

PREA AUDIT: AUDITOR'S FINAL REPORT

COMMUNITY CONFINEMENT FACILITIES



Name of facility: ROBERTS ROAD RESIDENTIAL FACILITY			
Physical address: 3615 ROBERTS ROAD COLORADO SPRINGS, COLORADO 80907			
Date report submitted: FINAL REPORT: MAY 26, 2015			
Auditor Information			
Address: PO BOX 732 BENICIA, CALIFORNIA 8=94510-0732			
Email: eiw@comcast.net			
Telephone number: (707) 333-8303			
Date of facility visit: 3/9/15 to 3/11/15			
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
SAME AS ABOVE			
Telephone number: (719) 473-3033			
The facility is:	<input type="checkbox"/> Military	County	Federal
	<input type="checkbox"/> Private for profit	Municipal	State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Community treatment center	<input type="checkbox"/> Community based confinement facility <input type="checkbox"/> Mental health facility	Other:
	<input type="checkbox"/> Halfway house		
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of Facility Head: JARLE WOOD		Title: Senior Program Manager	
Email address: jwood@comcor.org		Telephone number: (719) 434-4490	
Name of PREA Compliance Manager (if applicable): Kevin Bishop		Title: Quaiity Assurance Coordinator	
Email address: kbishop@comcor.org		Telephone number: (719) 473-4460	
Agency Information			
Name of agency: COMCOR INC.			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 1355 KELLY JOHNSON BLVD. COLORADO SPRINGS, COLORADO 80902			
Mailing address: <i>(if different from above)</i> SAME AS ABOVE			
Telephone number: (719) 473-4460			
Agency Chief Executive Officer			
Name: STEVEN GILMORE		Title: CEO	

Email address: sgilmore@comcor.org	Telephone number: (719) 473-4460
Agency-Wide PREA Coordinator	
Name: SUE KUIPER	Title: AGENCY PREA COORDINATOR
Email address: skuiper@comcor.org	Telephone number: (719) 473-4460

AUDIT FINDINGS

NARRATIVE:

The Roberts Road Residential facility PREA On-Site Audit was conducted from 3/9/15 to 3/11/15. The audit began on 3/9/15 with the entry interview which included the Agency CEO, the Director of Facility Programs, PREA Coordinator, PREA Manager, Program Manager for the Roberts Road Facility, Plant Maintenance Manager, Services Administrator, Contract Administrator, Human Resources Administrator and Manager, and a number of staff from facilities administered by this Agency. A summary of the complete Audit process was explained. The Pre-Audit, On-Site Audit, Post-Audit and Corrective Action phases were explained and discussed. Auditor went into detail explaining how an auditor conducts the On-Site audit process. All questions were answered and the on-site tour began. Please see Description of Facility Characteristics which describes the tour of the facility. Following the tour, interviews comprised of a sampling of 11 random residents of varying characteristics and sampling of 10 random staff selected from each shift was conducted. On 3/10/15 Auditor completed the resident & staff interviews, then conducted Specialized Staff interviews and Agency management interviews. During resident interviews, advocates from the Colorado DA's office were present. No referrals for advocacy occurred during the interview process. Following the interviews, the auditor conducted a review of 11 Personnel files, 14 screening records, 6 investigative files and 11 training records. On 3/11/15, Auditor observed updates/changes made to facility plant due to auditor's recommendations. Following the physical plant observation, an exit interview was conducted and attended by the same staff present during the entry interview. On-Site Audit was then concluded.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Roberts Road Residential facility is an adult female facility currently housing 76 residents. Design capacity is 112 residents. The facility possesses 6 separate housing units each with a linear design off the main entry hallway and central common/day room area. Counseling and Case management offices are located directly off the common/day room area.

Tour Entourage:

Kevin Bishop – PREA Coordinator
 Bobbie Vigil – Primary Roberts Road Residential Facility Supervisor
 Sue Kuiper – Contract Administrator
 Jarle Wood - Director

ADMINISTRATIVE OFFICES/COUNSELING & EDUCATION 3615 ROBERTS ROAD

CLASSROOMS:

- 6 classrooms in building, 3 upstairs & 3 downstairs. Instructors release clients for breaks & escort them to bathrooms and outside to smoke. I observed male & female clients returning to upstairs classrooms without escort. Class was coed.
- Zero-tolerance & confidential contact numbers signage in each classroom

- Hallway bathrooms for both upstairs & downstairs locations are big blind spots. Both bathrooms are secreted in the corners; men & women's bathroom doors squared to each other and are in close proximity of each other.
- Recommend cameras in both hallways which also provides views of bathroom entry alcove or employ additional staffing during breaks for supervision of clients outside smoking, bathroom entry, and escort back to classroom, or lock bathroom doors & instructors responsible for key & surveillance.

THERAPIST OFFICE – 2ND FLOOR:

- At least 8 clinician offices with 2 staff members on floor in offices during business hours at all time (assessment & business support).
- Need of sexual safety & sex abuse/harassment posters on walls
- After hours clinicians may meet with client one-on-one. Roving security for building makes rounds. Checking doors. Clinician doors usually partially open during session. Insufficient to maintain sexual safety. Auditor recommended notification of security when after hours session is conducted & have them stand by during session or schedule meeting in residential unit after hours. Agency immediately amended Policy SEC-018 to implement Auditor's recommendations.

ADMINISTRATIVE OFFICES:

- Clients not allowed in after 5pm & closed to residents for staff safety. Locked & alarmed after staff leave.

LITERACY LAB:

- Literacy lab is locked & closed after business hours
- Sexual safety & sex abuse/harassment posters on walls
- Sex safety poster in hallway
- Common use bathrooms in from foyer supervised by staff
- Donation closet for clothing found open with no supervision across from back door of literacy lab. Staff only allowed in donation closet, protocol needs to be put in place that staff locks doors when area not in use & on site when in use. Auditor recommended protocol added to supervision & monitoring policy to mandate all doors be locked when staff not there to supervise. Agency updated Policy SEC-022 mandating doors to all areas are to be locked when not in use.

WAREHOUSE:

- Camera has been installed to view entry hallway and bathroom vestibule
- No residents allowed in warehouse
- Camera outside views rear door of warehouse and rear building parking lot
- Cameras recording kept for 90 days

TRANSITION HALLWAY FROM WAREHOUSE TO ROBERTS RD FACILITY:

- Covered by 2 cameras down both hallways.
- IT room covered by camera
- Cameras outside covers doors

ROBERTS ROAD WOMENS RESIDENTIAL FACILITY – 76 CLIENTS

CASE MANAGEMENT OFFICE:

- Have sexual safety posters on hallway walls as clients are being counseled daily
- Zero-tolerance signage inside exit door. Rape Hotline posters w/toll free numbers along Case Management office hallway in English & Spanish

OUTSIDE ENTRY & PARKING LOT:

- Cameras view parking lot, entry slot, smoking area, phones & common area.
- 1-877 DOC Hotline number works, toll free verified by auditor

ENTRY HALLWAY:

- Camera faces door
- Staff Laundry area has cameras inside the room visible at Tech office
- Cameras in Tech Office views inside office and outside hallway entrance to Bay A and entry to common break area
- Men & women staff bathrooms in back area unlocked and doors open. Recommend protocol established mandating staff to lock all doors when areas not in use. Agency updated Policy SEC-022 mandating doors to all areas are to be locked when not in use.
- Back corner where Client Specialist & Facility Supervisor’s office is located is a corner area where intake clients watch PREA video. Area is covered by video camera.

TECH OFFICE:

- Located in main common area/day room
- Manned by 2 or more techs at all times.
- Cameras are monitored by one tech while others tend to client needs.
- Camera angles viewed by auditor

TECH OFFICE:

- Women’s bathroom has individual toilet stalls with doors
- Individual dressing stalls, hard walls with curtain draws for entry
- Shower stalls with hard walls & curtain draws for stall entry

COMMON AREA/DAY ROOM:

- Covered by 6 cameras which see entry to all resident sleeping quarters Bays (B, C, D, E, F)
- Waiting area not far from Tech Office for clients (male & female), waiting to see Case Managers.
- Resident laundry room covered by cameras & located across from Tech area

BAY SLEEPING QUARTERS:

Similarities of sleeping quarters are as follows:

- Zero-tolerance & crisis resource posters located inside Bay in English & Spanish
- PREA Auditor notice affixed to entry door to Bay
- Staff knock & announce notice observed upon entry of each Bay
- Policy that residents not allowed to change clothing in sleeping quarters. Residents must change clothing in bathroom changing stalls or toilet stalls.

Roberts Road sleeping quarters each of linear design – 6 Bay style units with double-stacked bunk beds along the walls & large closets in the middle of the Bay. This poses specific blind spots between the closets and at the end of the Bay. There are open areas between closets, behind closets at end of long bay out of view of staff when entering the bay. Auditor Recommendation: Incorporate mirrors or cameras in the Bays to provide sexual safety for the residents.

Differences and location of each Bay is as follows:

BAY A SLEEPING QUARTERS:

- Located off main entry hallway
- **BLIND SPOT** – Large staff storeroom located at rear of bay located on right side of main bay hallway. Staff only access area. Staff must draw keys from Tech office & sign keys out. Technician’s office is covered by multiple cameras, which views staff during key check. There is no camera inside the storeroom or outside the door. Storeroom is located at the end of the bay filled with 15 double bunked beds.
- Recommendation: Camera needs to be located inside the storeroom. Another fix pending or in lieu of camera installation is motion sensor inside of storeroom, alerting staff in Tech room as staff enters & leaves storeroom.

BAY B SLEEPING QUARTERS:

- Located off main entry hallway

BAY C SLEEPING QUARTERS:

- Located off main entry hallway

BAY D SLEEPING QUARTERS:

- Located off resident common area break room
- **BLIND SPOT** – Locked mechanical breaker room with 2 doors located on right side of entry of Bay inside female sleeping quarters. Maintenance staff draws keys from Tech Office. Recommend camera placed inside breaker room and/or motion sensor to alert Tech staff when staff enters & exits breaker room.
- Emergency exit door at end of Bay, and is alarmed.
- Camera located in hallway where emergency exit door is located.

BAY E SLEEPING QUARTERS:

Located off resident common area break room

BAY F SLEEPING QUARTERS:

Located off resident common area break room

URINE SAMPLE BATHROOM – STAFF ENTRY ONLY

- Bathroom located in residents common area/break area
- Men & women's bathroom doors wide open, no supervision. Recommend written mandate that all doors indicating staff area be locked when staff not actively using those areas. Agency updated Policy SEC-022 mandating doors to all areas are to be locked when not in use.

KITCHEN

- Dining areas has numerous cameras & mirrors.
- Zero tolerance & sexual safety counseling posters located on walls of dining hall.
- Sean Collinan, Food Svc Manager & Jim Firebraugh Services Administrator on site.
- Signage in English & Spanish.
- 2 employee cooks man kitchen during feeding hours.
- 6 residents assist during feeding hours in scullery & cleanup.
- Extra duty staff present when residents are present & during feeding.
- Staff only serves meals.
- Camera located in Kitchen area hallway leading to the rear of the kitchen. It provides view of Food Service Manager office entry, reefer & dry goods warehouse entry. No residents allowed down this hallway.
- Cameras on all 4 corners on outside of Food Service building.
- Case Manager offices for 3808 Nevada Residential Facility are located at end of dining hall. Door is secured & multiple staff in office during office hours. After hours, security staff is notified when staff working alone in office. Bathrooms located outside Case Manager office & dining room cameras have view of those areas for security.

