other law enforcement employment.

Conclusion:

Provision (a) hiring and promotion decisions utilize background checks. This was confirmed with targeted staff interviews and employment records.

Provision (b) was documented with employment records and interviews with facility directors and human resources staff.

Provision (c) was documented with employment records and interview with human resources staff.

Provision (d) was documented with interview with administrative staff and volunteer.

Provision (e) was documented with employment records and interview with human resources staff

Provision (f) was documented by policy and verified with employment records, interviews with human resources staff, random staff interviews and facility directors.

Provision (g) was documented by policy and interviews with facility directors and human resources staff.

Provision (h) was documented by policy, employee file review and interviews with facility directors and human resource staff.
Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.217.

Standard 115.218: Upgrades to facilities and technologies

115.218 (a)

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

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Documents Review:

Facility Improvement Projects Proposal #1 Camera Replacement/Upgrade

Interview:

Agency Director
Facility Directors
PREA Coordinator
PREA Managers

Findings:

There have not been any new facilities since the PREA Audit in 2015. There has been cameras added to the buildings. An additional camera was added in the kitchen to increase visibility of the dish room. This was a result of allegations that occurred in that area. The camera system at LCCC has been funded for replacement and upgrade in 2019. Interviews confirmed the continued commitment to utilizing technology to assure sexual safety of all residents is a priority throughout the division.

Conclusions:

Provision (a) was non-applicable since there has been no new construction to the agency. Provision (b) was documented with staff interviews, budget documents and observations during the site review. Based upon the review and analysis of all the available evidence, CJSJ is found in compliance with standard 115.218

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Documents Review:

CJSD Policy 1.00.140.101 PREA
MOU with Larimer County Sheriff's Office
University of Colorado Health, North, Sexual Assault and Forensic Examinations in the ED Protocol
MOU with SAVA (Sexual Assault Victim Advocate Center)

Interviews:

Agency Director
Investigation Staff
Victim Services Staff

Findings:

CJSD Policy 1.00.140.101 PREA II.C. Investigation requires criminal investigations to be completed by the Larimer County Sheriff's Office. Administrative investigations will be completed by designated trained in-house PREA investigators. Section VI. Victim Services A.1.a requires forensic medical examination to be conducted by outside facility with SANE personnel and VI.A.1.b requires it is done with no cost to the resident. UC Health Sexual Assault and Forensic Examinations in the ED confirms the SANE nurse will conduct the exam. The MOU with the Sheriff's Office confirms they will conduct any criminal investigations.

Interviews with facility investigation staff confirm they have conducted administrative investigations. They have been trained in evidence collection and management. If there are any questions about whether it is criminal in nature, the staff are discussing with Sheriff's Office deputies. As part of the facility investigation staff, they refer to the victim services at CJSD. This office coordinates with the rape crisis center (SAVA). The MOU with SAVA has been in place for several years. Review of the administrative investigation files document the referrals to outside services even though these were not criminal investigations.

Conclusion:

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.221

Standard 115.222: Policies to ensure referrals of allegations for investigations

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No

- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Documents Review:

CJSD Policy 1.00.140.101 PREA
CJSD PREA Incident – Sexual Assault Information and Victim Consent Form (LCCJS-39)
MOU with Larimer County Sheriff's Office

Interviews:

Agency Director
Investigation staff

Findings:

CJSD Policy 1.00.140.101 PREA II.C. Investigation requires criminal investigations to be completed by the Larimer County Sheriff's Office. Administrative investigations will be completed by designated trained in-house PREA investigators. Section VII. Staff Reporting requires CJS employees and service providers to complete form LCCJS-39 which assure that any allegation of sexual abuse and sexual harassment are reviewed by the SART (Sexual Assault Response Team) and investigations. Criminal investigations are conducted by Larimer County Sheriff's Office.

Interviews with investigation staff confirm they do only administrative investigations. The investigations are assigned to them from several sources including staff incident reports, reports from residents or PREA Managers. There have not been any investigations as a result of third-party reports during the last twelve months. Once the investigation is completed, it is provided to SART (Sexual Assault Response Team) and review and consideration of criminal investigations.

During the last twelve months, there have been nine administrative investigations. Nine cases shows a continued reduction in the number of allegations from the twelve cases in the previous year. Three cases were

substantiated and in two cases, the perpetrators was removed from the program. The third case was referred for criminal prosecution. There were four investigations that were unsubstantiated, and two cases were unfounded.

During the site review, eight administrative investigative files were reviewed. One allegation was sexual abuse in another correctional facility and was referred to that facility. The file documented that the resident was provided information about counseling services available at CJSD or in the community. The seven other files were all resident on resident allegations. The review confirmed some of the cases were referred to the Larimer County Sheriff's Office for potential criminal investigations.

Conclusion:

Provisions (a) (b) and (c) were demonstrated by policy, interviews with investigation staff and review of investigation files.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.222.

TRAINING AND EDUCATION

Standard 115.231: Employee training

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Documents Review:

CJSD Policy 1.00.140.101 PREA
 CJSD Policy 1.00.110.303 Training
 PREA Training
 PREA Training – Staff Refresher

Interviews:

PREA Coordinator
PREA Managers
Random Staff

Findings:

CJSD Policy 1.00.140.101 PREA IX.A.1.9 require all staff to be trained in: 1. zero tolerance policy for sexual abuse and sexual harassment, 2. Prevention, investigation and prosecution of sexual misconduct, 3. Recognition of sexual misconduct, predatory offenders, potential victims and/or staff involvement, 4. Facility procedures o sharing confidential information, 5. Reporting procedures, 6. Residents right to be free from sexual misconduct, 7. Resident rights to be free from retaliation for reporting sexual abuse 8. Dynamics of sexual abuse in confinement setting and 9. Common reaction of sexual abuse victims. Section IX.B. requires all new staff to complete the training program. Section IX.C. requires all employees to complete the refresher training and complete the PREA acknowledgement form (LCCJS-40). CJSD Policy 1.00.110.303 Policy # 2 has PREA/Sexual Assault Awareness as a required training course. It requires all CJS employee who have contact with residents to complete the training.

