

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



FINAL PREA AUDIT REPORT	
Name of facility: Com Cor Inc. Diversion Facility	
Physical address: 3950 N. Nevada Ave. Colorado Springs, CO 80920	
Date report submitted: September 22, 2014	
Auditor Information	
Address: PO Box 732 Benicia CA 94510-0732	
Email: eiw@comcast.net	
Phone: (707) 333-8303	
Date of facility visit: 7/14/14 to 7/16/14	
Facility Information	
Facility mailing address: <i>(if different from above)</i>	
Telephone number: (719) 473-4460	
The facility is:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Private not for profit
Facility Type:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Community based confinement facility <input type="checkbox"/> Other:
Name of Facility Head: Jarle Wood	Title: Senior Program Manager
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Agency Information	
Name of agency: Com Cor Inc.	
Governing authority or parent agency: <i>(if applicable)</i> N/A	
Physical address: 1355 Kelly Johnson Blvd. Colorado Springs, CO 80920	
Mailing address: <i>(if different from above)</i>	
Telephone number: (719) 473-4460	

Agency Chief Executive Officer	
Name: Steven Gilmore	Title: Executive Director
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Agency-Wide PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE:

The audit process consists of the following:

- PREA auditor’s notice posted throughout the facility to be audited at least 6 weeks prior to audit
- Completion of the Pre-Audit Questionnaire, forwarded to Auditor 4 weeks prior to audit
- Facility Audit consisting of facility tour, interviews of a random sampling of residents & staff, management and specialized staff, review of personnel and training files
- Completion of the interim or final Audit Compliance Tool by Auditor
- Submission of Audit Summary accompanied by interim or final Compliance tool to Facility within 30 days following facility tour.

On July 14, 2014 through July 15, 2014, a facility audit was conducted at Com Cor Inc Diversion Residential Facility. The following staff accompanied the Auditor during different stages of the tour:

- Jarle Wood – Deputy Director Program Operations
- Jim Firebaugh – Maintenance Supv/Dining Hall Mgr
- Vanessa Hoener – Victims Advocate
- Art Hayes – HR & Investigations
- Sue Kuiper – PREA Coordinator for Agency
- Jessica Ortiz – 3950 Residence Facility Correctional Supervisor
- Vonnie Kenebrew – Senior Program Coordinator
- Bobbi Vigil – Senior Correctional Supervisor
- Jarle Wood – Senior Program Manager
- Sharon Detter – Contract and Finance Manager

On July 14, 2014 a tour of the Client Services Building, in which counseling services for residents, literacy lab and financial services for residents are conducted. A tour of the Diversion client residential housing units, which included the intake, screening and case manager offices, were conducted to assess PREA compliance. 10 randomly selected intake files were screened to determine PREA compliance with regards to the PREA intake and screening process. A tour of the dining hall and kitchen facility was then conducted to look for safety concerns for residents. Upon completion of the facility tour, a sampling of 11 randomly selected residents were interviewed to assess Agency’s and Facility’s PREA Compliance. On July 15, 2014, a sampling of 10 randomly selected staff to include Agency management, PREA Compliance Manager, Contractor and Specialized Staff were interviewed in order to ascertain PREA Compliance. The personnel office was visited to audit 11 personnel files for staff hired between August 12, 2013 to present, reviewing background clearance check compliance. A random sample of 10 training files of residence and contractor staff were reviewed to audit for PREA training compliance.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Diversion Facility has the capacity to house 129 male clients and up to 6 female clients. Female clients are housed in a separate housing unit across from the management building. Housing units for male clients can house anywhere from 3 up to 10 clients depending on the individual unit. There is a unit for handicapped clients which house up to 6 male clients. High-resolution cameras are placed throughout the facility to include alleyways and rear areas of the housing units. A dedicated camera is views the front of the female housing units. Camera views overlap to provide full viewing access for staff. Intake and screening is conducted in the front office where the day room is also located. The dining facility is a short walk from the residential facility. Clients assist with cleaning tables, washing dishes and serving food. 3 dedicated staff members provide security while residents are in the dining hall facility. Literacy lab, group/individual and mental health counseling is conducted in the 2 story client services building, which is located 1/2 mile from the facility. The client services building conducts 1 counseling class during the day and can conduct up to 4 sessions in the evening. Staff are always present in the building on both floors at all times. 3 dedicated staff conduct security sweeps while residents are in session. Residents are escorted to and from the bathrooms one at a time, when bathroom breaks are requested.