SUMMARY OF AUDIT FINDINGS:

ON MARCH 9, 2015 THROUGH MARCH 11, 2015, A PREA AUDIT TOUR WAS CONDUCTED AT THE COMCOR INC. ROBERTS ROAD RESIDENTIAL FACILITY, LOCATED IN COLORADO SPRINGS COLORADO. SUMMARY OF INTERIM AUDIT FINDINGS ARE AS FOLLOWS:

Number of standards exceeded: **2**

Number of standards met: **32**

Number of standards not met: **5**

SUMMARY OF FINAL AUDIT FINDINGS UPON COMPLETION OF CORRECTIVE ACTION:

ON MAY 26, 2015, AGENCY CORRECTED 5 STANDARD DISCREPANCIES IDENTIFIED DURING THE INITIAL AUDIT AND IDENTIFIED WITHIN THE INTERIM AUDIT REPORT. AGENCY HAS CORRECTED THESE DIFFICIENCIES AND THE SUMMARY OF THE FINAL REPORT IS AS FOLLOWS:

Number of standards exceeded: **3**

Number of standards met: **36**

Number 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

AGENCY POLICY 010 MANDATES ZERO TOLERANCE POLICY TOWARDS SEXUAL ABUSE & SEXUAL HARASSMENT. POLICY INCLUDES DEFINITIONS OF PROHIBITED BEHAVIORS, ZERO TOLERANCE POLICY NARRATIVE & IMPLEMENTATION NARRATIVE REGARDING THE AGENCY'S STRATEGIES & APPROACH TO PREVENTING, DETECTING AND RESPONDING TO SEXUAL ABUSE/HARASSMENT. POLICY INCLUDES SANCTIONS FOR PROHIBITED BEHAVIORS. AGENCY ORGANIZATIONAL CHART PROVIDED. PREA COORDINATOR INTERVIEWED & STATES AGENCY PROVIDES SUFFICIENT TIME & AUTHORITY FOR THE PREA COORDINATOR TO DEVELOP, IMPLEMENT, AND OVERSEE AGENCY EFFORTS TOWARDS PREA COMPLIANCE. THE PREA COORDINATOR POSITION IS IDENTIFIED AS A MANAGEMENT POSITION IN ORGANIZATIONAL CHART 4TH LEVEL DOWN FROM THE CEO. AGENCY MEETS PREA STANDARD 115.211(a) & 115.211(b)

IN CONCLUSION, AUDITOR FINDS AGENCY MEETS PREA STANDARDS AS IT POSSESSES POLICY WHICH MANDATES ZERO TOLERANCE TOWARD SEXUAL ABUSE & SEXUAL HARASSMENT, SANCTIONS FOR PROHIBITED BEHAVIORS, PREA COORDINATOR PLACEMENT IN ORGANIZATION CHART IS APPROPRIATE. AGENCY PROVIDES PREA COORDINATOR AUTHORITY TO DEVELOP, IMPLEMENT AND OVERSEE AGENCY EFFORTS TOWARDS PREA COMPLIANCE.

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

STANDARDS 115.212(a) THROUGH 115.212(c) DO NOT APPLY TO COMCOR INC. AS AGENCY HAS NOT ENTERED IN TO ANY CONTRACTS FOR THE CONFINEMENT OF CLIENTS

115.213**Supervision and monitoring**

- 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

115.213(a) – POLICY ADM-015 NARRATIVE COMPLIANT WITH STANDARD 115.213(a) AND CONTAINS ALL 4 CRITERIA AS OUTLINED IN STANDARD. INTERVIEW WITH DIRECTOR & PREA COORDINATOR INDICATES COMPLIANCE WITH STANDARD, HOWEVER, ACTUAL STAFFING PLAN IS INADEQUATE AND FAILS TO MEET STANDARD 115.213(a). STAFFING PLAN PROVIDED WITH PRE-AUDIT QUESTIONNAIRE DOES NOT ADDRESS THE PHYSICAL LAYOUT OF FACILITY, COMPOSITION OF RESIDENT POPULATION, PREVALENCE OF SUBSTANTIATED AND UNSUBSTANTIATED INCIDENTS OF SEXUAL ABUSE, VIDEO MONITORING CAPABILITIES OF LACK THEREOF, OR OTHER RELEVANT FACTORS USED WHEN PROVIDING FOR ADEQUATE STAFFING LEVELS.

115.213(b) – POLICY PROVIDES FOR JUSTIFICATION & DOCUMENTATION FOR ALL DEVIATIONS OF THE STAFFING PLAN. THERE HAVE BEEN NO DEVIATIONS FROM STAFFING PLAN OVER THE PAST 12 MONTHS

115.213(c) – PREA COORDINATOR CITES POLICY SEC-011 PAGE #4 WHICH STATES THAT NO LESS THAN ONCE A YEAR, THE HR DIRECTOR, FACILITY AND PROGRAM MANAGERS ANNUALLY REVIEW STAFFING REQUIREMENTS. AUDITOR REVIEW FROM FACILITY WHICH MUST ASSESS, DETERMINE AND DOCUMENT ADJUSTMENT BASED UPON 4 CRITERIA OUTLINED IN STANDARD 115.213(c). ANNUAL STAFFING REVIEW WAS NOT PROVIDED TO AUDITOR.

IN CONCLUSION, AGENCY IS NOT IN COMPLIANCE WITH STANDARDS 115.213(a) DUE TO FAILURE TO PROVIDE STAFFING PLAN DOCUMENTATION WHICH CONTAINS ALL 4 CRITERIA AS OUTLINED IN THE STANDARD. NON-COMPLIANCE WITH STANDARD 115.213(c) DUE TO FAILURE TO PROVIDE AN ANNUAL STAFFING REVIEW PER STANDARD.

CORRECTIVE ACTION:

1. AGENCY TO DRAFT AND PROVIDE A STAFFING PLAN WHICH CONTAINS ALL 4 CRITERIA AS OUTLINED IN STANDARD 115.213(a), SUCH AS: PHYSICAL LAYOUT OF FACILITY, COMPOSITION OF RESIDENT POPULATION, PREVALENCE OF SUBSTANTIATED AND UNSUBSTANTIATED INCIDENTS OF SEXUAL ABUSE, VIDEO MONITORING CAPABILITIES OF LACK THEREOF, OR OTHER RELEVANT FACTORS USED WHEN PROVIDING FOR ADEQUATE STAFFING LEVELS.
2. AGENCY TO DRAFT AND PROVIDE AN ANNUAL STAFFING REVIEW IN ACCORDANCE WITH POLICY SEC-011 AND STANDARD 115.213(c)

CORRECTIVE ACTION TO BE COMPLETED NO LATER THAN OCTOBER 7, 2015**CORRECTIVE ACTION COMPLETION – 5-16-15:**

115.213(a) – AGENCY HAS REVISED STAFFING PLAN WHICH CONTAINS ALL CRITERIA OUTLINED IN STANDARD. PHYSICAL LAYOUT OF FACILITY, COMPOSITION OF RESIDENT POPULATION, PREVALENCE OF SUBSTANTIATED & UNSUBSTANTIATED INCIDENTS OF SEXUAL ABUSE, VIDEO MONITORING CAPABILITIES OR LACK THEREOF, RELEVANT FACTORS IN PROVIDING ADEQUATE STAFFING LEVELS, CORRECTIVE ACTIONS TAKEN IN RESPONSE TO BLIND SPOTS IN FACILITY AND DEVIATIONS FROM STAFFING PLAN STATEMENTS ARE ALL CONSIDERED TO INCLUDE ACTIONS TAKEN TO PROVIDE FOR SEXUAL SAFETY WITHIN THE RESIDENTIAL FACILITY AND AREAS WHERE RESIDENTS CONGREGATE FOR EDUCATION AND COUNSELING.

115.213(c) – AGENCY HAS INSTALLED CAMERAS TO VIEW BOTH UPSTAIRS & DOWNSTAIRS BATHROOM BLINDSPOTS IN THE ADMINISTRATIVE BUILDING WHERE RESIDENTS ATTEND MENTAL HEALTH COUNSELING & EDUCATIONAL SESSIONS. MIRRORS HAVE BEEN INSTALLED IN ALL RESIDENT HOUSING BAYS TO COVER BLIND SPOTS AS

IDENTIFIED DURING THE ON-SITE AUDIT. RESIDENTIAL BAY B STOREROOM HAS A CAMERA INSTALLED, WHICH INCLUDES A NIGHT VISION CAPABILITY TO PROVIDE SEXUAL SAFETY FOR RESIDENTS AND STAFF. THIS SAFETY MEASURE IS USED IN CONJUNCTION WITH THE CURRENT MEASURE OF KEY DRAW FROM THE TECHNICIAN OFFICE WHERE CAMERAS ARE ALREADY INSTALLED. RESIDENTIAL BAY D BREAKER ROOM HAS A NEW MOTION ALARM WHICH IS CONNECTED TO THE TECHNICIAN OFFICE WHEN DOOR IS OPENED OR CLOSED. THIS SAFETY MEASURE IS USED IN CONJUNCTION WITH THE CURRENT MEASURE OF KEY DRAW FROM THE TECHNICIAN OFFICE WHERE CAMERAS ARE ALREADY INSTALLED. AGENCY HAS PROVIDED CAMERA & MIRROR VIEWS VIA E-MAIL TO AUDITOR FOR VERIFICATION PURPOSES. **IN CONCLUSION, AGENCY HAS CORRECTED DEFICIENCIES WITH STANDARD PROVISIONS 115.213(a) AND 115.213(c), AND THEREFORE IS IN COMPLIANCE WITH STANDARD 115.215. AUDITOR HAS DETERMINED DUE TO THE TIMELINESS OF THE CORRECTIONS COUPLED WITH THE SAFETY MEASURES ALREADY IN PLACE, AGENCY HAS EXCEEDED STANDARDS IN THIS AREA.**

115.215	Limits to cross-gender viewing and searches
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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

115.215(a) – POLICY PROHIBITS CROSS GENDER STRIP OR VISUAL BODY CAVITY SEARCHES OF RESIDENTS. NO CROSS GENDER STRIP OF VISUAL BODY CAVITY SEARCHES OF RESIDENTS IN PAST 12 MONTHS. INTERVIEWS OF RANDOM NON-MEDICAL STAFF ALL RESPOND CROSS GENDER SEARCHES ARE AGAINST COMCOR INC. POLICY ABSENT EXIGENT CIRCUMSTANCES WHERE SAME SEX STAFF CONDUCTS THE SEARCH. MEDICAL STAFF CONDUCTS BODY CAVITY SEARCHES.

115.215(b) – POLICY DICTATES SAME SEX STAFF CONDUCTS PAT DOWN SEARCHES ON RESIDENTS. IF CROSS GENDER STAFF INVOLVED, NO CONTACT SEARCH IS CONDUCTED. ALL PAT-DOWN SEARCHES ARE DOCUMENTED IN THE “CATS” DATABASE WHETHER CONTACT OR NO CONTACT. INTERVIEW WITH RANDOM STAFF & RESIDENTS VERIFY STAFF CONDUCTS SEARCHES IN ACCORDANCE WITH POLICY. FACILITY DOES NOT RESTRICT FEMALE RESIDENTS ACCESS TO PROGRAMMING OR OUTSIDE OPPORTUNITIES IF STAFF OF SAME GENDER IS NOT AVAILABLE TO CONDUCT SEARCHES.

115.215(c) – PER POLICY, ALL PAT-DOWN SEARCHES ARE DOCUMENTED IN THE “CATS” DATABASE WHETHER CONTACT OR NO CONTACT.

115.215(d) – POLICY INCLUDES STANDARD NARRATIVE. POLICY STATES STAFF OF OPPOSITE AND SAME GENDER ANNOUNCE PRESENCE WHEN ENTERING AREA WHERE RESIDENTS ARE SHOWERING OR IN SOME FORM OF UNDRESS. INTERVIEW OF RANDOM STAFF & RESIDENTS INDICATE FACILITY POLICY MANDATES RESIDENTS CAN ONLY CHANGE CLOTHING IN THE CHANGING STALLS LOCATED IN THE BATHROOM. BATHROOM STALLS AND CHANGING STALLS HAVE EITHER DOORS OR CURTAINS FOR PRIVACY.

115.215(e) – POLICY SPECIFIC WITH REGARDS TO NARRATIVE, WHICH IS CONSISTENT WITH STANDARD MANDATES. NO TRANSGENDER OR INTERSEX RESIDENTS HOUSED AT FACILITY AT THIS TIME. INTERVIEW WITH RANDAM STAFF VALIDATES POLICY NARRATIVE AND PRACTICE.