The training curriculum was reviewed in the power point presentation. There are individual slides on the zero-tolerance policy, professional relationships with residents, resident and staff right to be free from retaliation for reporting sexual abuse and sexual harassment. The presentation covers staff responsibility for prevention, detection, reporting and response to sexual abuse and sexual harassment. There is also a discussion regarding the dynamics of sexual abuse and sexual harassment in confinement facilities as well as the common reactions of victims. The training covers the lawful responsibility for reporting of sexual abuse to outside authorities. The refresher training was also reviewed and has components that discuss zero tolerance of CJS for sexual abuse or sexual harassment, resident education, resident/staff relationship and staff responsibilities as first responders. Random staff interviews confirmed they were trained prior to working in the two building. The interviews also confirmed staff are being trained at least very two years and they have signed the PREA training employee acknowledgement form.

Conclusion:

Provision (a) (b) and (c) were documented by policy and training curriculum. Interviews with PREA Coordinator, PREA managers and random staff interviews confirm the training included all topics. Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.231.

Standard 115.232: Volunteer and contractor training

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
PREA Refresher Training

Interviews:

PREA Coordinator
Facility Directors
Agency Contract Administrator
Contract Employees
Volunteers

Findings:

CJSD Policy 1.00.140.101 PREA – IX.C. requires all volunteers, contractors and other person who have direct, unsupervised resident contact to complete the PREA Refresher Course as their training. They are required to sign the PREA acknowledgement form. Their signature documents they understand the PREA Policy and have attended training.

The PREA refresher training was reviewed and has components that discuss zero tolerance for sexual abuse or sexual harassment, resident education, resident/staff relationship and volunteer or contractor responsibilities for notifying staff of inappropriate behaviors.

Interviews confirmed that volunteers have training and signed the acknowledgement forms. During the audit, there were three groups providing services that could be considered contractors. Two of the groups had completed training and were knowledgeable about PREA and their responsibilities while on-site. The third group are Larimer County employees who provide all maintenance for the buildings. Depending on the maintenance required, different county employees could be on-site. They have incidental contact with residents however they may be working in areas where residents are present and do not have staff supervision during their work. This group is not aware of PREA nor have they completed training.

Conclusion:

CJSD has implemented training for the Larimer County maintenance staff who provide maintenance services for the buildings. The maintenance staff function like contractors in providing these services. Other contractors and volunteer were consistently trained regarding PREA which created the gap of the County maintenance staff. The issue was identified during the on-site audit phase and CJSD completed corrective action by assuring all Larimer County maintenance staff were trained. Acknowledgement form were completed and will be kept on file by human resources. The training for contractors and volunteers is based on CJSD Policy 1.00.140.101 PREA. Based upon the documentation of training for Larimer County maintenance staff and analysis of all the available evidence, CJSD is found in compliance with standard 115.232.

Standard 115.233: Resident education

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
Resident Brochure
2017 Resident Guidebook (LCCC)
2018 Resident Handbook (ASD)

Interviews:

PREA Coordinator
PREA Managers
Intake Staff
Random Staff Interviews
Random Resident Interviews
Targeted Resident Interviews

Findings:

CJSD Policy 1.00.140.101 PREA III.A.1.4 require all residents to receive information about sexual misconduct during orientation. Required by policy, the PREA resident brochure that has information as follows: 1. self-protection, 2. prevention and intervention, 3. accessing treatment and counseling, 4. reporting procedures and 5. Consequences of false allegations. III.B. requires staff document the resident orientation and education on PREA Offender Acknowledgement (Form LCCJS-11). This section also requires staff to scan the original form into the resident's file. As part of the Pre-audit phase, the Resident PREA brochure was provided in English and Spanish.

The PREA video is shown as part of intake of LCCC residents and ASD residents who are sentenced to the work release program. It is shown in groups followed by individual interviews with intake staff. During the audit, the intake process was observed, and residents had an opportunity to questions about the video or brochure during the one-on-one interview. Random resident and targeted resident interviews confirmed the video had been shown as part of the intake process. Interviews with random staff also confirmed the how and where the PREA video is shown.

There are PREA posters on bulletin boards throughout the two buildings. They are posted in both English and Spanish on colored paper that are highly visible on the bulletin boards in dayrooms. The LCCC resident guidebook contains information about PREA and a copy is provided to all residents. The ASD resident handbook does not have any information about PREA and this program relies on the PREA brochure. The guidebook and handbook contain other necessary information and are more likely to be retained by the resident population than the PREA brochure.

ASD residents that are sentenced to the Workender program do not have the same intake as all the other residents. They are not provided the brochure or watch the video. They are housed in the lower level of the ASD

building and there are work release residents in this area also. The residents involved in the Workender program spent two days and one night at the ASD weekly. Interviews confirmed the intake process does not provide information about PREA and their right to sexual safety.

Conclusion:

During the on-site review, it was observed that ASD Workender residents were not receiving PREA orientation as part of the intake process. The residents were not receiving the brochure or watching the PREA video. PREA information was not included in the ASD Resident handbook or the ASD Workender guidelines. CJSD revised the ASD Resident handbook and ASD Workender guidelines to include the information. The updated handbook and guidelines were provided to the auditor. ASD Workender program implemented PREA orientation as part of the intake process which includes the brochure and video. Workender residents are signing the PREA Offender Acknowledgement Form (LCCJS-11). A sampling of the forms were provided to the auditor.

Based on the observation of the intake process, use of PREA video, brochures, posters, signed acknowledgement forms and correction actions taken, CJSD is found to be in compliance with standard 115.233.

Standard 115.234: Specialized training: Investigations

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA

Interviews:

Investigative Staff

Findings:

CJSD Policy 1.00.140.101 PREA II.C. Investigation requires criminal investigations to be completed by the Larimer County Sheriff's Office. Administrative investigations will be completed by designated trained in-house PREA investigators. Since criminal investigations are done by the Larimer County Sheriff's Office, the in-house PREA investigators are not trained in Miranda and Garrity warnings or sexual abuse evidence collection in confinement setting. They have been trained in preservation of potential crime scene so that sexual abuse evidence collection could be done by the Sheriff's deputies.