SUMMARY OF AUDIT FINDINGS:

On July 14, 2014 through July 15, 2014, a facility audit was conducted at Com Cor Inc Diversion Residential Facility in Colorado Springs, Colorado. (3) Three deficiencies were identified. On 9-22-14, Com Cor Inc. provided verification deficiencies were corrected and this Final PREA Report is provided. The facility results indicate the following:

of standards exceeded: **8**

of standards met: **31**

of standards not met: **0**

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

MANAGEMENT PROVIDED AGENCY PREA COORDINATOR TIME TO MONITOR PREA COMPLIANCE, PLACED THE POSITION ON THE MANAGEMENT TEAM AND GRANTED POWER TO WRITE POLICY EXCEEDS MINIMUM STANDARD APPLICATION

115.212	Contracting with other entities for the confinement of residents
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

AGENCY HAS NOT ENTERED INTO ANY CONTRACT WITH ANY OTHER AGENCY OR ENTITY FOR THE CONFINEMENT OF RESIDENTS. STANDARDS DO NOT APPLY TO THIS AGENCY

115.213	Supervision and monitoring
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

STAFFING PLAN PROVIDED AND POLICY MEETS PREA STANDARDS. THIS THE FIRST YEAR AUDIT AND FACILITY HAS CONDUCTED ANNUAL STAFFING PLAN REVIEW ON AUGUST 5, 2014. FACILITY VIDEO MONITORING TECHNOLOGY WAS ANALYZED AND DISCUSSED TO INCLUDE ANY FOLIAGE OBSTRUCTIONS WHICH COULD IMPAIR CAMERA VIEW, SOME UPGRADES WERE PUT INTO ACTION. STAFFING POSITIONS WERE ALSO DISCUSSED AND SOME CHANGES WERE ENACTED.

115.215

Limits to cross-gender viewing and searches

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

Auditor comments, including corrective actions needed if does not meet standard

POLICY PROHIBITS CROSS GENDER STRIP OR BODY CAVITY SEARCHES (EXIGENT CIRCUMSTANCES NARRATIVE IS INCLUDED IN POLICY). AGENCY CREATED A DOCUMENTATION TOOL IN THE EVENT SUCH SEARCHES OCCUR. RESIDENTS ARE ABLE TO SHOWER SEPARATELY & NOT SEARCHED FOR SOLE PURPOSE OF DETERMINING GENDER. TRAINING CURRICULUM REGARDING CROSS GENDER PAT DOWN SEARCHES WAS NOT MADE AVAILABLE.

CORRECTIVE ACTION:

1. AGENCY TO INCLUDE IN COM COR SEARCH PROCEDURE POLICY SEC-013, SEARCH NARRATIVE CONSISTENT WITH STANDARD 115.215(F)
2. AGENCY TO PROVIDE SEARCH TRAINING CURRICULUM.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015

9-22-14 - CORRECTIVE ACTION TAKEN - CROSS GENDER TRAINING CURRICULUM PROVIDED & IS IN COMPLIANCE WITH PREA STANDARDS. SEARCH STANDARDS INCLUDED IN POLICY

115.216

Residents with disabilities and residents who are limited English proficient

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

Auditor comments, including corrective actions needed if does not meet standard

AGENCY MEETS STANDARD 115.216(a) BY SECURING CONTRACT WITH INTERPRETER AGENCY. AGENCY MEETS STANDARD 115.160(b) AS STAFF TRAINING DOCUMENTATION IN PREA COMPLIANT PRACTICES FOR RESIDENTS WITH DISABILITIES PROVIDED. AGENCY HAS WRITTEN MATERIALS FOR EFFECTIVE COMMUNICATION FOR RESIDENTS. NO INTERPRETERS USED OVER THE LAST 12 MONTHS.