115.215(f) – INTERVIEW WITH RANDOM STAFF INDICATES ALL HAVE BEEN TRAINED IN CROSS-GENDER PAT-DOWN SEARCHES & SEARCHES OF TRANSGENDER & INTERSEX RESIDENTS IN A PROFESSIONAL AND RESPECTFUL MANNER, CONSISTENT WITH SECURITY NEEDS. STAFF INDICATES CROSS-GENDER PAT DOWN SEARCHES ARE CONDUCTED AS NO-CONTACT SEARCHES WHEN EITHER GENDER OF STAFF INVOLVED EXCEPT IN EXIGENT CIRCUMSTANCES. IN THE CASE OF EXIGENT CIRCUMSTANCES, POLICY DICTATES STAFF OF SAME GENDER WILL CONDUCT SEARCHES. REGARDING TRANSGENDER & INTERSEX RESIDENTS, POLICY DICTATES GENDER OF STAFF CONDUCTING SEARCHES WILL BE CHOSEN BY MANAGEMENT AFTER RESIDENT INDICATES WHICH GENDER THEY PREFER.

IN CONCLUSION, POLICY PREA-013 IS COMPLIANT WITH STANDARD 115.215. AGENCY PROHIBITS CROSS GENDER STRIP OR BODY CAVITY SEARCHES OF RESIDENTS EXCEPT FOR EXIGENT CIRCUMSTANCES. ANY EXIGENT CIRCUMSTAND MUST BE DOCUMENTED & SEARCHES DUE TO EXIGENT CIRCUMSTANCES MUST BE APPROVED BY SUPERVISOR PRIOR TO CONDUCTING SAID SEARCH. ONLY MEDICAL STAFF CONDUCT BODY CAVITY SEARCHES. CROSS GENDER PAT SEARCHES ARE ALSO PROHIBITED EXCEPT EXIGENT CIRCUMSTANCES WHERE DURING CROSS GENDER PAT SEARCHES ARE NO CONTACT SEARCHES AND THIS IS ALSO DOCUMENTED PER POLICY. NO TRANSGENDER OR INTERSEX RESIDENTS HOUSED AT FACILTIIY DURING AUDIT. ALL STAFF HAVE BEEN TRAINED IN CROSS GENDER PAT-DOWN SEARCHES OF TRANSGENDER & INTERSEX RESIDENTS IN A PROFESSIONAL AND RESPECTFUL MANNER. INTERVIEW WITH RANDOM SAMPLING OF STAFF VERIFY TRAINING REQUIREMENTS HAVE BEEN MET & STAFF'S EDUCATION WITH REGARDS TO PREA STANDARDS. AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.215.

115.216	Residents with disabilities and residents who are limited English proficient
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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

115.216(a) - POLICY MGT 007 PROVIDES PROCEDURES TO PROVIDE DISABLED RESIDENTS EQUAL OPPORTUNITY TO PARTICIPATE IN ALL ASPECTS OF AGENCY'S EFFORTS TO RESPOND TO SEX ABUSE/HARASSMENT. AGENCY POSSESSES A VOIANCE CONTRACT WHICH PROVIDES FOR LANGUAGE INTERPRETERS, PROVIDES PREA BROCURES IN ENGLISH & SPANISH. RANDOM STAFF TRAINING RECORDS INCLUDING CONTRACTOR TRAINING RECORDS ALL POSSESS STAFF ACKNOWLEDGEMENT TO PROVIDE EQUAL OPPORTUNITY FOR ALL CLIENTS TO PARTICIPATE IN ALL ASPECTS OF PREVENTION, DETECTION & RESPONSE TO SEX ABUSE & SEX HARASSMENT. TOUR OBSERVATION INDICATES PREA NOTICES IN BOTH ENGLISH & SPANISH IN DINING HALL, COUNSELOR OFFICE HALLWAYS, COMMON AREAS WHERE RESIDENTS CONGREGATE AND ON ENTRY DOORS OF EVERY HOUSING UNIT. BROCHURES IN BOTH ENGLISH & SPANISH WAS VERIFIED. REVIEW OF VOIANCE CONTRACT WAS CONDUCTED AND IS PREA COMPLIANT. THERE ARE NO DISABLED OR LIMITED ENGLISH RESIDENTS RESIDING IN RESIDENCE. INTERVIEW WITH AGENCY HEAD VERIFIES ALL THAT HAS BEEN PREVIOUSLY MENTIONED.

115.216(b) - THERE ARE NO DISABLED OR LIMITED ENGLISH PROVICIENT RESIDENTS. POLICY IS PREA COMPLIANT, AGENCY PROVIDES INTERPRETERS VIA VOIANCE CONTRACT WHICH WAS REVIEWED DURING AUDIT TOUR. AGENCY HEAD OUTLINED THE STEPS AGENCY HAS TAKEN TO PROTECT ALL CLIENTS INCLUDING DISABLED AND LIMITED ENGLISH PROFICIENT CLIENTS.

115.216(c) - THERE ARE NO LIMITED ENGLISH PROFICIENT RESIDENTS IDENTIFIED IN THIS FACILITY. INTERVIEWS WITH RANDOM SAMPLE OF STAFF VERIFIES POLICY IN THAT RESIDENT INTERPRETERS ARE NOT USED EXCEPT IN EXIGENT CIRCUMSTANCES. SHOULD RESIDENT INTERPRETERS BE UTILIZED, IT WILL BE DOCUMENTED. COMCOR INC. HAS AGREEMENT FOR OUTSIDE INTERPRETER AGENCY. NO RESIDENT INTERPRETERS ARE USED IN PAST 12 MONTHS.

IN CONCLUSION, AGENCY EXCEEDS PREA STANDARDS AS IT HAS MET THE MINIMUM REQUIREMENTS OF THE STANDARD, BUT EXCEEDED THE STANDARD IN THAT AGENCY ENSURES POSTING OF PREA NOTICES IN ALL AREAS WHERE RESIDENTS CONGREGATE AND MEET FOR EDUCATION & CLIENT SERVICES, BUT PROVIDES ALL POSTED NOTICES OF ZERO TOLERANCE AND PREA INFORMATION IN BOTH ENGLISH AND SPANISH. AGENCY ALSO PROVIDES STAFF SPECIFIC ZERO TOLERANCE/PREA POSTER LOCATED IN ALL STAFF AND RESIDENT AREAS.

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

115.217(a) – POLICY PER 004 INCORPORATES CRITERIA IDENTIFIED IN STANDARD 115.217(a). REVIEW OF SAMPLE OF PERSONNEL FILES OF 11 RANDOM SAMPLE OF STAFF TO INCLUDE 1 CONTRACTOR RECENTLY HIRED, INDICATES CBI/FBI BACKGROUND CHECKS WERE CONDUCTED ON ALL 11 FILES REVIEWED. OUT OF THE 11 FILES, 3 WERE RECENTLY HIRED, 1 CONTRACTOR, NONE PROMOTED. OF THE 5 OTHERS, ALL HAD RENEWED BACKGROUND CHECKS CONDUCTED WITHIN THE PAST 8 MONTHS, AGAIN VIA CBI/FBI CHECKS

115.217(b) – AGENCY POLICY REQUIRES CONSIDERATION OF ANY INCIDENTS OF SEXUAL HARASSMENT IN DETERMINING WHETHER TO HIRE OR PROMOTE ANYONE, INCLUDING CONTRACTORS, WHO MAY HAVE CONTACT WITH RESIDENTS. INTERVIEW WITH HUMAN RESOURCES ADMINISTRATOR DETERMINED AGENCY CONSIDERS ANY INCIDENTS OF SEXUAL HARASSMENT IN DETERMINING WHETHER TO HIRE OR PROMOTE ANYONE OR ENLIST THE SERVICES OF ANY CONTRACTOR WHO MAY HAVE CONTACT WITH RESIDENTS. ADMINISTRATOR STATED SHOULD ANY SEXUAL HARASSMENT BEHAVIOR BE DISCOVERED, THERE IS NO DETERMINATION AS TO WHETHER OR NOT THAT PERSON IS HIRED – THEY FAIL THE BACKGROUND IMMEDIATELY AND ARE NOT CONSIDERED FOR EMPLOYMENT. SAME GOES FOR CONTRACTORS, VOLUNTEERS AND TEMPORARY EMPLOYEES.

115.217(c) - PERSONNEL FILES FROM 5 STAFF HIRED IN PAST 12 MONTHS WAS CONDUCTED & VERIFIED THAT FBI/CBI BACKGROUND CHECKS WERE CONDUCTED. INTERVIEW WITH HR ADMINISTRATOR DETERMINED CBI IS STATE BACKGROUND CHECK & FBI IS FEDERAL BACKGROUND CHECK.

115.217(d) – POLICY MANDATES BACKGROUND OF CONTRACTORS ARE CONDUCTED SAME AS STAFF. AUDITOR VERIFIED BACKGROUND CHECKS BY REVIEWING CONTRACTOR PERSONNEL FILES AND DETERMINED THE BACKGROUND CONDUCTED WAS THE SAME CBI/FBI CHECKS USED FOR STAFF. INTERVIEW WITH HR ADMINISTRATOR DETERMINES POLICY MANDATES ARE UTILIZED ON ALL EMPLOYEES.

115.217(e) – POLICY MANDATES BACKGROUND CHECKS BE CONDUCTED AT LEAST EVERY 5 YEARS OF CURRENT EMPLOYEES & CONTRACTORS. INTERVIEW WITH HR ADMINISTRATOR INDICATES BACKGROUND CHECKS OF STAFF AND CONTRACTORS IS CONDUCTED EVERY 2 YEARS AS A RENEWAL. RANDOM SAMPLE OF 11 STAFF PERSONNEL FILES INDICATED THAT 4 OF THE 11 PERSONNEL WERE RECENTLY HIRED WITHIN THE PAST 9 MONTHS. ALL 11 STAFF HAD A BACKGROUND RENEWAL CHECK CONDUCTED SINCE JULY 2014.

115.217(f) – POLICIES PER-004 & PER-008 SPECIFICALLY STATES ALL APPLICANTS FOR EMPLOYMENT AND CURRENT EMPLOYEES FOR PROMOTION ARE QUESTIONED DIRECTLY EITHER IN AN INTERVIEW OR ON APPLICATIONS ABOUT PREVIOUS SEX ABUSE MISCONDUCT AS IDENTIFIED IN STANDARD 115.217(a). POLICY ALSO MANDATES AN AFFIRMATIVE DUTY TO DISCLOSE SUCH MISCONDUCT. INTERVIEW WITH HR ADMINISTRATOR AND REVIEW OF HIRING PACKET IN PERSONNEL FILES VERIFY COMPLIANCE WITH THIS STANDARD. ADMINISTRATOR INDICATES STANDARD IS ALSO INCLUDED IN EMPLOYEE HANDBOOK

115.217(g) – POLICY PER-004 & PER-008 PROVIDE NARRATIVE WHICH STATE MATERIAL OMISSIONS REGARDING SEXUAL ABUSE/SEXUAL HARASSMENT MISCONDUCT, OR THE PROVISION OF MATERIALLY FALSE INFORMATION, ARE GROUNDS FOR TERMINATION

115.217(h) - POLICY PER-008 STATES “Unless prohibited by law, ComCor will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work”. INTERVIEW WITH HR ADMINISTRATOR

INDICATES INFORMATION IS RELEASED UPON RECEIPT OF RELEASE OF INFORMATION SIGNED BY FORMER EMPLOYEE. HR SEEKS TO OBTAIN A RELEASE OF INFORMATION FROM EMPLOYEE WHO RESIGNS OR IS TERMINATED SHOULD HE/SHE NEED A REFERENCE FOR EMPLOYMENT FROM ANOTHER AGENCY.

IN CONCLUSION, IT IS DETERMINED THAT AGENCY NOT ONLY MEETS MINIMUM STANDARD QUALIFICATIONS BUT EXCEEDS STANDARDS WITH REGARDS TO BACKGROUND CHECK RENEWAL OF ALL EMPLOYEES. MINIMUM STANDARDS ARE 5 YEAR BACKGROUND CHECK. AGENCY CONDUCTS BACKGROUND CHECKS IN 2 YEAR INTERVALS.