Interviews with the investigative staff confirmed they had training in administrative sex abuse investigations and interviewing in confinement settings. They understand the factual analysis required for substantiating cases for administrative purposes. The investigative staff have sought out training that will assist in the development of their interview skills.

Conclusion:

Provision (a) was documented by policy, facility directors, PREA Coordinator, Investigation Staff and MOU with Larimer County Sheriff's Office. Provision (b) was documented with training records for Investigative staff which only conduct administrative investigations. Provision (c) was documented by policy, interviews with Investigation Staff which only conduct administrative investigations.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.234.

Standard 115.235: Specialized training: Medical and mental health care

115.235 (a)

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

- 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? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- 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? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- 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.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.110.303 Training
 PREA Training
 PREA Refresher Training

Interviews:
Mental Health Staff

Findings:
CJSD Policy 1.00.110.303 Training - Procedure 1. Requires all new hires to complete the CJS Mini-Academy including the mental health staff. Number 2 in the policy requires PREA as mandatory training. The review of the training and refresher training include how to detect and assess signs of sexual abuse and sexual harassment. The training also includes information about respond effectively and professionally to victims as well as reporting allegations or suspicious of sexual abuse or sexual harassment. There are no medical staff employed at CJSD.

Interviews with mental health staff confirm they attend training with all other staff. They do sign the PREA employee acknowledgement form. They are not involved in conducting any forensic examinations.

Conclusion:
Provision (a) was documented by policy and staff interviews. The agency has only behavioral health staff primarily for substance use disorder treatment. Provision (b) is non-applicable to the agency. Provision (c) was documented by policy and staff interviews. Provision (d) was documented by policy, facility directors and staff interviews.
Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.235.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
PREA Screening Form (LCCJS-10)

Interviews:

PREA Coordinator

Intake Staff

Staff who perform screening for risk of victimization and abusiveness
Random and Targeted Residents

Findings:

CJSD Policy 1.00.140.101 PREA V.C. requires the PREA Screening Form (LCCJS-10) for all residents to assess potential for abusiveness and/or victimization. V.C 1-11 define the screening criteria utilized on form LCCJS-10. It is as follows: 1. Physical, mental and/or developmental disabilities, 2. Physical build/stature, 3. Previous incarceration, 4. Violent or non-violent criminal history, 5. Prior sexual offense convictions, 9. Lesbian, gay bisexual, transgender or intersex, 7. Previous sexual victimization, 8. Offender's own perception of risk or vulnerability, 9. Prior acts of sexual abuse, 10. Prior convictions for violent crime, 11. History of institutional violence and or sexual abuse. V.D.1. requires the screening is completed within 72 hours of intake and residents are screened again by 30 days of arrival. V.D.2 requires the resident is interviewed and the form completed every six months for transgender or intersex residents. V.D.3 requires a review and the form completed annually for all residents and V.D. 4 requires a review anytime new or additional information is received. In the policy, V.F. prohibits a resident from being disciplined for refusing to answer or for not disclosing complete information.

Interviews with intake staff and staff who complete the objective risk screening confirm the PREA Screening Form LCCJS-10 is completed on all residents at LCCC and is completed within 72 hours of arrival. Resident records verify the PREA Screening Form was scanned into the record. All residents of ASD work release program are screened during the first 72 hours utilizing PREA Screening Form LCCJS-10. Staff rescreen the residents in these two programs within 30 days. Intake staff were observed during the interviews when the PREA Screening Form was completed. At the end of the interview, the forms were scanned into resident records. Further review of resident records confirmed the scanned form were in the records. Interviews with residents confirmed they had been asked the questions on the screening form in the LCCC and ASD Work Release program. Residents remembered being asked the questions on the PREA Screening Form during the initial intake process and again within 30 days after arrival. Access to the screening information is controlled through the employee permissions in the computer system. For example, staff who are involved in housing and job assignments are given computer access to the forms.

Resident interviews confirmed they were told and believed they were not required to answer any of the questions for the PREA Screening Form LCCJS-10. Staff interviews also confirmed their understanding that residents would not be disciplined for refusing to answer the questions.

The residents of ASD Workender program are not screened using the PREA Screening Form LCCJS-10. Some information has been obtained prior to the Workender arrival in the program based on court documents which includes age, previous incarceration, criminal history, prior sexual offenses against an adult or child. There has not been an intake process that is consistent with ASD work release or LCCC residents.

Conclusion:

The PREA Screening Form LCCJS-10 includes the age, previous incarcerations, criminal history and prior convictions for sex offenses against an adult or child. The form is now utilized with all residents. The inclusion of the ASD Workender residents was completed as part of the corrective action steps needed for this audit. ASD Workenders are now being rescreened within 30 days of arrival. Evidence of the rescreening were provided to the auditor. Based upon the review and analysis of all the available evidence, CJSD is found to be in compliance with standard 115.241.

Standard 115.242: Use of screening information

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA

CJSD Policy 1.00.140.103 Transgender Gender Reassignment/Intersex Offenders

Interviews:

PREA Coordinator

PREA Managers

Intake Staff

Random Staff

Targeted Residents

Findings:

CJSD Policy 1.00.140.101 PREA V. E requires that information collected through the PREA Screening Form LCCJS-10 inform decisions for residents' housing and program placements. The housing procedure in Policy 1.00.140.103 Transgender Gender Reassignment/intersex offenders requires to staff to meet with the resident to discuss their feeling about their own safety prior to housing or program assignments. It further requires staff to give serious consideration to the request of the transgender resident.

Interviews with PREA Coordinator and PREA Managers discussed the small number of residents in the history of program whom were transgender. The PREA Coordinator and PREA Manager discussed one resident who was

trans-female that was housed in male housing and programmed with female residents. This was based on conversation with the resident and their desire for housing placement with the males. The housing unit have individual shower, so the resident did not request or have the need for special shower alternatives. Random staff interviews confirmed their understanding that transgender requests would be taken into serious consideration for housing and program assignments.