115.217

Hiring and promotion decisions

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

Auditor comments, including corrective actions needed if does not meet standard

ALL STANDARDS MET. EMPLOYEE BACKGROUND CHECK FORM PROVIDES FOR SELF-DISCLOSURE IN ACCORDANCE WITH STANDARD 115.217(b). BACKGROUNDS ARE CLEARED USING A NUMBER OF PRODUCTS SUCH AS BOP, AND NCIC, FBI AND CICC. HUMAN RESOURCES DIRECTOR INTERVIEW VALIDATES POLICY. BACKGROUND CHECKS ARE CONDUCTED ON ALL EMPLOYEES ANNUALLY INSTEAD OF EVERY FIVE YEARS AS PROVIDED STANDARD 115.217(e), EXCEEDING PREA STANDARD REQUIREMENT.

115.218

Upgrades to facilities and technology

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

Auditor comments, including corrective actions needed if does not meet standard

Facility has not made expansion or modification since August 2012, according to agency head and director. Video monitoring has been updated since then. Management staff meeting minutes were provided where technology updates and improvements were discussed. On-site audit tour identified (3) three blind spots:

1. Entry door area of sprinkler riser room located near front of facility
2. Entry hallway to maintenance offices and storage center in the rear of the client services building
3. Hallway leading to dry storage area and downstairs storage area in the rear of the kitchen facility

Agency immediately considered auditor recommendation and implemented their own corrective action by increasing video monitoring in the blind-spot areas by 8/6/14. Deficiencies have been corrected with upgraded technology. Verification of camera placement via screen shots & video has been provided to auditor. The speed in which facility & Agency took corrective action exceeds standard

115.221**Evidence protocol an forensic medical examinations.**

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

Auditor comments, including corrective actions needed if does not meet standard

Com Cor Inc. conducts administrative investigations only. Investigative protocol is provided via National Institute of Corrections PREA Investigator Training in a Correctional Setting. No forensic examinations have been conducted since August 2012. Forensic examination advocate and victim support policies are all PREA compliant. Memorandum of Understanding (MOU) with Colorado Springs Police Department to conduct criminal sexual abuse investigations has not been ratified. E-mail correspondence between Colorado Springs Police Department and Com Cor Inc. indicate attempts to ratify an MOU between the two agencies. Com Cor Inc has obtained an MOU with Tessa to provide advocate services for residents who are victims of sexual abuse.

115.222**Policies to ensure referrals of allegations for investigations**

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

Auditor comments, including corrective actions needed if does not meet standard

Agency has investigative protocol in place for both administrative and criminal investigations. Agency drafted an Memorandum of Understanding (MOU) for Colorado Springs Police Department which meets PREA standards. Agency has documentation to verify communication between Colorado Springs Police Department and Agency, and the attempts made to ratify the MOU. Colorado Springs Police Department will continue to investigate criminal sex abuse/harassment cases despite lack of ratified MOU between the Com Cor Inc and Colorado Springs Police Department.

115.231

Employee training

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

Auditor comments, including corrective actions needed if does not meet standard

AGENCY TRAINS EMPLOYEES CONSISTENT WITH TRAINING CRITERIA IDENTIFIED IN STANDARD 115.231(a). TRAINING IS NOT TAILORED TO A SPECIFIC FACILITY AS AGENCY HOUSES MALE AND FEMALE FACILITIES. EMPLOYEES ARE TRAINED FOR ALL FACILITIES. EMPLOYEES RECEIVE ADDITIONAL TRAINING IF REASSIGNED FROM A MALE FACILITY TO FEMALE FACILITY OR VISA VERSA PER POLICY. TRAINING IS CONDUCTED FOR ALL EMPLOYEES ANNUALLY AND DOCUMENTED THROUGH EMPLOYEE TRAINING LOGS WHICH ARE SIGNED TO VERIFY EMPLOYEE ACKNOWLEDGES HE/SHE UNDERSTANDS THE TRAINING THEY HAVE RECIEVED.

115.232

Volunteer and contractor training

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

Auditor comments, including corrective actions needed if does not meet standard

AGENCY VOLUNTEER/CONTRACTOR TRAINING CURRICULUM AND POLICY PROVIDED. WRITTEN TRAINING DOCUMENTATION PROVIDED AND REVIEWED FOR COMPLIANCE WITH STANDARD. AGENCY KEEPS BOTH WRITTEN DOCUMENTATION WHICH INCLUDES SIGNED ACKNOWLEDGEMENT & ELECTRONIC DOCUMENTATION OF WHICH BOTH THE TRAINER AND CONTRACTOR SIGNS.