115.218	Upgrades to facilities and technology
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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

115.218(a) – INTERVIEW WITH AGENCY HEAD AND DIRECTOR INDICATES NO NEW FACILITY ACQUIRED BY AGENCY SINCE LAST PREA AUDIT JULY 2014. SHOULD AGENCY DECIDE TO DESIGN OR ACQUIRE A NEW FACILITY OR MODIFY EXISTING FACILITY, AGENCY CONSIDERS THE LAYOUT FO THE FACILITY, POPULATION IT WILL SERVE, GENDER OF RESIDENTS, DESIGN & PLACEMENT OF VIDEO TECHNOLOGY, STAFFING OF ALL SHIFTS, SHIFT TENURE & MIX OF EXPERIENCE & RESIDENT CLASSIFICATION.

115.218(b) - AGENCY HAS INSTALLED VIDEO TECHNOLOGY SINCE LAST PREA AUDIT IN 2014. DURING AUDIT TOUR, AUDITOR REVIEWED NEWLY INSTALLED VIDEO CAMERAS IN THE DINING HALL & KITCHEN, VIEWED CAMERA PLACEMENT AND VIDEO FEEDS FROM ALL CAMERAS VIA THE TECH OFFICE MONITORING STATION. CAMERA SYSTEM IS VIEWED ON CATS SYSTEM ALSO. THIS TECHNOLOGY IS UTILIZED TO DETERMINE CAMERA PLACEMENT FOR SURVEILLANCE & MONITORING.

IN CONCLUSION, IT IS DETERMINED BY AUDITOR THAT AGENCY MEETS STANDARD 115.218. NO NEW FACILITY ACQUISITION, MODIFICATION IN PAST 12MONTHS. AGENCY INSTALLED VIDEO MONITORING PAST 12 MONTHS & HAS BEEN VERIFIED AS COMPLIANT BY AUDITOR BY VISUALLY IDENTIFYING CAMERA PLACEMENT & VIEWING CAMERA SIGHTS VIA TECH OFFICE & CATS SYSTEM.

115.221**Evidence protocol and 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

115.221(a) – POLICY PREA-007 PROVIDES SPECIFIC PROTOCOL FOR OBTAINING USABLE PHYSICAL EVIDENCE FOR BOTH ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS OF SEXUAL ABUSE. INTERVIEW OF RANDOM STAFF INDICATE THEY ARE TRAINED TO SECURE THE SCENE, SEPARATE VICTIM & PERPETRATOR, PLACE THEM WITH STAFF MEMBER TO ENSURE NO PHYSICAL EVIDENCE CAN BE DESTROYED SUCH AS BRUSHING OF TEETH, GOING TO BATHROOM, SHOWERING, CHANGING OF CLOTHES, WASHING CLOTHES, ETC.

115.221(b) – PROTOCOL IS NOT SPECIFICALLY DEVELOPMENTALLY APPROPRIATE FOR YOUTH AS NO YOUTH ARE HOUSED IN ANY COMCOR INC. FACILITIES. PROTOCOL IS ADAPTED FROM A NATIONAL PROTOCOL FOR SEXUAL ASSAULT MEDICAL FORENSIC EXAMINATIONS, ADULTS/ADOLESCENTS.

115.221(c) – FACILITY OFFERS FORENSIC EXAMINATIONS AT NO COST FOR VICTIMS OF SEXUAL ABUSE. ALL FORENSIC EXAMINATIONS ARE CONDUCTED AT MEMORIAL HOSPITAL INTERVIEW WITH SANE NURSE AT MEMORIAL HOSPITAL INDICATES THAT SANE/SAFE NURSES ARE ON STAFF AT ALL TIMES.

115.221(d) – FACILITY CONTACTS TESSA RAPE CRISIS CENTER TO MAKE VICTIM ADVOCATE AVAILABLE. INTERVIEW WITH TESSA DIRECTOR INDICATE STAFF ARE AVAILABLE TO PROVIDE ADVOCACY FOR VICTIMS UNDERGOING FORENSIC EXAMINATIONS AT MEMORIAL HOSPITAL. TESSA MOU PROVIDED. STAFF ADVOCATE QUALIFICATIONS PROVIDED. INTERVIEW WITH PREA COORDINATOR VERIFY TESSA MOU & PROTOCOL. INTERVIEW WITH RESIDENTS WHO REPORTED SEXUAL ABUSE INDICATE COMCOR STAFF ACTED IMMEDIATELY, FOLLOWING AGENCY PROTOCOL WITH REGARDS TO MEDICAL ASSISTANCE AND ADVOCACY. EACH RESIDENT APPLAUD COMCOR FOR MEETING THEIR NEEDS WHEN ASSESSING AND ADDRESSING THEIR NEEDS FOLLOWING A SEXUAL ABUSE. MULTIPLE ADVOCATES WERE AVAILABLE TO ASSIST THESE VICTIMS.

115.221(e) – POLICY PREA-005 PROVIDES FOR STAFF MEMBER VICTIM ADVOCATE IF REQUESTED BY VICTIM. INTERVIEW WITH PREA COORDINATOR INDICATE STAFF ADVOCATE IS PROVIDED UPON REQUEST FROM THE VICTIM. THERE IS CURRENTLY 1 QUALIFIED STAFF ADVOCATE AVAILABLE AND ANOTHER IS GOING THROUGH TRAINING. INTERVIEW WITH RESIDENTS WHO REPORTED SEXUAL ABUSE INDICATE STAFF ADVOCATE WAS AVAILABLE PENDING ARRIVAL OF TESSA RAPE CRISIS CENTER ADVOCATE.

115.221(f) – AGENCY RESPONSIBLE FOR ADMIN INVESTIGATIONS ONLY. THIS STANDARD N/A TO THIS AGENCY

115.221(g) – STANDARD NOT APPLICABLE TO THIS AGENCY

115.221(h) – STANDARD NOT APPLICABLE TO THIS AGENCY

IN CONCLUSION, AUDITOR HAS DETERMINED THAT POLICIES MEET MANDATED STANDARD NARRATIVE, PROTOCOL IS IDENTIFIED, WHICH PROVIDES FOR SECURING USABLE PHYSICAL EVIDENCE IN EVENT OF ALLEGATION OF SEXUAL ABUSE, PROTOCOL IS ADAPTED FROM NATIONAL PROTOCOL FOR SEXUAL ASSAULT MEDICAL FORENSIC EXAMINATIONS. FACILITY OFFERS FORENSIC MEDICAL EXAMINATIONS THROUGH MEMORIAL HOSPITAL SANE/SAFE NURSES WHO ARE AVAILABLE 24/7. AGENCY HAS MOU WITH TESSA RAPE CRISIS CENTER TO PROVIDE ADVOCATE TO PROVIDE EMOTIONAL SUPPORT THROUGH THE FORENSIC EXAMINATION PROCESS. CERTIFIED STAFF ADVOCATE AVAILABLE TO VICTIM UPON REQUEST. IT IS DETERMINED BY AUDITOR THAT AGENCY MEETS STANDARD 115.221

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

115.222(a) – POLICY PREA-007 MANDATES INVESTIGATIONS FOR ALL ADMINISTRATIVE OR CRIMINAL ALLEGATIONS OF SEXUAL ABUSE. OUT OF THE 3 TOTAL INVESTIGATIONS CONDUCTED IN PAST 12 MONTHS, 2 INVESTIGATIONS HAVE BEEN COMPLETED AND 1 INVESTIGATION IS STILL ONGOING. INTERVIEW WITH AGENCY HEAD INDICATES COMCOR IS RESPONSIBLE FOR ADMINISTRATIVE INVESTIGATIONS & COLORADO SPRINGS PD IS RESPONSIBLE FOR CRIMINAL INVESTIGATIONS

115.222(b) – REVIEW OF POLICY & INTERVIEW WITH INVESTIGATIVE STAFF INDICATES COMCOR IS RESPONSIBLE FOR ADMINISTRATIVE INVESTIGATIONS & COLORADO SPRINGS PD IS RESPONSIBLE FOR CRIMINAL INVESTIGATIONS. SEXUAL ABUSE & SEXUAL HARASSMENT ALLEGATIONS REFERRED FOR CRIMINAL INVESTIGATION IS PUBLISHED ON AGENCY WEBSITE IN ANNUAL REPORT WHICH IS PROVIDES AGGREGATED DATA WITH PERSONAL IDENTIFIERS REDACTED. AUDITOR REVIEWED THE PREA 2013 & 2014 ANNUAL REPORT.

115.222(c) – POLICY MEETS PREA STANDARDS. RESPONSIBILITY FOR ADMININSTRATIVE & CRIMINAL INVESTIGATIONS ARE OUTLINED IN PREA WEBSITE

115>222(d) – N/A

115.222(e) – N/A

IN CONCLUSION, POLICY PREA-007 CONTAINS ADMINISTRATIVE & CRIMINAL INVESTIGATIVE PROTOCOLS FOR ALLEGATIONS OF SEXUAL ABUSE & SEXUAL HARASSMENT. INVESTIGATIVE RESPONSIBILITY FOR ALLEGATION OF SEXUAL ABUSE & SEXUAL HARASSMENT IS CONTAINED ON AGENCY WEBSITE. INTERVIEWS WITH STAFF INVESTIGATORS AND AGENCY HEAD VERIFIES COMPLIANCE. BASED UPON THIS INFORMATION, AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.222

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

115.231(a) – POLICY PREA-006 CONTAINS EACH OF THE 10 CRITERIA OUTLINED IN STANDARD 115.231(a). PREA TRAINING IS CONDUCTED AT LEAST ANNUALLY. RANDOM SAMPLE OF 10 STAFF TRAINING RECORDS AND 1 CONTRACTOR IDENTIFIED ALL HAVE RECEIVED PREA TRAINING VERIFIED THROUGH TRAINING ACKNOWLEDGEMENT FORMS WHICH ARE ALL SIGNED AND INITIALED BY STAFF MEMBER FOR EACH PREA TRAINING CRITERIA. TRAINING CURRICULUM FOR ALL STAFF REVIEWED BY AUDITOR AND IS COMPLIANT WITH PREA STANDARDS.

115.231(b) – REVIEW OF POLICY & TRAINING CURRICULUM DICTATES STAFF ARE TRAINED TO WORK IN MALE & FEMALE HOUSING UNITS. SHOULD A STAFF MEMBER BE REASSIGNED TO WORK IN A FACILITY WHICH IS OF A GENDER FROM THE ORIGINAL FACILITY HE/SHE CAME FROM, THAT STAFF MEMBER WILL RECEIVE ADDITIONAL TRAINING

115.231(c) – STAFF RECEIVE ANNUAL PREA TRAINING & REFRESHER TRAINING DURING MONTHLY STAFF MEETINGS. 100% OF STAFF EMPLOYED BY FACILITY HAVE RECEIVED PREA TRAINING. INTERVIEW WITH STAFF VERIFIES ALL ARE WELL VERSED IN THE CRITERIA OUTLINED IN THEIR PREA TRAINING.

115.231(d) – AGENCY MANDATES TRAINING ACKNOWLEDGEMENT VIA PREA ACKNOWLEDGEMENT TRAINING FORMS WHICH MUST BE SIGNED BY THE TRAINING STAFF & EMPLOYEE. EMPLOYEE MUST INITIAL EACH TRAINING CRITERIA AS EACH CHAPTER IS COMPLETED TO ACKNOWLEDGE UNDERSTANDING OF THE TRAINING AREA. SAMPLE OF 11 TRAINING RECORDS WERE REVIEWED BY AUDITOR TO VERIFY TRAINING HAD BEEN CONDUCTED. COMPLETED TRAINING IS ALSO MAINTAINED VIA ELECTRONIC DATA CAPTURE IN THE CATS SYSTEM.

IN CONCLUSION, POLICY PREA-006 & TNG-003 PROVIDE EACH OF THE 10 PREA TRAINING CRITERIA OUTLINED IN STANDARD 115.231(a). AGENCY CONDUCTS ANNUAL PREA TRAINING & MONTHLY REFRESHER TRAINING. TRAINING IS VERIFIED VIA SIGNATURE SHEET ON PREA ACKNOWLEDGEMENT FORM WITH INITIAL OF EACH STAFF MEMBER FOR EACH OF THE 10 CRITERIA COVERED DURING THE TRAINING. WHEN STAFF IS REASSIGNED FROM A MALE FACILITY TO A FEMALE FACILITY, THEY UNDERGO MANDATED RETRAINING. THIS MANDATE ALSO APPLIES IF STAFF IS REASSIGNED FROM A FEMALE FACILITY TO A MALE FACILITY. COMPLETED AND PENDING TRAINING IS ALSO MAINTAINED ON AN ELECTRONIC DATABASE TO ENSURE ALL EMPLOYEES ARE TRAINED ANNUALLY. AUDITOR REVIEWED ELECTRONIC DATABASE & TRAINING FILES OF 11 RANDOMLY SELECTED STAFF. ALL RECEIVED PREA TRAINING & POSSESSED VERIFICATION OF SAID TRAINING. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.231.