When interviewed, transgender resident confirmed their preference for housing assignment had been discussed prior to their bed assignments. Their housing assignment has an individual shower, so they can shower when they choose. Program and work assignments were not discussed since the individual was not eligible for assignment because they had not been in programming for a long enough.

Interviews with the intake staff and observation during the onsite review confirmed the risk screening instrument is utilized in bed assignments. Preliminary beds assignments are done prior to arrival but not finalized until after the risk screening is completes. For all residents, work assignments off grounds are an individual choice and not assigned by the program. Program assignments are court ordered however staff utilize the risk screening to determine final group assignments.

CSJD does not have specialized housing as described in provision (f).

Conclusion:

Provisions (a) and (b) were documented by policy and confirmed by observation of intake process as well as interviews with PREA Coordinator and intake staff.

Provision (c) (d) and (e) were documented by policy and confirmed by resident interview. Interviews with PREA Manager, PREA Coordinator and intake staff also confirmed the process when a transgender resident is in the program.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.242.

REPORTING

Standard 115.251: Resident reporting

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
 2017 Resident Guidebook
 2018 Resident Handbook
 MOU with SAVA (Sexual Assault Victim Advocate Center)

Interviews:

Facility Directors
 PREA Coordinator
 PREA Managers
 Victim Service Office
 Random Staff
 Random Residents
 Targeted Residents

Findings:

CJSD Policy 1.00.140.101 PREA III.C. provides several avenues for residents to report sexual abuse and sexual harassment incidents or when they are witness to incidents. III.C.1 discusses reporting the incident to a staff member. III.C.2 outlines the process for utilizing the grievance process. Residents may contact the Victim Advocate for confidential reporting as outlined in III.C. 3 and III.C.4 defines how to contact SAVA which is a third party. These processes are outlined in both the 2017 Guidebook for LCCC residents and 2018 Handbook for

ASD residents. The LCCC residents may also write a confidential note to the Director in the locked box located on the first floor of the building.

Interviews confirm residents understand the multiple ways to privately report allegations of sexual abuse and sexual harassment. During the interviews, residents stated they were comfortable talking with staff to report any allegations for themselves or that might have happened to other residents. Residents knew about the hot line numbers that are posted in various locations throughout the agency. They were aware of SAVA as a third-party reporting mechanism.

Staff interviews confirmed their knowledge of the way's residents could report sexual abuse or sexual harassment. Random staff interviews consistently mentioned the victim services office as one resource for residents or staff for reporting sexual abuse or harassment.

There were no grievances filed by residents during the audit cycle.

Conclusion:

Provision (a), (b), (c), and (d) was documented by policy and confirmed by resident and staff interviews.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.251.

Standard 115.252: Exhaustion of administrative remedies

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

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

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA

CJSD Policy SUP.140 Offender Grievance Procedure

Interviews:

PREA coordinator

PREA Managers

Random Residents

Findings:

CJSD Policy 1.00.140.101 PREA III.C.2.a.b.c and d outline the process for use of grievances regarding sexual abuse. This policy eliminates the timeframes required for other types of grievances, any requirement to try an informal resolution prior to accepting and responding to a grievance. The policy further defines that any grievance regarding sexual misconduct will not be submitted to the staff member who is the subject of the complaint. This

policy requires that grievances regarding sexual abuse are immediately forwarded to the level that can take immediate corrective action. Policy SUP.140 Offender Grievance Procedure requires any grievance response for the first appeal within ten business days and second appeal within ten business days.

Interviews with residents confirm they are aware of the grievance process and how to use it. The PREA posters have information about filing a grievance directly with administrative staff. There were no grievances filed by residents.

Conclusion:

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.252.

Standard 115.253: Resident access to outside confidential support services

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

MOU with SAVA (Sexual Assault Victim Advocate Center)
PREA Posters

Interviews:

Victim Advocate Services
PREA Managers
Random Residents
SAVA Executive Director

Findings:

CJSD has worked with SAVA for many years. The first MOU as third-party reporting mechanism began with the agency's implementation of PREA. The most recent MOU was signed in 2016. The number for SAVA is on the PREA posters as well in the Guidebook and Handbook for residents. SAVA is an established community provider that is well known to the resident population. SAVA's mission is to provide crisis intervention, advocacy and counseling for all those affected by sexual violence and provide prevention programs through community outreach and education. They began as a rape crisis hot line in 1976 and became an independent nonprofit agency in 2003.

The PREA brochure and resident guidebook provide information about the SAVA services and contact information. This information discusses the confidentiality of contact with SAVA. Victim Advocate Services for the agency is available for residents and other staff often ask the victim advocate services to speak with a resident. This was confirmed in interviews with random staff and the victim advocate services staff.

Random resident interviews confirmed they are aware of the services provided by this community resource. The interviews confirm residents have an understanding the calls are confidential and if made from an agency phone, phone calls are not monitored.

Conclusion:

Provisions (a), (b) and (c) were documented in policy and confirmed with resident and staff interviews. Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.253

Standard 115.254: Third-party reporting

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Document Review:

MOU with SAVA (Sexual Assault Victim Advocacy Center)
PREA Posters

Interviews:

PREA Coordinator
Victim Advocate Services
Mental Health Staff
SAVA Executive Director

Findings:

CJSD has worked with SAVA for many years. The first MOU as third-party reporting mechanism began with the agency's implementation of PREA. The most recent MOU was signed in 2016. The number for SAVA is on the PREA posters as well in the Guidebook and Handbook for residents. CJSD has added advantage of having their own victim advocacy services which provides a public presence both physically and on their web page.

There were no reports of third-party allegations received by the agency. SAVA confirmed they had not received any reports.