115.233	Resident education
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Clients provided handbook in different educational formats at PREA training during intake. Documentation is maintained both on paper and electronic database to provide verification of client training. Client interviews determine Advocate and Confidential Sexual Abuse Reporting posters are not readily available within the facility to provide access to contact information for victim advocates for emotional support and confidential sexual abuse reporting. Upon hearing this, facility took corrective action by supplying large advocacy poster and placing one on each inside door of every residence in the facility. This provides for readily available advocacy information to every resident housed in the facility. This action exceeds standards.

115.234	Specialized training: Investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Specialized investigators have been trained via National Institute of Corrections Training Protocols. Observation of training records and investigator's interview and certification verifies training that has been received.

115.235

Specialized training: Medical and mental health care

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

Auditor comments, including corrective actions needed if does not meet standard

Agency does not employ medical practitioners or medical contractors. Contracted medical health staff do not conduct forensic examinations. Forensic examinations are conducted at an outside medical facility. Review of training records and interview with mental health contractor verifies training in accordance with Standard 115.235. Policy meets PREA Standards.

115.241

Screening for risk of victimization and abusiveness

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

Auditor comments, including corrective actions needed if does not meet standard

Com Cor Automated Tracking System (CATS) screening database, created by Com Cor Inc technicians, is impressive. The screening database takes into account the individual Agency who oversees the client (Bureau of Prisons, Probation, Parole) and meets the screening requirements for each Agency, maintaining PREA compliance. Database is extremely effective in classifying clients based on PREA screening factors and utilized this classification for programming and housing which is very effective in maintaining safety for the residents. All clients are initially screened and trained in PREA upon arrival and transfer from a different facility. Clients are re-screened by case managers within three weeks of initial screening, exceeding standards.

115.242**Use of screening information**

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

Auditor comments, including corrective actions needed if does not meet standard

Agency uses the Com Cor Automated Tracking System (CATS), to record the risk screening instrument data used in the classification status for program assignments and housing decisions etc. Individual determinations are made to ensure the safety of residents in accordance with Standard 115.242(b). Interviews with staff and clients verify residents own views are considered with respect to their safety in accordance with Standard 115.242(d). Transgender and intersex residents are provided the opportunity to shower separately from other residents as each housing unit has separate shower stalls with personal privacy. Agency does not make housing placements solely based upon resident gender status. Each substandard is identified in Agency policy and verified via the on-site audit observations, client and staff interviews.

115.251**Resident reporting**

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

Auditor comments, including corrective actions needed if does not meet standard

Review of Agency policy, interviews with random sample of clients and staff, verified multiple internal ways clients may contact outside agency for advocacy and emotional support. Method for staff to privately report sexual abuse of clients is either through the Director of Corrections or the Inspector General.

Corrective Action: Agency to provide policy where a specific method staff is to utilize in order to report sexual abuse of residents privately. This information is also to be included in staff training curriculum and/or refresher training. Provide verification of correction.

115.252**Exhaustion of administrative remedies**

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

Auditor comments, including corrective actions needed if does not meet standard

Agency does not impose a time limit for submitting grievances, nor is the client required to utilize informal grievance process or resolve issue with staff. Resident alleging sexual abuse may submit a grievance with a civilian staff member who is subject of the complaint and Agency will ensure that such grievance is not referred to a staff member who is the subject of the complaint. Policy also outlines the 90 day decision timeframe and 70 day extension timeframe. As of this date, no grievances been submitted by any resident of Diversion facility. Third parties are allowed to assist clients in filling requests for administrative remedies on behalf of clients. Procedures are outlined in policy regarding the filing of emergency grievances alleging client is subject to substantial risk of imminent sexual abuse. Agency may discipline a client for filing a grievance related to sexual abuse only where agency demonstrates that the client filed a grievance in bad faith according to policy. Com Cor Inc. policy is in compliance with PREA Standards. During intake clients are provided a "Policy Governing Grievances", outlining the grievance process, are provided as a handout which the clients must sign and are given a copy. Signed copies are maintaining in the client's intake file.