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

115.232(a) – AGENCY EMPLOYS 2 CONTRACTORS & BOTH HAVE RECEIVED PREA TRAINING AS VERIFIED THROUGH THEIR TRAINING RECORDS. INTERVIEW WITH ONE OF THE CONTRACTORS INDICATE THEY RECEIVE REFRESHER TRAINING AND ADDITIONAL TRAINING AS THEY ARE BOTH MENTAL HEALTH STAFF PER PREA-006.

115.232(b) – POLICY PREA-006 MANDATES LEVEL & TYPE OF TRAINING PROVIDED VOLUNTEERS & CONTRACTORS SHALL BE BASEDON THE SERVICES THEY PROVIDE & LEVEL OF CONTACT THEY HAVE WITH RESIDENTS. INTERVIEW WITH 1 OF THE 2 CONTRACTORS VERIFIED AGENCY MEETS THIS STANDARD. TRAINING CURRICULUM REVIEWED BY AUDITOR & MEETS PREA STANDARD 115.222(b).

115.232(c) – AGENCY MANDATES DOCUMENTATION VIA VOLUNTEER/CONTRACTOR PREA TRAINING ACKNOWLEDGEMENT FORM WHERE TRAINEE MUST SIGN & DATE ACKNOWLEDGEMENT OF TRAINING RECEIVED. FORM IS ALSO SIGNED AND DATED BY TRAINER.

IN CONCLUSION, AGENCY EMPLOYS 2 CONTRACTORS & ONE WAS INTERVIEWED BY AUDITOR. CONTRACTOR STATED AGENCY POLICY MANDATES PREA TRAINING FOR VOLUNTEERS & CONTRACTORS AND ADDITIONAL TRAINING BASED UPON TYPE OF EMPLOYMENT & CONTACT WITH RESIDENTS. CONTRACTORS ALSO RECEIVE ANNUAL PREA TRAINING & MONTHLY REFRESHER TRAINING, SAME AS REGULAR STAFF. TRAINING VERIFIED BY AUDITOR DURING REVIEW OF CONTRACTOR TRAINING RECORDS & SIGNED ACKNOWLEDGEMENT OF PREA TRAINING FOR VOLUNTEERS & CONTRACTORS. TRAINING MEETS PREA STANDARDS. AUDITOR HAS DETERMINED AGENCY MEETS PREA STANDARDS.

115.233**Resident education**

- 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

115.233(a) – INTERVIEW WITH RANDOM SAMPLE OF RESIDENTS & INFORMAL INTERVIEW OF RESIDENTS INDICATE THEY RECEIVE PREA QUESTIONS VIA INTAKE STAFF & MANDATED TO WATCH PREA VIDEO UPON INTAKE & PROVIDED PREA BROCHURE. INTERVIEW WITH INTAKE STAFF VERIFIES RESIDENTS ARE TRAINED & KNOWLEDGEABLE IN PREA & CLIENT EDUCATION. AUDITOR VIEWED PREA POSTERS & BROCHURES IN BOTH ENGLISH & SPANISH. INTAKE RECORDS WERE REVIEWED IN CATS DATA SYSTEM WHICH VERIFIED INTAKE RESIDENT PREA EDUCATION TRAINING CONDUCTED WITH ALL RESIDENTS REVIEWED.

115.233(b) – POLICY PREA-001 INCLUDES NARRATIVE CONSISTENT WITH STANDARD MANDATES. INTERVIEW WITH INTAKE STAFF INDICATES ALL RESIDENTS TRANSFERRED BETWEEN FACILITIES ARE PROVIDED WITH REFRESHER INFORMATION AND EDUCATION REGARDING PREA. INTERVIEW WITH RANDOM SAMPLE OF RESIDENTS INDICATE ONE RESIDENT WAS TRANSFERRED BETWEEN RESIDENTIAL FACILITIES TWICE AND ONLY RECEIVED REFRESHER TRAINING ONCE. FACILITY TRANSFERS AS STATED BY RESIDENT WERE VERIFIED BY AN ADMINISTRATIVE STAFF MEMBER. TO DATE, TRANSFER REFRESHER VERIFICATION DATA HAS NOT BEEN PROVIDED BY FACILITY WITH REGARDS TO RESIDENT IN QUESTION.

115.233(c) – RESIDENT EDUCATION MATERIALS REVIEWED BY AUDITOR. ZERO TOLERANCE & PREA NOTICES AVAILABLE IN BOTH ENGLISH & SPANISH LOCATED IN COMMON AREAS ACCESSIBLE TO RESIDENTS. PREA BROCHURES HANDED TO EACH RESIDENT AT INTAKE WRITTEN IN BOTH ENGLISH & SPANISH. MOU WITH VOIANCE LANGUAGE INTERPRETERS TO PROVIDE COMMUNICATION SERVICES TO DISABLED OR LIMITED ENGLISH PROFICIENT RESIDENTS. POLICY PREA-001 MEETS PREA STANDARDS TO PROVIDE LANGUAGE SERVICES & VARIOUS EDUCATIONAL FORMATS TO DISABLED INMATES & INMATES WITH LIMITED READING SKILLS.

115.233(d) – POLICY PRES-001 PAGE #3 MANDATES THAT WITHIN 7 DAYS OF ADMISSION THE CLIENT WILL REVIEW THE CLIENT EDUCATION VIDEO. THE CLIENT AND A STAFF MEMBER WILL SIGN THE CLIENT EDUCATION ACKNOWLEDGEMENT FORM, WHICH WILL BE FILED IN THE CLIENT’S PERMANENT FILE UNDER “RULES”. THE DATE WILL BE ENTERED INTO CATS! ON THE CLIENT PROGRAM SCREEN, COMPLIANT WITH STANDARD 115.233(d). DOCUMENTATION OF RESIDENT EDUCATION PROCESS REVIEWED & CATS ENTRIES REVIEWED BY AUDITOR DURING ON-SITE AUDIT OBSERVATION.

115.233(e) – AUDITOR VIEWED PREA RESIDENT HANDBOOKS POSTERS & BROCHURES IN BOTH ENGLISH & SPANISH. INTERVIEW WITH RESIDENTS VERIFY POSTERS THROUGHOUT THE FACILITY IN COMMON AREAS AND HOUSING UNITS FREQUENTED BY RESIDENTS TO INCLUDE DINING AREA, EDUCATION & COUNSELING AREAS. AUDITOR VISITED THESE AREAS TO VERIFY PLACEMENT AND AVAILABILITY OF THE INFORMATION TO RESIDENTS.

IN CONCLUSION, AGENCY PROVIDES RESIDENT EDUCATION VIA VIDEO. HANDBOOK & BROCHURES TO RESIDENTS DURING INTAKE IN BOTH ENGLISH & SPANISH. REVIEW OF INTAKE RECORDS VERIFY STANDARD COMPLIANCE. POLICY MANDATES REFRESHER TRAINING TO RESIDENTS WHO TRANSFER TO AND FROM OTHER FACILITIES. INTERVIEW WITH ONE RESIDENT INDICATE POLICY WAS NOT FOLLOWED WHEN TRANSFER TOOK PLACE BETWEEN TWO FACILITIES. REQUESTED DOCUMENTATION HAS NOT BEEN PROVIDED BY AGENCY AS REQUESTED BY AUDITOR, NON-COMPLIANT WITH STANDARD 115.233(b). AGENCY PROVIDES ZERO TOLERANCE PREA NOTICES AVAILABLE IN COMMON AREAS ACCESSED BY RESIDENTS IN BOTH ENGLISH & SPANISH THROUGHOUT THE FACILITY & PROVIDES LANGUAGE INTERPRETERS VIA CONTRACT TO DISABLED & LIMITED ENGLISH PROFICIENT AND RESIDENTS WITH LIMITED READING SKILLS PER STANDARD. RESIDENT EDUCATION VIDEO AND CLIENT EDUCATION ACKNOWLEDGEMENT FORM COMPLETED WITHIN 7 DAYS OF INTAKE. AUDITOR DETERMINES AGENCY IS NOT IN COMPLIANCE WITH STANDARD 115.233(a).

CORRECTIVE ACTION:

AGENCY TO PROVIDE VERIFICATION OF REFRESHER TRAINING OF RESIDENT IN QUESTION WHO WAS TRANSFERRED BETWEEN TWO FACILITIES IN 2014. IF REFRESHER TRAINING WAS MISSED DURING ONE OF THE TRASFERS, PROVIDE DOCUMENTATION OF CORRECTIVE ACTION TO ENSURE INTAKE STAFF IS TRAINED ON STANDARD 115.233(B) AND POLICY PREA-001.

CORRECTIVE ACTION TO BE COMPLETED NO LATER THAN OCTOBER 7, 2015

COMPLETION OF CORRECTIVE ACTION – 5/16/15:

115.233(b) – REVIEW BY STAFF OF ALL TRANSFERS BETWEEN RESIDENTIAL UNITS DID DETERMINE A RESIDENT WAS TRANSFERRED BETWEEN THE DIVERSION FACILITY AND THE ROBERTS ROAD FACILITY FOR A 2 WEEK PERIOD IN 2014. THE RESIDENT WAS PROVIDED REFRESHER TRAINING AT THE DIVERSION FACILITY, BUT WAS NOT PROVIDED REFRESHER TRAINING UPON RETURN TO THE ROBERTS ROAD FACILITY. AGENCY HAS PROVIDED VERIFICATION OF REFRESHER TRAINING (TRAINING SIGN-IN ROSTER) WHICH WAS CONDUCTED ON 5/6/15, FOR ALL RESIDENTIAL STAFF (CASE MANAGERS, CLIENT SPECIALISTS AND FACILITY SUPERVISORS, WITH REGARDS TO THIS STANDARD. THE CURRICULUM USED IN THAT REFRESHER TRAINING WAS ALSO PROVIDED TO AUDITOR. **IN CONCLUSION, UPON PROVIDING REFRESHER TRAINING TO STAFF REGARDING RESIDENT REFRESHER EDUCATION UPON TRANSFER TO A RESIDENTIAL UNIT, AGENCY HAS CORRECTED PROVISION 115.233(b). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.233.**

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

115.234(a) – INTERVIEW WITH INVESTIGATIVE STAFF VERIFIES STAFF RECEIVED SPECIAL INVESTIGATOR TRAINING TO CONDUCT SEX ABUSE INVESTIGATION IN A CONFINEMENT SETTING PER POLICY PREA-006 AND PREA STANDARD 115.234. NIC CURRICULUM AND INVESTIGATOR TRAINING RECORDS REVIEWED TO VERIFY COMPLIANCE.

COMCOR INC EMPLOYS 3 SPECIAL INVESTIGATORS TO INVESTIGATE ADMINISTRATIVE INVESTIGATIONS ONLY. 115.234(b) – NIC CURRICULUM AND INVESTIGATOR TRAINING RECORDS REVIEWED TO VERIFY COMPLIANCE. INTERVIEWS WITH SPECIAL INVESTIGATOR ALSO VERIFIED COMPLIANCE.