Conclusion:

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.254.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
CJSD Policy 1.00.110.204 Professional Conduct
Investigation Files

Interviews:

PREA Coordinator
PREA Managers
Investigation staff
Victim Advocacy Services
Mental Health Staff

Findings:

Policy 1.00.140.101 PREA, Procedure VII.C. requires all employees and service providers to report all suspected and reported sexual misconduct by an employee or resident to the PREA Manager by utilizing the PREA Incident Response Manual. Manual are in staff areas at both ASD and LCCC. The PREA Incident – First Responder Checklist (LCCJS-45) provides step-by-step direction for staff and service providers to follow in reporting all allegations. VII.D clearly states that any employee and service provider that fails to report allegations may face disciplinary action, up to termination.

Policy 1.00.110.204 Professional Conduct, Procedures.27 requires employees to treat as confidential the official business of the Division. This includes official records, reports or documents and will not divulge any information contained in the reports.

Residents participating in mental health programs sign treatment forms that includes information about what the mental health staff will report to CJSD. In interviews with mental health staff, they confirm that the residents are informed about the mental health's staff duty to report allegations of sexual abuse or sexual harassment to facility administration. Mental health staff would report any allegation through the PREA Managers.

Interviews with investigation staff, PREA Coordinator, PREA managers and victim advocacy services staff confirm the information regarding allegations is kept confidential by staff. Interviews with random staff confirmed they report any allegation of sexual abuse or harassment. Review of the investigation files documented the immediate actions taken by staff when an incident or allegation occurred.

CJSD does not house youthful residents.

Conclusion:

Provision (a) and (b) was documented in policy and confirmed in staff interviews and investigation records.

Provision (c) was documented in policy and confirmed by interviews with mental health staff.

Provision (d) was not applicable since the agency does not have youthful residents. All residents must be over age 18 to participate in the program.

Provision (e) was documented in policy and confirmed by staff interviews and investigation records.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.261

Standard 115.262: Agency protection duties

115.262 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA

PREA Incident – First Responder Checklist

Interviews:

Agency Director
Program Directors
PREA Coordinator
PREA Managers
Random Staff

Findings:

CJSD Policy 1.00.140.101 PREA VIII.A.1 requires first responders to take immediate action to protect the at-risk resident from substantial risk of imminent sexual abuse. The PREA Incident – First Responder Checklist (LCCCJS-45) reminds staff to make sure the resident is safe. Interviews with staff confirm that action would be taken to protect any resident from substantial risk of imminent sexual abuse. All levels of staff interviewed understand their obligation to protect residents from harm.

Conclusion:

Provision (a) was documented based on policy and staff interviews. Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.262

Standard 115.263: Reporting to other confinement facilities

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA

Interviews:

PREA Coordinator

Staff who perform screening for risk of victimization and abusiveness

Facility Directors

PREA Managers

Findings:

CJSD Policy 1.00.140.101 PREA V.G requires any report of sexual abuse in a previous facility is forwarded to the PREA Manager or PREA Coordinator. By policy, they are required to notify the Department Director who will notify the previous facility. The policy requires this notification be completed within 72 hours. The notification can be done by email or written report.

Interviews with staff verify that notifications have been done. Historically, there have been few reports.

Conclusion:

Provision (a), (b), (c) and (d) were documented by policy and interviews with staff.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.263

Standard 115.264: Staff first responder duties

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
CJSD Form LCCJS-45

Interviews:

PREA Coordinator
PREA Managers
Mental Health Staff
Random Staff

Findings:

CJSD Policy 1.00.140.101 PREA VIII.A.1-2 requires first responders to initiate and complete the PREA Incident Checklist (Form LCCJS-45) as part of the PREA Incident Response Manual. Staff who are first responders will immediately take action to protect the at-risk resident and secure the facility. VIII.C. requires staff to ensure standard evidence protocols are met assuring usable evidence pertinent to an investigation of alleged sexual abuse, misconduct or harassment. These protocols are outlined in the PREA training sessions and First Responder Manual. The PREA Incident Checklist (Form LCCJS-45) reminds the first responder to ask the victim to no eat, drink, go the restroom, brush their teeth, change clothes or do anything that would contaminate the evidence.

Interviews confirm that staff would utilize the PREA Incident Response Manual (the green notebook) to guide their actions. Random staff could discuss the process in detail the process of separating the potential victim and abuser, securing the crime scene and preserving any evidence even though they have never had to do the process.

Conclusion:

Provision (a) and (b) were documented in policy and confirmed by staff interviews. The PREA Incident Response Manual was seen in several staff areas during the site review. Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.264

Standard 115.265: Coordinated response

115.265 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101
PREA Incident Response Manual

Interviews:

Facility Directors
PREA Coordinator
PREA Managers
Mental Health staff
Random staff
Victim Advocate Services

Findings:

CJSD Policy 1.00.140.101 PREA VII.A.2.a-c creates the PREA Incident Response Manual and its contents. The manual has: 1. PREA Incident First Responder Checklist (form LCCJS-45) and 2. SART (Sexual Assault Response Team) Responder forms which include a. PREA Incident – Sexual Assault Information and Victim Consent Form (form LCCJS-39), b. PREA Incident Assailant Information Sheet (form LCCJS-42), c. PREA Incident – Notification to Receiving Facility (form LCCJS-43), d. PREA Incident Debriefing Report (form LCCJS-41). Section 3. Is for the PREA Coordinator and has the following: a. PREA Coordinator’s Investigation Checklist (form LCCJS-44), b. PREA Incident Debriefing Report (form LCCJS-41 and c. Reporting and Statistical Data (survey of Sexual Victimization, 2013 Incident Form (DOJ form #SSV-IA).

The information is kept in lime green notebooks in staff areas of both buildings. There are five notebooks at LCCC and three notebooks at ASD. In interviews with staff, they consistently refer to the “green notebooks” for response to any sexual abuse, harassment or sexual assault incident. The notebooks are complete with all forms needed for each step in the response to any allegation or incident. The color and placement of the notebooks make them easy and accessible for staff to find for staff.