115.253**Resident access to outside confidential support services**

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

Auditor comments, including corrective actions needed if does not meet standard

Facility has secured an Memorandum of Understanding (MOU) with TESSA, an advocate Rape Crisis Center. Agency provides information to clients through training, handouts and posters located in the facility, which provides contact information to various confidential sources including Tessa in order for clients to confidentially report sexual abuse/harassment. Interviews with staff and clients indicate they are trained and knowledgeable in the standard.

115.254	Third-party reporting
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency trains staff and clients in third-party and confidential reporting. Interviews with both staff and clients attest to their knowledge and education in this area. Agency has placed contact information on their website for third-party reporting that can be accomplished in a confidential manner. Method for written anonymous reporting information to staff is also provided for the clients.

115.261	Staff and agency reporting duties
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Per policy, Agency requires all staff to immediately report any information regarding sexual pictures of harassment to include mental health practitioners. No medical practitioners on staff. Vulnerable adults and alleged victims under 18 years of age will be referred to designated state agency under mandatory reporting laws. Third-party allegations of sexual abuse/harassment is reported to designated investigators per standard.

115.262	Agency protection duties
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Per policy and standard 115.262(a), agency takes immediate action to protect residents when it learns said resident is subject to substantial risk of sexual abuse. Interviews of random sample of staff, Agency head and Director indicate knowledge and application of this policy and standard.

115.263

Reporting to other confinement facilities

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

Auditor comments, including corrective actions needed if does not meet standard

Agency did not meet timeframes as mandated in Standard 115.263(d). There were two reporting incidents, which were found to be out of compliance with PREA Standards. One reporting instance was found to be 24 hours beyond the 72-hour time limit and the other instance was six days beyond the time limit. Com Cor Inc has indicated mechanisms are in place to comply with the standard. Agency policies are in compliance with standard 115.263.

Corrective action: Conduct follow-up training or refresher training with contractors to ensure knowledge and understanding of the standard. Provide verification of correction.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015

9-22-14 - CORRECTIVE ACTION TAKEN: AGENCY CONDUCTED FOLLOWUP TRAINING WITH CONTRACTORS AND STAFF BETWEEN 8/25/14 & 8/28/14 TO ENSURE KNOWLEDGE & UNDERSTANDING OF INCIDENT REPORTING TIMEFRAMES AS IDENTIFIED IN POLICY. TRAINING ACKNOWLEDGEMENT FORMS PROVIDED.

115.264

Staff first responder duties

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

Auditor comments, including corrective actions needed if does not meet standard

Staff very well-trained in the Standard 115.264. During staff interviews, staff exhibited the ability to recite all aspects of standard, including the standard number), which is quite outstanding. Policy meets standard and staff response to question verify the effectiveness of the training given.

115.265	Coordinated response
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy specifically mentions Diversion Facility which was audited, compliance with standard 115.265(a). Interview with Director designee verifies coordinated response protocol which was provided and reviewed during PREA on-site audit.

115.266	Preservation of ability to protect residents from contact with abusers
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.266 is not applicable to this agency. There's no collective bargaining and no union contracts. No collective-bargaining on Agency's behalf entered into or renewed collective-bargaining since August 20, 2012.

115.267	Agency protection against retaliation
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

In the case where staff reported perceived retaliation, the allegations was not substantiated. Agency management continued to provide monitoring of client who reported the perceived retaliation. By Client continues to have access to mental health practitioner for support and is continually monitored to provide assistance and advocacy should the client request or need it. This exceeds PREA standard.