115.234(c) – REVIEW OF SPECIAL INVESTIGATOR TRAINING RECORDS VERIFY POSSESSION OF NIC SPECIAL INVESTIGATOR TRAINING FOR SEX ABUSE INVESTIGATION IN A CORRECTIONAL SETTING. CURRICULUM HAS BEEN REVIEWED AND DETERMINED TO BE COMPLIANT WITH STANDARD 115.234. TRAINING WAS COMPLETED MAY 2014

115.234(d) – NOT APPLICABLE TO THIS AGENCY

IN CONCLUSION, AUDITOR DETERMINES AGENCY PROVIDES PREA COMPLIANT POLICY PREA-006 IN THAT IT MANDATES SPECIAL INVESTIGATORS TO COMPLETE SPECIAL INVESTIGATION FOR SEX ABUSE INVESTIGATION IN A CORRECTIONAL SETTING TRAINING. COMCOR INC. EMPLOYS 3 SPECIAL INVESTIGATORS WHO HAVE ALL COMPLETED NIC SPECIAL INVESTIGATOR TRAINING, WHICH CURRICULUM IS COMPLIANT WITH STANDARD 115.234. REVIEW OF TRAINING RECORDS VERIFY MANDATED TRAINING FOR ALL 3 SPECIAL INVESTIGATORS HAS BEEN CONDUCTED AND COMPLETED. SIGN-IN SHEETS WITH TRAINEE ACKNOWLEDGEMENTS OF TRAINING HAS BEEN VERIFIED. AGENCY MEETS ALL ASPECTS OF STANDARD 115.234.

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

115.235(a) – NO MEDICAL STAFF EMPLOYED BY AGENCY FULL OR PART TIME. 2 PART-TIME MENTAL HEALTH STAFF WHO ARE CONTRACTORS, HAVE COMPLETED THE REQUIRED PREA TRAINING. POLICY PREA-006 IS COMPLIANT WITH PREA STANDARD 115.235(a)

115.235(b) – NO MEDICAL STAFF EMPLOYED BY AGENCY FULL OR PART TIME. ALL FORENSIC MEDICAL EXAMINATIONS ARE CONDUCTED AT MEMORIAL HOSPITAL.

115.235(c) – SIGNED PREA CONTRACTOR/VOLUNTEER ACKNOWLEDGEMENT FORM & SIGNED PREA ACKNOWLEDGEMENT FORM FOR POLICIES & PROCEDURES FOR REPORTING OF A PREA INCIDENT HAS BEEN PROVIDED TO AUDITOR. BOTH MENTAL HEALTH CONTRACTORS ARE IN COMPLIANCE WITH STANDARD 115.235(c). 115.235(d) – BOTH CONTRACTORS HAVE RECEIVED ADDITIONAL TRAINING IN ADDITION TO PREA TRAINING DUE TO THEIR CONTACT WITH RESIDENTS. AGENCY IS IN COMPLIANCE WITH STANDARD 115.235(d).

IN CONCLUSION, MENTAL HEALTH STAFF ARE BOTH CONTRACTORS WHO HAVE COMPLETED PREA TRAINING AND ADDITIONAL TRAINING DUE TO THEIR STATUS AND CONTACT WITH RESIDENTS. BOTH STAFF HAVE COMPLETED BOTH TRAINING ROSTERS AND PREA ACKNOWLEDGEMENT FORMS. DATA HAS BEEN UPLOADED TO CATS. AUDITOR HAS VERIFIED COMPLIANCE WITH STANDARDS AND HAS DETERMINED AGENCY IS IN COMPLIANCE WITH STANDARD 115.235.

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

115.241(a) – POLICY PREA-002 MANDATES THAT WITHIN 72 HOURS OF ADMISSION AND UPON TRANSFER TO ANOTHER COMCOR RESIDENTIAL FACILITY, STAFF CONDUCTS A RISK ASSESSMENT ON ALL RESIDENTIAL CLIENTS USING THE APPROPRIATE INSTRUMENT LOCATED IN THE CLIENT’S CATS! RECORD. CATS ELECTRONIC RECORD WAS REVIEWED ON SAMPLE OF RESIDENT FILES & FOUND THE RISK ASSESSMENT WAS CONDUCTED APPROPRIATELY WITHIN TIMEFRAMES. INTERVIEW WITH BOTH RANDOM RESIDENTS AND SCREENING STAFF INDICATE THEY FOLLOW POLICY & CATS SYSTEM PROVIDES FOR ERROR NOTIFICATION TO MANAGEMENT IF THE 72 HOUR DEADLINE HAS PASSED. NO RECORD OF THAT OCCURRING

115.241(b) – POLICY PREA-002 MANDATES THAT WITHIN 72 HOURS OF ADMISSION AND UPON TRANSFER TO ANOTHER COMCOR RESIDENTIAL FACILITY, STAF CONDUCTS A RISK ASSESSMENT ON ALL RESIDENTIAL CLIENTS USING THE APPROPRIATE INSTRUMENT LOCATED IN THE CLIENT’S CATS! RECORD. INTERVIEW WITH BOTH RANDOM RESIDENTS AND SCREENING STAFF INDICATE THEY FOLLOW POLICY & CATS SYSTEM PROVIDES FOR ERROR NOTIFICATION TO MANAGEMENT IF THE 72 HOUR DEADLINE HAS PASSED.

NO RECORD OF TIMEFRAME VIOLATION PAST 12 MONTHS

115.241(c) – THE CATS! SYSTEM (COMCOR AUTOMATED TRACKING SYSTEM) IS AN AWARD-WINNING ELECTRONIC OBJECTIVE SCREENING TOOL UTILIZED FOR BOTH DOC AND BOP RESIDENTS. IT IS USED IN CONJUNCTION WITH THE COLORADO DIVISION OF CRIMINAL JUSTICE VICTIM/PREDATOR SCREENING INSTRUMENT AND THE COLORADO DEPT. OF CORRECTIONS PREA RISK ASSESSMENT INSTRUMENT.

115.241(d) – INTAKE SCREENING INSTRUMENT PROVIDED & OBSERVED DURING ON-SITE TOUR. ALL 9 PREA CRITERIA IDENTIFIED IN STANDARD 115.241(d) IS UTILIZED WITHIN THE SCREENING TOOL TO ASSESS RESIDENTS FOR RISK OF SEXUAL VICTIMIZATION.

115.241(e) – REVIEW OF SCREENING INSTRUMENT & INTERVIEW WITH STAFF RESPONSIBLE FOR RISK SCREENING VERIFIES THE SCREENING INSTRUMENT ASKS FOR RESPONSE TO THIS CRITERIA, BUT THE SCREENER ALSO CONSIDERS THE RESPONSES & PLACES IN CATS, UTILIZING THE CHECKLIST COMMENTS SECTION IN PAPER FORM TO KEEP IN FILE.

115.241(f) – POLICY PREA-002 STATES THAT WITHIN 30 DAYS OF THE CLIENT ARRIVAL AT THE FACILITY, THE CASE MANAGER WILL REASSESS THE CLIENTS RISK OF VICTIMIZATION OR ABUSIVENESS. INTERVIEW WITH RANDOM SAMPLE OF RESIDENTS INDICATED 80% REMEMBER A REASSESSMENT. RISK SCREENING STAFF INDICATE WITHIN 30 DAYS ALL RESIDENTS ARE REASSESSED. CATS AUTOMATED DATA SYSTEM ALERTS BOTH CASE MANAGERS AND UPPER MANAGEMENT WHEN THE 20 DAY MARK IS REACHED TO ENSURE REASSESSMENT DEADLINE IS NOT BREACHED. MANAGEMENT INDICATE PRIOR TO NOVEMBER 2014, REASSESSMENT WAS CONDUCTED ONLY IF NEW INFORMATION WAS RECEIVED. THIS ERROR WAS CORRECTED WITH UPDATE IN POLICY TO MANDATE ALL RESIDENTS WILL RECEIVE A REASSESSMENT WITHIN 30 DAYS OF ARRIVAL AT THE FACILITY. REVIEW OF 10 SAMPLE RESIDENT SCREENING RECORDS INDICATE ALL RESIDENTS WHO ARRIVED AFTER NOVEMBER 2014 WERE REASSESSED BY CASE MANAGER WITHIN 30 DAYS AFTER THEIR ARRIVAL AT THE FACILITY.

115.241(g) – MANAGEMENT INDICATE PRIOR TO NOVEMBER 2014, REASSESSMENT WAS CONDUCTED ONLY IF NEW INFORMATION WAS RECEIVED. THIS ERROR WAS CORRECTED WITH UPDATE IN POLICY TO MANDATE ALL RESIDENTS WILL RECEIVE A REASSESSMENT WITHIN 30 DAYS OF ARRIVAL AT THE FACILITY. REVIEW OF 10 SAMPLE RESIDENT SCREENING RECORDS INDICATE ALL RESIDENTS WHO ARRIVED AFTER NOVEMBER 2014 WERE REASSESSED BY CASE MANAGER WITHIN 30 DAYS AFTER THEIR ARRIVAL AT THE FACILITY.

115.241(h) – PER POLICY PREA-002, RESIDENTS MAY NOT BE DISCIPLINED FOR REFUSING TO ANSWER FOR NOT RESPONDING TO QUESTIONS DURING SCREENING. BOTH RESIDENTS & RISK SCREENING STAFF INTERVIEWED INDICATE COMCOR INC STAFF FOLLOW PROCEDURES OUTLINED IN POLICY & IT IS IDENTIFIED IN RESIDENT HANDBOOK.

115.241(i) – POLICY PREA-002 MANDATES IMPLEMENTATION OF APPROPRIATE CONTROLS ON THE DISSEMINATION OF RESPONSES TO QUESTIONS ASKED PURSUANT TO SCREENING INFORMATION TO ENSURE SENSITIVE INFORMATION IS NOT EXPLOITED TO THE RESIDENT’S DETRIMENT BY STAFF OR OTHER RESIDENTS. INTERVIEWS WITH PREA COORDINATOR AND RISK SCREENING STAFF INDICATE RISK SCREENING FILES ARE MAINTAINED IN A SECURE LOCATION IN THE TECHNICIANS OFFICE. ONLY CASE MANAGEMENT STAFF, FACILITY MANAGERS AND AUTHORIZED USERS OF SENSITIVE ELECTRONIC FILES ARE ALLOWED ACCESS TO THIS INFORMATION.

IN CONCLUSION, POLICY PREA-002 COMPLIES WITH STANDARD 115.241. INTERVIEW WITH RANDOM RESIDENTS AND INTAKE STAFF VERIFY COMPLIANCE WITH STANDARD. RISK ASSESSMENTS ARE CONDUCTED ON CLIENTS WITH 72 HOURS OF ADMISSION AND DOCUMENTATION IS ENTERED INTO THE ELECTRONIC RECORD, CATs. APPROPRIATE RISK SCREENING INSTRUMENT IS UTILIZED TO CAPTURE ELEMENTS MANDATED BY PROVISIONS 115.241(c) AND 115.241(d). RESIDENT RESPONSE TO SAFETY, PROGRAMMING AND BED ASSIGNMENT IS CONSIDERED AND IS INCLUDED IN RISK SCREENING INSTRUMENT PER PROVISION 115.241(e). RESIDENT IS REASSESSED WITHING 30 DAYS OF ARRIVAL AT THE FACILITY TO CHECK FOR RISK OF ABUSIVENESS IN ACCORDANCE WITH PROVISIONS 115.241(f) and 115.241(g). RESIDENTS ARE NOT DISCIPLINED FOR REFUSING TO RESPOND TO QUESTIONS DURING SCREENING AND SCREENING INFORMATION ARE KEPT CONFIDENTIAL IN A SECURE LOCATION AS VERIFIED BY AUDITOR DURING IN-SITE AUDIT AND STAFF INTERVIEWS, WITH ONLY CASE MANAGEMENT STAFF, FACILITY MANAGERS AND STAFF WITH SPECIFIC ACCESS TO SENSITIVE ELECTRONIC FILES ARE ALLOWED ACCESS TO SCREENING INFORMATION. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.241.

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

115.242(a) – BED ASSIGNMENT PREA SNAPSHOT PROVIDED. SEXUAL ORIENTATION QUESTIONNAIRE, RISK SCREENING INSTRUMENTS DOC PREA RISK ASSESSMENT & PREA RISK ASSESSMENT FOR BOP RESIDENTS ARE UTILIZED TO PROVIDE HOUSING, PROGRAM ASSIGNMENTS, WORK, EDUCATION ETC. INTERVIEW WITH PREA COORDINATOR & RISK SCREENING STAFF INDICATE COMPATIBILITY DETERMINATION IS BASED ON INITIAL ASSESSMENT, SCREENING & REASSESSMENT.