Every staff interview conducted during the site review, confirmed they knew the location of the “green notebook” closest to their work area. The forms detail all actions that should be taken by staff involved in any allegation or sexual assault. The checklist format is easy to follow and provides direction for every step in the process to assure a coordinated response from the beginning of an incident through the investigation, the debriefing process and monitoring for retaliation. The checklists are clearly identified as to the responsible staff for each step.

Conclusion:

Based upon the review and analysis of all the available evidence, CJSD is found to exceed compliance with standard 115.265.

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Interviews:

Agency Director

Findings:

CJSD does not have any collective bargaining agreements.

Conclusion:

While there are no collective bargaining agreements, the agency director understands how this standard would be implemented in bargaining agreements.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.266

Standard 115.267: Agency protection against retaliation

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
PREA Incident Debriefing Report (form LCCJS-41)
PREA Investigative Files

Interviews:

PREA Coordinator
PREA Managers
Victim Advocate Services
Random Staff
Facility Directors

Findings:

CJSD Policy 1.00.140.101 PREA III.E. clearly states the CJS will not tolerate retaliation against residents, employees or other parties for reporting sexual misconduct. Employees, interns, volunteers or contractors that retaliate may face disciplinary action up to and including termination of employment. PREA Incident Debriefing Report (form LCCJS-41) requires designation of staff member to monitor victim for a minimum of 90 days to protect against retaliation. In reviewing the investigation files on PREA incidents, the staff member designated is the victim advocate. All files reviewed had notations regarding the monitoring of retaliation. There had been no retaliation noted in any of the investigation files. Interview with the victim advocate services confirmed there had not been any retaliation reported by any resident or staff member. The interview with the victim advocate services and the PREA Incident Debriefing Report confirm monitoring is done for at least 90 days.

Interviews with PREA Coordinator and facility directors confirm steps would be taken if any form of retaliation was taking place. Residents could be moved to different housing or program assignments however no actions have been necessary to take.

Conclusion:

Provisions (a), (b), (c), (d) and (e) were documented by policy, review of investigation files and interviews with staff.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.267.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
MOU with Larimer County Sheriff's Office
Investigation Files
Investigator Training Records

Interviews:

PREA Coordinator
PREA Managers
Facility Directors
Investigation Staff

Findings:

CJSD Policy 1.00.140.101 PREA II.C. directs that criminal investigation shall be conducted by the Larimer County Sheriff's Office as outlined in the MOU. Administrative investigations are done by in-house PREA Investigators. The SART (Sexual Assault Response Team) assists in assuring that the PREA investigator assigned to the case is not familiar with the resident. Any DNA or other forensic evidence is obtained by the Larimer County Sheriff's Office and processed through their agency. The PREA investigators and the SART team would assure allegations that might be criminal in nature are referred to the Larimer County Sheriff's Office. XIII.C.1.-3. Require the SART team to act as advisory board and resource to administrative investigations and Law Enforcement conducting criminal investigations.

The administrative investigation files demonstrated that investigations were done promptly, thoroughly and objectively. The reports done by the PREA investigators presents the information factually from all the interviews conducted regardless whether it was a resident or staff member. The SART team reviews all investigations and PREA Coordinator maintains the files in locked cabinets. There were four substantiated cases in the last twelve months that were referred for prosecution.

During interviews with investigation staff, they confirm interviewing all staff and residents who have knowledge about the alleged sexual abuse or harassment incident. They are present for the discussion regarding any incident with SART after the investigation has concluded. SART makes the determination whether to refer the case to the Larimer County Sheriff's Office for potential criminal prosecution. Interviews with staff investigator, facility directors and random staff confirm all evidence collection would be completed by the Larimer County Sheriff's Office.

Training records confirm staff investigators have the required training.

Conclusion:

Provisions (a)(b)(e)(f)(j) and (l) were documented by policy and interviews with investigation staff, PREA coordinator and facility directors.
Provisions (c)(d)(g)(h) and (i) were documented by policy and confirmed are referred to the Larimer County Sheriff's Office.
Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.271.

Standard 115.272: Evidentiary standard for administrative investigations

115.272 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
Investigation Files

Interviews:

Investigation Staff
PREA Coordinator

Findings:

CJSD Policy 1.00.140.101 PREA VIII. F. states in determining whether an allegation of sexual misconduct is substantiated, unsubstantiated or unfounded, the decision is based solely upon the preponderance of the evidence gathered during the investigation. Investigations are provided to the SART (Sexual Assault Response Team) team for review and determination. Both the investigator staff and SART team review all information available for determinations as to substantiated, unsubstantiated or unfounded. Interviews with the staff investigators and PREA coordinator confirm decisions are based on preponderance of the evidence. The review of the investigation files confirmed the preponderance of information was used in making determinations.

Conclusion:

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.272.

Standard 115.273: Reporting to residents

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
PREA Incident Debriefing Report (form LCCJS-41)
PREA Investigation Files

Interviews:

PREA Coordinator
Investigation Staff
Victim Advocate Services

Findings:

CJSD Policy 1.00.140.101 PREA VIII.D.1-4 require the victim to be notified at the conclusion of any administrative and/or criminal investigations as to the outcome. They are notified as to whether their complaint was substantiated, unsubstantiated or unfounded. By policy if the case was substantiated, the victim is notified where the alleged perpetrator (staff or resident) is a. no longer posted in the housing unit, b. no longer employed at the facility, c. indicted, and d. convicted. VIII.E. stated that the Victim Advocate is responsible for the notification and documenting the information in the resident file. The notification is also documented on the PREA Incident Debriefing Report (form LCCCJS-41).

Interviews with staff confirm the process for notification of the victim. The administrative investigation files all had the completed PREA Incident Debriefing Report including that notification of the victim had been completed. The files documented that notifications had been completed regardless if the resident was still in the program. There were no sexual abuse allegations and subsequent investigations from residents by staff members.