115.271

Criminal and administrative agency investigations

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

Auditor comments, including corrective actions needed if does not meet standard

Agency has attempted to secure a Memorandum of Understanding (MOU) with Colorado Springs Police Department for criminal investigative purposes. Colorado Springs Police Department has yet to sign MOU which was written in compliance with PREA standards. Proof of attempts to secure MOU ratification been provided via email verification between agency and Colorado Springs Police Department. Criminal investigations are referred to Colorado Springs Police Department for investigation and prosecution. Reports are maintained by Com Cor Inc. for as long as the alleged abuser is incarcerated or employed by the agency +5 years in accordance with Standard 115.271(j). Agency conducts administrative investigations of alleged sexual abuse promptly, using their own specially trained investigators, for administrative investigations only. Criminal investigations are referred to Colorado Springs Police Department for investigation. Both administrative and criminal investigation reports shall be written in accordance with standard. Compelled interviews are conducted by Colorado Springs Police Department only. Credibility of alleged victim is based upon individual determination and no truth-telling device is utilized in order to continue with any sex abuse/harassment investigation. Facility cooperates with outside agency regarding any aspect of the investigation. Such language is written into the MOU with Springs Police Department which is under review for ratification. PREA Standard language in 115.271(J) is not provided in policy.

Corrective action: PREA investigation policy PREA-007, will incorporate language identified in PREA STANDARD 115.271(J) which states that "the departure of the alleged abuser or victim from the appointment or control from the facility or agency shall not provide the basis for termination of investigation." Agency to provide verification of correction.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015

9-22-14 - CORRECTIVE ACTION TAKEN. AGENCY AMENDED POLICY 007, PAGE #3(E) TO INCLUDE STANDARD LANGUAGE IDENTIFIED IN STANDARD 115.271(I)

115.272

Evidentiary standards for administrative investigations

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

Auditor comments, including corrective actions needed if does not meet standard

Policy incorporated language which is identified in standard 115.272(a). Interview with investigative staff verifies training and knowledge in the standard.

115.273	Reporting to residents
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

No investigations for this facility. Agency policy meets PREA standards. Auditor had the opportunity to review the notifications received from another agency to verify policy in action.

115.276	Disciplinary sanctions for staff
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy meets PREA standards. No disciplinary reports on staff for Diversion facility.

115.277	Corrective action for contractors and volunteers
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

No contractors or volunteers reported to law enforcement from Diversion facility. Agency policy states any contractor or volunteer who engages in sex abuse is prohibited from contacting residents and will be reported law-enforcement and relevant licensing bodies less activity was clearly not criminal. Facility will consider whether to prohibit further contact with residents in case of any other violation of policy.

115.278

Disciplinary sanctions for residents

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

Auditor comments, including corrective actions needed if does not meet standard

A formal disciplinary process is outlined in policy. No sexual abuse reported from Diversion facility. Disciplinary sanctions shall be consistent and comparable with similar violations and client histories. Good faith sexual abuse reporting show my cost to false reporting sure the investigation failed to substantiate the report in accordance with Standard 115.278(f). Agency policy prohibits sexual activity between residents.

115.282

Access to emergency medical and mental health services

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

Auditor comments, including corrective actions needed if does not meet standard

Residents are providing treatment as deemed appropriate by mental health practitioners. No medical staff employed by this agency. Interview with mental health practitioner verifies policy. Interview with staff and review of policy verifies protection of victims and the immediate referral to medical and mental-health practitioners for sex abuse victims. Resident victims are offered timely medical attention were medically appropriate at no cost to the resident in accordance with Standard 115.282(d).

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency provides mental health and counseling services to residents. Currently two Diversion clients, who alleged sexual abuse from former facilities are receiving ongoing mental health treatment. No sex abuse cases originating from Diversion facility. Policy meets all PREA standards.

115.286	Sexual abuse incident reviews
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

No incidents or allegations of sexual abuse/harassment from Diversion facility. Policy is PREA compliant. Interviews of Agency Director designee, PREA Coordinator and Incident Review Team verify compliance of this standard and Agency policy.

115.287	Data collection
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Data collection instrument created by Com Cor Inc. is PREA compliant. Instrument identifies aggregate data for 2013. Department of Justice has not requested data for 2013.

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

Auditor comments, including corrective actions needed if does not meet standard

Data Report is available on Com Cor Inc Agency website under the PREA tab. Interview with PREA Coordinator verifies that Agency redacts information which presents a threat to security in accordance with Standard 115.288(d). Observation of data retained on website supports policy and standard.

115.289	Data storage, publication and destruction
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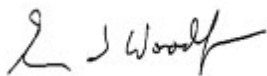
- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Aggregated data for year 2013 included in Com Cor Inc website. Policy is PREA compliant.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature

SEPTEMBER 22, 2014

Date