115.242(b) – PER POLICY PREA-002, COMCOR CORRECTIONAL SUPERVISORS WILL REVIEW ALL ROOM ASSIGNMENTS IN ORDER TO MAKE AND DOCUMENT INDIVIDUALIZED DETERMINATION ABOUT HOW TO ENSURE THE SAFETY OF EACH RESIDENTIAL CLIENT ON A CASE BY CASE BASIS. DOCUMENTATION OF THESE REVIEWS WILL BE RECORDED IN CATS! PER INTERVIEW WITH SCREENING STAFF.

115.242(c) – PER POLICY PREA-002, COMCOR CORRECTIONAL SUPERVISORS WILL REVIEW ALL ROOM ASSIGNMENTS IN ORDER TO MAKE AND DOCUMENT INDIVIDUALIZED DETERMINATION ABOUT HOUSING AND PROGRAM ASSIGNMENTS FOR TRANSGENDER OR INTERSEX CLIENTS IN A FACILITY ON A CASE BY CASE BASIS TO ENSURE THEIR SAFETY. DOCUMENTATION OF THESE REVIEWS WILL BE RECORDED IN CATS! PER INTERVIEW WITH PREA COORDINATOR. CURRENTLY THERE ARE NO TRANSGENDER/INTERSEX RESIDENTS HOUSED IN THE FACILITY.

115.242(d) – POLICY PREA-002 MANDATES TRANSGENDER OR INTERSEX RESIDENTS OWN VIEWS WITH RESPECT TO HIS OR HER OWN SAFETY SHALL BE GIVEN SERIOUS CONSIDERATION. INTERVIEW WITH BOTH PREA COORDINATOR & SCREENING STAFF VERIFY USE OF POLICY TO INCLUDE SECURITY OF THE FACILITY IS ALSO CONSIDERED.

115.242(e) – POLICY PREA-018 PROVIDES FOR TRANSGENDER & INTERSEX RESIDENTS BE ALLOWED TO SHOWER SEPARATELY FROM OTHER RESIDENTS. DURING FACILITY TOUR, AUDITOR OBSERVED SEPARATE SHOWER STALLS WHICH PROVIDE PRIVACY AS EACH SHOWER IS DIVIDED SEPARATELY BY A STATIC WALLS AND SHOWER CURTAINS. INTERVIEW WITH PREA COORDINATOR & RISK SCREENING STAFF VERIFY COMPLIANCE WITH STANDARD.

115.242(f) – POLICY PREA-018 PROHIBITS PLACEMENT OF LGBTI RESIDENTS IN DEDICATED FACILITIES SOLELY ON THE BASIS OF SUCH IDENTIFICATION OR STATUS. THERE IS NO LAWFUL CONSENT DECREE OR LEGAL JUDGEMENT MANDATING SUCH ACTIONS, OR ESTABLISHED UNIT IN COMCOR INC FOR THAT PURPOSE. INTERVIEW WITH PREA COORDINATOR & LGBTI RESIDENTS VERIFIES POLICY IN ACTION. ALL INDICATE RESIDENTS ARE TREATED WITH DIGNITY & RESPECT BY COMCOR STAFF & MANAGEMENT.

IN CONCLUSION, POLICY PREA-002 AND PREA-018 ARE IN COMPLIANCE WITH PREA STANDARD 115.242. RISK ASSESSMENT SCREENING INSTRUMENTS ARE UTILIZED TO PROVIDE HOUSING, PROGRAM ASSIGNMENTS, WORK, EDUCATION ETC. SAFETY OF EACH RESIDENT IS CONSIDERED WHEN MAKING ROOM ASSIGNMENTS BASED ON SCREENING INSTRUMENT DATA. TRANSGENDER & INTERSEX CLIENTS ARE ALLOWED TO SHOWER SEPARATELY, VIEWS RESPECT TO THEIR OWN SAFETY IS GIVEN SERIOUS CONSIDERATION BY STAFF & POLICY PROHIBITS PLACEMENT OF LGBTI RESIDENTS IN DEDICATED FACILITIES BASED SOLELY ON THEIR STATUS. AUDITOR DETERMINES AGENCY MEETS STANDARD 115.242(a).

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

115.251(a) – POLICY MEETS PREA STANDARDS. RESIDENT BROCHURES & NOTIFICATION LITERATURE IN ENGLISH & SPANISH PROVIDED. NOTIFICATION MUST BE SIGNED BY RESIDENT AND STAFF FOR VERIFICATION AT INTAKE. PREA POSTERS IN BOTH ENGLISH & SPANISH TO PROVIDE EFFECTIVE COMMUNICATION FOR CONFIDENTIAL REPORTING. HOTLINE VERIFIED BY AUDITOR WHICH PROVIDES FOR TOLL FREE COMMUNICATION TO OUTSIDE AGENCIES. INTERVIEW WITH RANDOM SAMPLING OF STAFF VERIFIES RESIDENTS ACCESS TO TOLL FREE COMMUNICATION TO OUTSIDE AGENCIES. RANDOM SAMPLING OF RESIDENTS INDICATED TOLL FREE PHONE NUMBERS DID NOT WORK. VERIFIED BY ADMINISTRATION & CORRECTED PRIOR TO COMPLETION OF ON-SITE TOUR BY AUDITOR. RESIDENTS CAN ALSO PRIVATELY REPORT TO DOC & COMCOR INC. MANAGEMENT STAFF

115.251(b) – INTERVIEW WITH PREA COORDINATOR & RANDOM SAMPLE OF RESIDENTS INDICATE ACCESS TO TESSA RAPE CRISIS CENTER FOR PRIVATE REPORTING & DOC HOTLINE BOTH OF WHICH PROVIDE ACCESS NUMBERS ON PREA POSTERS ACCESSIBLE TO RESIDENTS IN ALL COMMON AREAS. TESSA MOU PROVIDED

115.251(c) – POLICY PREA-003 COMPLIANT WITH THIS STANDARD. INTERVIEW WITH RANDOM SAMPLE OF STAFF & RESIDENTS INDICATE STAFF IS TRAINED TO ACCEPT REPORTS IN THE VARIOUS CRITERIA MENTIONED IN THIS STANDARD & REPORT ANY ALLEGATIONS OF SEX ABUSE/HARASSMENT IMMEDIATELY. RESIDENTS INDICATE BEING COMFORTABLE WITH REPORTING TO STAFF VERBALLY, IN WRITING, ANNONYMOUSLY AND FROM 3RD PARTIES & CONFIDENT STAFF WILL FOLLOW UP IMMEDIATELY WITH WRITTEN REPORT & INVESTIGATION.

115.251(d) – RESIDENT BROCHURES & NOTIFICATION LITERATURE IN ENGLISH & SPANISH PROVIDED. NOTIFICATION MUST BE SIGNED BY RESIDENT AND STAFF FOR VERIFICATION AT INTAKE. PREA POSTERS IN BOTH ENGLISH & SPANISH TO PROVIDE EFFECTIVE COMMUNICATION FOR CONFIDENTIAL REPORTING. HOTLINE VERIFIED BY AUDITOR WHICH PROVIDES FOR TOLL FREE COMMUNICATION TO OUTSIDE AGENCIES. INTERVIEW WITH RANDOM SAMPLING OF STAFF VERIFIES RESIDENTS ACCESS TO TOLL FREE COMMUNICATION TO OUTSIDE AGENCIES.

IN CONCLUSION, AGENCY POLICY PREA-003 MEETS ALL ASPECTS OF STANDARD 115.251. EFFECTIVE COMMUNICATION PROVIDED IN BROCHURES, POSTERS, NOTIFICATION WITH REGARDS RESIDENTS PRIVATE REPORTING INTERNALLY & TO OUTSIDE AGENCIES ANY ALLEGATION OF SEXUAL ABUSE OR SEXUAL HARASSMENT. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.251.

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

115.252(a) – PREA MANDATES OUTLINED IN POLICY & IS COMPLIANT WITH STANDARD 115.252(a) REGARDING GRIEVANCE POLICY.

115.252(b) – PREA POLICY IDS-006 MANDATES NO TIME LIMIT ON PREA ALLEGATION GRIEVANCES. POLICY GOES ON TO MEET ALL 4 CRITERIA IN IT’S NARRATIVE. RESIDENT BROCHURE MENTIONS GRIEVANCE POLICY BUT FAILS TO INCLUDE NARRATIVE TO INFORM RESIDENCE HE/SHE IS ALLOWED TO SUBMIT A GRIEVANCE REGARDING AN ALLEGATION OF SEXUAL ABUSE AT ANY TIME REGARDLESS OF WHEN THE INCIDENT IS ALLEGED TO HAVE OCCURRED.

115.252(c) – POLICY IDS-006 MANDATES AGENCY DOES NOT REQUIRE A CLIENT TO USE ANY GRIEVANCE PROCESS OR ATTEMPT TO RESOLVE WITH STAFF AN ALLEGED INCIDENT OF SEXUAL ABUSE, NOR DOES IT REQUIRE A GRIEVANCE REFERRAL TO A STAFF MEMBER WHO IS THE SUBJECT OF THE COMPLAINT. RELEVANT INFORMATION IS PROVIDED IN RESIDENT HANDBOOK/BROCHURE

115.252(d) – POLICY IDS-006 CONTAINS NARRATIVE COMPLIANT WITH STANDARD. NO GRIEVANCES FILED BY RESIDENTS IN THE PAST 12 MONTHS.

115.252(e) – POLICY IDS-006 PROVIDES SPECIFIC NARRATIVE WHICH MEETS STANDARD. NO GRIEVANCES FILED BY RESIDENTS OVER THE PAST 12 MONTHS.

115.252(f) – EMERGENCY GRIEVANCE PROCEDURES OUTLINED IN POLICY IDS-006 IS COMPLIANT WITH THIS STANDARD. NO GRIEVANCES SUBMITTED BY RESIDENT OVER PAST 12 MONTHS.

115.252(g) – POLICY IDS-006 PROVIDES NARRATIVE SPECIFIC TO THIS STANDARD, WHICH COMPLIES WITH STANDARD NARRATIVE. NO RESIDENT GRIEVANCES FILED OVER PAST 12 MONTHS.

IN CONCLUSION, AGENCY HAS GRIEVANCE POLICY WHICH MEETS PREA STANDARDS AND INCLUDES ALL 4 CRITERIA IN ITS NARRATIVE. GRIEVANCE POLICY IS INCLUDED IN RESIDENT BROCHURE, BUT FALLS SHORT WHEN PROVIDING RESIDENTS INFORMATION REGARDING THEIR ALLOWANCE TO SUBMIT A GRIEVANCE REGARDING AN ALLEGATION OF SEXUAL ABUSE AT ANY TIME REGARDLESS OF WHEN THE INCIDENT IS ALLEGED TO HAVE OCCURRED. RESIDENTS ARE NOT REQUIRED TO USE ANY GRIEVANCE PROCESS OR RESOLVE AN ALLEGED INCIDENT OF SEXUAL ABUSE WITH STAFF OR REFERRAL TO STAFF MEMBER WHO IS SUBJECT OF COMPLAINT. THIS NARRATIVE IS INCLUDED IN THE RESIDENT BROCHURE. THERE HAVE BEEN NO GRIEVANCES FILED IN THE PAST 12 MONTHS. AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.252.

CORRECTIVE ACTION:

AGENCY TO AMEND RESIDENT BROCHURE AND ANY RESIDENT EDUCATIONAL MATERIAL WHICH SPEAKS OF THE GRIEVANCE PROCEDURE TO INCLUDE NARRATIVE WHICH INFORMS RESIDENTS THEY ARE ALLOWED TO SUBMIT A GRIEVANCE REGARDING AN ALLEGATION OF SEXUAL ABUSE AT ANY TIME REGARDLESS OF WHEN THE INCIDENT IS ALLEGED TO HAVE OCCURRED.