Conclusion:

Provisions (a)(b)(d) and (e) were documented based on policy, staff interviews and investigation file review. Provision (c) were documented based on policy and staff interviews. Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.273

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.110.204 Professional Conduct
PREA Training
Employee Files

Interviews:

PREA Coordinator
PREA Managers
Facility Directors

Administrative staff (human resources)

Findings:

CJSD Policy 1.00.110.204 Professional Conduct - Conduct towards Offenders and the Public, 18. clearly states sexual relationships and/or sexual activity between employees and residents is strictly prohibited and may result in law enforcement involvement. Additionally, the incident may be reported to any relevant licensing or accrediting agency. Presumptive discipline for acts of sexual misconduct in the workplace is termination from employment.

Interviews with staff confirm there have not been any allegations of sexual misconduct with residents during the last three years. When questionable behaviors are alleged, the behavior is investigated by administrative staff. There have not been any staff given corrective or disciplinary action as a result of allegations of sexual abuse or harassment of residents during the last three years.

Conclusion:

Provisions (a)(b)(c) and (d) were documented by policy and interviews with administrative staff and PREA Coordinator.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.276

Standard 115.277: Corrective action for contractors and volunteers

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA

Interviews:

PREA Coordinator
Facility Directors
Vendor Interviews

Findings:

CJSD Policy 1.00.140.101 PREA – Definitions, service providers includes contracted persons or other vendors that must follow this policy. Contractor/vendors are included in the definition of staff sexual misconduct and subject to the same standards as staff. Any questionable reports are reviewed by facility directors and the individual contractors are not allowed on the premises. There have been no incidents with contractor/vendors in the last several years which was confirmed by facility directors.

Conclusion:

Provisions (a) and (b) were documented by policy and interviews with facility directors. Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard

Standard 115.278: Interventions and disciplinary sanctions for residents

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
Investigation Files

Interviews:

PREA Coordinator
PREA Managers

Findings:

CJSD Policy 1.00.140.101 PREA III.D. provides that disciplinary action or criminal charges could be filed for residents or other parties who report unfounded, deliberately malicious or false reports. Interviews with staff confirmed that false reporting could result in disciplinary actions with residents, but none have been charged. The unfounded reports have not been utilized for charges. A review of disciplinary logs confirms there are no residents who were charged with false reporting. Confirmed by interviews, when sexual harassment occurs, the residents are separated and placed in different housing units to reduce the contact with each other which has proved successful.

The provisions (b), (c), (d), (e) and (g) are considerations outlined in the sanctions for disciplinary action. Since there have not been any disciplinary actions taken with residents for false reporting, there is no records that confirm whether resident history would be considered as well as mental disabilities or mental illness. Interviews with staff show an understanding that all provisions should be considered. Residents who engage in non-coercive sexual activity could be disciplined however there were not records of disciplinary action being imposed for such activity.

Conclusion:

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.278.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

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

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
PREA Incident – First Responder Checklist (form LCCJS-45)

University of Colorado Health (UC Health), North, Sexual Assault and Forensic Examinations in the ED Protocol
MOU with SAVA (Sexual Assault Victim Advocate Center)
Investigation Files

Interviews:

PREA Coordinator
Victim Advocate Services
PREA Managers
Mental Health Staff

Findings:

CJSD Policy 1.00.140.101 PREA VI.A. 1-2 require first responders whether they are security or mental health staff to offer services for victims when there are allegations of sexual abuse or sexual harassment by residents or staff. The services include medical examination through UC Health whether it is a forensic exam or medical treatment. Services are provided at no cost to the residents. Mental health crisis intervention and treatment are obtained from mental health staff or as defined in VI. C. referral to community service provider such as SAVA. The first task listed on PREA Incident – First Responder Checklist (form LCCJS-45) asks if the victim need immediate emergency medical care. The form requires the time emergency medical services (ambulance) arrives is recorded. VI.E. requires residents of sexual assault may receive all medical and counseling services regardless of their decision to involve law enforcement, name a perpetrator or cooperate with any investigation.

UC Health sexual assault and forensic examinations in the emergency department have procedures for prophylactic treatment for sexually transmitted diseases and pregnancy prevention. These services are offered at no cost to residents as defined in Policy 1.00.140.101 PREA VI.D. All medical records remain with UC Health and were unavailable for review by the auditor. There have been no allegations of sexual assault during the last twelve months.

Interviews with staff confirm the policy procedures are followed. Interviews with victim advocate services confirm mental health services are available either at the facility or in the community. If community services are requested, the victim advocacy service staff do the referral. SAVA staff have come to CJSD to provide services. All investigation files contained the PREA Incident – First Responder Checklist which were completed. The checklists had notations whether medical care was needed.

Conclusion:

Provisions (a)(b)(c) and (d) were documented by policy and interviews with staff. Hospital protocol documented the availability of emergency services.
Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.282.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA
MOU with SAVA (Sexual Assault
University of Colorado Health (UC Health), North, Sexual Assault and Forensic Examinations in the Emergency
Department Protocol

Interviews:

PREA Coordinator
Mental Health Staff
Victim Advocate Services

Findings:

CJSD Policy 1.00.140.101 PREA VI.C requires the victim advocate to arrange for a community Mental Health referral with SAVA or other community providers for crisis intervention and trauma services treatment. VI.D. provides that all victim services offered to residents shall be no cost to the resident. VI.E. requires residents of sexual assault may receive any and all medical and counseling services regardless of their decision to involve law enforcement, name a perpetrator or cooperate with any investigation.

There are no medical services provided by the agency. If a sexual assault occurred, the resident would be taken by emergency response services (ambulance) to the Medical Center of the Rockies which is part of the University of Colorado Health (UC Health) Network. UC Health sexual assault and forensic examinations in the Emergency Department (ED) have procedures for prophylactic treatment for sexually transmitted diseases and pregnancy prevention. By Policy 1.00.140.101 PREA Section VI.D, services at UC Health are offered at no cost to residents.

No sexual assaults have occurred, so it was not possible to confirm services were obtained at UC Health nor that a resident did not incur costs of any services provided. If there had been a sexual assault, the agency would have receipts for payments to the Medical Center of the Rockies.

Victim Advocate Services confirm all victims are offered community Mental Health services. Referrals for services are completed by victim advocate services and recorded on the PREA Incident Response Form. Review of PREA Incident Response forms confirm referrals were made to community Mental Health Services. The residents were no longer in the program which resulted in the auditor being unable to confirm if residents received the Mental Health Services.

Conclusion:

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.283.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA – XIII. Sexual Assault Response Team (SART) A. and D.
CJSD PREA Incident Debriefing Report Form LCCJS-41

Investigative Reports

Interviews:

PREA Coordinator
PREA Managers
Staff on Incident Review Team

Findings:

CJSD policy 1.00.140.101 PREA in section XIII.A. defines the Sexual Assault Response Team (SART) members which include PREA Coordinator, PREA Managers, Community Corrections Security Assistant Director, Alternative Sentencing Director and CJS Victim Advocate. In Section D.1-4. the SART team will review all administrative and/or criminal investigations at their conclusion utilizing PREA Incident Debriefing Form, LCCJS-41. The form directs discussion about potential policy changes, incident review for potential bias, gang activity or other group dynamic. Discussion will also include physical layout of facility with potential changes or additional monitoring equipment. The form requires final findings and recommendations or clearly articulating reasons for not making any changes. Form LCCJS-41, PREA Incident Debriefing Report was included in all investigation files that were reviewed. All reviews were completed within 30 days of the conclusion of the investigation however Policy 1.00.140.101 PREA does not define 30 days as required by the standard.

Conclusions:

Based on the review of the evidence, CJSD is found in compliance with standard 115.286

Recommendations not required by the Standard

1. The standard language does not require policy language directing the 30-day review following the conclusion of investigations however, policies provide direction for staff. It may be helpful to include the 30-day review in Policy 1.00.140.101 PREA.
2. Including more specific language in Policy 1.00.140.101 PREA and Form LCCJS-41 about the adequacy of staffing on different shifts may be helpful to the review process.

Standard 115.287: Data collection

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA – XII. Data, Reporting and Retention
2014-2015 PREA Annual Report
2015-2016 PREA Annual Report
2016-2017 PREA Annual Report

Interviews:

PREA Coordinator

Findings:

CJSD policy 1.00.140.101 PREA XII.A requires the PREA Coordinator to collect accurate and uniform data for every allegation of sexual abuse in the agency. XII.B requires the data to be collected and organized using the most recent Survey of Sexual Violence Form from DOJ. The data is also utilized to complete the annual report which is published on the web site at www.larimer.org/cjs

Review of the annual reports demonstrates data collection is accurate and uniformly collected. The data was aggregated in the annual reports. This data has been utilized to submit the necessary reports to Survey of Sexual Violence for the Department of Justice. The most current annual report was in draft from during the site review and was available for review by the auditor.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f) were documented in policy, review of annual reports and confirmed with staff interviews.

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.287.

Standard 115.288: Data review for corrective action

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:

CJSD Policy 1.00.140.101 PREA – XII. Data, Reporting, and Retention
 2014-2015 PREA Annual Report
 2015-2016 PREA Annual Report
 2016-2017 PREA Annual Report

Interviews:

Agency Head

PREA Coordinator
PREA Managers

Findings:

CJSD Policy 1.00.140.101 PREA XII. A require the PREA Coordinator to collect accurate and uniform data on every allegation of sexual abuse. XII.C requires data is obtained from police reports, behavior reports, SART (Sexual Assault Response Team), incident review reports, case notes and emails or other electronic communications. XII.D requires the data is compiled into an annual report in May. The policy requires the preliminary annual report to be reviewed by CJSD Director, LCCC Director and ASD Director considering the comparison of current year data to previous years, identified problem area or areas for improvement and the corrective actions taken to address any areas. The goal as defined in the policy in section XII.E is to assess the effectiveness of the agency sexual abuse prevention, detection and response. The annual reports are available on the web site at www.larimer.org/cjs

Interviews with agency head, PREA Coordinator and PREA Managers confirm how the information reflected in the annual reports were obtained. Interviews confirmed the policy was followed for the development of annual reports. Review of the annual reports demonstrates the comparison between the current and previous years. There is discussion about how the actions taken by the agency have improved the effectiveness of sexual safety program for prevention, detection and response to any sexual abuse situations.

Conclusion:

Provisions were documented by policy, review of annual reports and interviews with staff. Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.288.

Standard 115.289: Data storage, publication, and destruction

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Documents Review:

CJSD Policy 1.00,140.101 PREA – XII. Data, Reporting and Retention
 2014-2015 PREA Annual Report
 2015-2016 PREA Annual Report
 2016-2017 PREA Annual Report

Interviews:

PREA Coordinator
 PREA Managers

Findings:

CJSD Policy 1.00.140.101 PREA XII. A require the PREA Coordinator to collect accurate and uniform data on every allegation of sexual abuse. The policy in section XII.D. requires reporting annually in May to the CJSD director and Department Directors for review and finalization of annual report. The annual report for 2017-2018 is in draft form but has not been published on the web site. The delay is the result of transition of personnel however, the information was available to the auditor. All previous annual reports are available on the CJSD web site at www.larimer.org/cjs These reports are easily accessed by using the PREA information link on the front page of the web site. The reports provide annual statistics on all allegations and outcomes of investigations. There are no personal identifiers in the documents. All statistics are retained and will be for ten years from the date of the final annual report which was confirmed by the PREA Coordinator interview.

Conclusion:

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.289

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Document Review:
2015 PREA Audit Findings

Findings:
CJSD was found in compliance with PREA standards in 2015. The on-site audit was conducted on August 7-9, 2018 within the required three-year time frame. The auditors were given full access to every area of CJSD and were not reliant on staff escort. All records were accessible during the audit. All staff and resident interviews were conducted in private settings.

Conclusion:

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.401

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The 2015 PREA Audit Findings is available on at www.larimer.org/cjs and was published on August 18, 2015. The report continues to be available.

Conclusion:

Based upon the review and analysis of all the available evidence, CJSD is found in compliance with standard 115.403

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Joan Shoemaker

December 20, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.