CORRECTIVE ACTION TO BE COMPLETED NO LATER THAN OCTOBER 7, 2015

CORRECTIVE ACTION COMPLETION – 5/16/15:

115.252(b) – AGENCY HAS AMENDED RESIDENT BROCHURE, PROVIDED TO ALL RESIDENTS UPON INTAKE, WHICH STATES GRIEVANCES RELATED TO SEX ABUSE OR SEX HARASSMENT SHALL HAVE NO TIME LIMIT RESTRICTIONS AS TO WHEN THE GRIEVANCE MAY BE FILED REGARDLESS OF WHEN THE INCIDENT IS ALLEGED TO HAVE OCCURRED. AGENCY HAS ALSO INCLUDED THIS NARRATIVE IN THE PREA GRIEVANCE FORM AND IN THE REGULAR GRIEVANCE ACTION FORM FOR RESIDENTS. **IN CONCLUSION, AGENCY HAS COMPLIED WITH PROVISION 115.252(b) PER CORRECTIVE ACTION REQUEST TO INCLUDE COMPLIANT NARRATIVE IN RESIDENT BROCHURE. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.252.**

	Resident access to outside confidential support services
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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

115.253(a) – AGENCY MEETS PREA STANDARDS BY PROVIDING RESIDENTS BROCHURES IN BOTH ENGLISH & SPANISH AT INTAKE FOR EFFECTIVE COMMUNICATION, WHICH PROVIDES TOLL FREE ACCESS NUMBERS FOR ACCESS TO OUTSIDE ADVOCATES FOR EMOTIONAL SUPPORT. PREA POSTERS IN BOTH ENGLISH & SPANISH PROVIDE SAME SERVICE & LOCATED THROUGHOUT THE FACILITY & ADMINISTRATIVE OFFICES ACCESSIBLE TO RESIDENTS. INTERVIEW WITH RANDOM SAMPLE OF RESIDENTS & RESIDENTS WHO REPORTED SEXUAL ABUSE VERIFY AGENCY’S COMMITMENT TO PROVIDE RESIDENTS WITH ACCESS OUTSIDE VICTIM ADVOCATES FOR EMOTIONAL SUPPORT.

115.253(b) – POLICY PREA-005 MANDATES FACILITY INFORMS RESIDENT OF MANDATORY REPORTING RULES GOVERNING CONFIDENTIALITY REGARDING DISCLOSURES OF SEXUAL ABUSE TO OUTSIDE VICTIM ADVOCATES.

115.253(c) – AGENCY HAS SECURED AN MOU WITH TESSA RAPE CRISIS CENTER FOR OUTSIDE AGENCY REPORTING OF SEXUAL ABUSE/SEXUAL HARRASSMENT AND ADVOCACY DURING FORENSIC EXAMS FOR EMOTIONAL SUPPORT. IN CONCLUSION, AGENCY PROVIDES RESIDENT BROCHURES AT INTAKE AND POSTERS FOR CONFIDENTIAL VICTIM ADVOCATES IN BOTH ENGLISH & SPANISH TO PROVIDE EFFECTIVE COMMUNICATION. POSTERS ARE PLACED THROUGHOUT THE RESIDENT FACILITY AND AREAS ACCESSED BY RESIDENTS. AGENCY HAS SECURED AN MOU WITH LOCAL RAPE CRISIS CENTER. AGENCY IS NOT IN COMPLIANCE WITH STANDARD 115.253(b) AS THE FACILITY FAILS TO INFORM RESIDENTS, PRIOR TO GIVING THEM ACCESS TO OUTSIDE SUPPORT SERVICES, OF THE MANDATORY REPORTING RULES GOVERNING PRIVACY, CONFIDENTIALITY, AND/OR PRIVILEGE THAT APPLY TO DISCLOSURES OF SEXUAL ABUSE MADE TO OUTSIDE VICTIM ADVOCATES, INCLUDING LIMITS TO CONFIDENTIALITY UNDER RELEVANT FEDERAL, STATE, OR LOCAL LAW. AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.253.

CORRECTIVE ACTION:

AGENCY TO AMEND RESIDENT BROCHURE/HANDBOOK TO INCLUDE NARRATIVE WHICH SPEAKS TO OUTSIDE VICTIM ADVOCATE LIMIT TO CONFIDENTIALITY UNDER RELEVANT FEDERAL, STATE, OR LOCAL LAW. SAME INFORMATION NEEDS TO BE INCLUDED WITH VICTIM ADVOCATE POSTERS, WHICH ARE PLACED THROUGHOUT THE FACILITY.

CORRECTIVE ACTION TO BE COMPLETED NO LATER THAN OCTOBER 7, 2015

CORRECTIVE ACTION COMPLETION – 5/16/15:

115.253(b) – POLICY PREA-003 PAGE #2 HAS BEEN AMENDED TO INCLUDE NARRATIVE TO STATE “COMCOR WILL PROVIDE CLIENTS UPON INTAKE WITH INFORMATION REGARDING LIMITS TO CONFIDENTIALITY AND THE MANDATORY REPORTING REQUIREMENTS OF PUBLIC OR PRIVATE ENTITIES” USED FOR REPORTING SEXUAL ABUSE, SEXUAL HARASSMENT AND PROVIDING ADVOCACY SERVICES FOR EMOTIONAL SUPPORT. AGENCY HAS ALSO CREATED A MANDATORY REPORTING FORM, WHICH OUTLINES BOTH MANDATORY REPORTING REQUIREMENT AND LIMITS TO CONFIDENTIALITY TO THE ABOVE MENTIONED ENTITIES. THE RAPE CRISIS CENTER, DOC TIP LINE AND AGENCY REPORTING CONTACT INFORMATION IS INCLUDED ON THIS FORM. THE MANDATORY REPORTING FORM MUST BE SIGNED, BY BOTH THE RESIDENT AND STAFF, DURING INTAKE & RESIDENT IS PROVIDED A COPY OF THE FORM. **IN CONCLUSION, AGENCY HAS SATISFIED ALL PROVISIONS OF THIS STANDARD AND AUDITOR HAS DETERMINED THAT AGENCY IS COMPLIANT WITH STANDARD 115.53.**

115.234

Third-party 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

115.245(a) – AGENCY DISPLAYS METHOD FOR 3RD PARTY REPORTING ON AGENCY WEBSITE WHICH IS ACCESSIBLE TO THE PUBLIC. AGENCY MEETS PREA STANDARD 115.254.

115.261

Staff and agency reporting 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

115.261(a) - POLICY PREA-003 MEETS PREA STANDARD. INTERVIEW WITH RANDOM SAMPLE OF STAFF VERIFIES THEIR KNOWLEDGE AND APPLICATION OF THE PREA STANDARD.

115.261(b) - POLICY PREA-003 MEETS PREA STANDARD. INTERVIEW WITH RANDOM SAMPLE OF STAFF VERIFIES THEIR KNOWLEDGE AND APPLICATION OF THE PREA STANDARD. STAFF INDICATE SHARING OF INFORMATION IS ON NEED TO KNOW BASIS AND PROVIDED ONLY TO INVESTIGATORS & ADMINISTRATIVE STAFF

115.261(c) - POLICY PREA-003 PROVIDES NARRATIVE WHICH MEETS THIS STANDARD. INTERVIEW WITH MENTAL HEALTH STAFF INDICATES THEIR ADDITIONAL REQUIRED TRAINING FOR THEIR PROFESSION ALSO MANDATES DUTY TO INFORM, DUTY TO REPORT & INFORMING CLIENT THE LIMITATIONS OF CONFIDENTIALITY AT INITIATION OF SERVICES

115.261(d) - POLICY PREA-003 PROVIDES PROTOCOL FOR VICTIM UNDER AGE OF 18 & VULNERABLE ADULT. NO JUVENILE UNDER THE AGE OF 18 YEARS ARE HOUSED AT COMCOR INC. PER PREA COORDINATOR & DIRECTOR. SHOULD THIS OCCUR BOTH VICTIM TYPES ARE INVESTIGATED BY CSPD AS A CRIMINAL MATTER.

115.261(e) - POLICY PREA-003 MANDATES FACILITY REPORTS ALL ALLEGATIONS OF SEXUAL ABUSE/HARASSMENT INCLUDING 3RD PARTY AND ANNONYMOUS REPORTS TO FACILITY'S DESIGNATED INVESTIGATORS. INTERVIEW WITH INVESTIGATIVE STAFF INDICATES THEY WILL INVESTIGATE ALLEGATIONS IMMEDIATELY. SHOULD THE INVESTIGATION DETERMINE THE ABUSE IS CRIMINAL IN NATURE, THE CASE IS REFERRED TO CSPD FOR INVESTIGATION & COMCOR INC. INVESTIGATORS ASSIST WHEN REQUESTED & ARE KEPT APPRISED OF THE INVESTIGATION STATUS PER MOU WITH CSPD.

IN CONCLUSION, STAFF IMMEDIATELY REPORT ANY ALLEGATION OF SEXUAL ABUSE & SEXUAL HARASSMENT PER TRAINING & HAS EXHIBITED KNOWLEDGE & APPLICATION OF THE STANDARDS DURING INTERVIEWS. STAFF KNOWS MANDATED POLICY REGARDING SHARING OF INFORMATION REGARDING SEXUAL ABUSE CASES & UNDERSTANDS THE PROTOCOL FOR ALLEGATIONS OF SEXUAL ABUSE FOR VICTIMS UNDER AGE OF 18 AND VULNERABLE ADULTS & 3RD PARTY REPORTS. AUDITOR REVIEWED POLICY PREA-003 WHICH IS COMPLIANT WITH STANDARD. AUDITOR DETERMINES AGENCY/FACILITY COMPLIES WITH STANDARD 115.261.

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

115.262(a) - POLICY PREA-003 MANDATES STAFF TAKE IMMEDIATE ACTION WHEN AGENCY LEARNS RESIDENT IS OF IMMINENT SEXUAL ABUSE. INTERVIEW WITH AGENCY HEAD, DIRECTOR & RANDOM SAMPLE OF STAFF VERIFY COMPLIANCE WITH AGENCY POLICY, MEETING STANDARD MANDATE. **IN CONCLUSION, AUDITOR DETERMINES AGENCY IS IN COMPLIANCE WITH STANDARD 115.262.**

115.263	Reporting to other confinement facilities
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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

115.263(a) – POLICY PREA-003 MANDATES AGENCY TO TAKE PROMPT ACTION TO NOTIFY HEAD OF FACILITY BY SENIOR PROGRAM MANAGER WHERE SEXUAL ABUSE IS ALLEGED TO OCCURRED. AGENCY IS MANDATED TO NOTIFY THE FACILITY WITHIN 72 HOURS OF RECEIVING ALLEGATION. OVER PAST 12 MONTHS, NO ALLEGATIONS OF RESIDENT ABUSE WHILE CONFINED AT ANOTHER FACILITY HAS BEEN RECEIVED REGARDING ROBERTS ROAD FACILITY RESIDENTS.

115.263(b) – PER POLICY PREA-003, SENIOR PROGRAM MANAGER IS MANDATED TO NOTIFY THE FACILITY WITHIN 72 HOURS OF RECEIVING ALLEGATION.

115.263(c) – PREA POLICY PREA-003 MANDATE COMPLIANT WITH PREA STANDARD 115.261. NO RESIDENT OF ROBERTS ROAD HAS ALLEGED RESIDENT ABUSE WHILE CONFINED AT ANOTHER FACILITY. PER POLICY, FORMER FACILITY WILL BE PROMPTLY NOTIFIED BY SENIOR PROGRAM MANAGER WITHIN 72 HOURS BY AGENCY HEAD PER POLICY.

115.263(d) – POLICY PREA-003 MANDATES THAT UPON RECIEPT OF NOTIFICATION THAT SEX ABUSE ALLEGATION HAS OCCURRED, FACILITY HEAD OR AGENCY OFFICE ENSURES ALLEGATION OF SEXUAL ABUSE IS INVESTIGATED ACCORDING TO STANDARD 115.263. INTERVIEW WITH AGENCY HEAD & DIRECTOR VERIFIES COMCOR INC. COMMITMENT TO THIS STANDARD.

IN CONCLUSION, UPON RECEIPT OF ALLEGATION OF SEXUAL ABUSE FROM RESIDENT WHICH OCCURRED AT ANOTHER FACILITY, AGENCY SENIOR PROGRAM MANAGER IS MANDATED TO NOTIFY SAID FACILITY PROMPTLY, WITHIN 72 HOURS. FACILITY HEAD OR AGENCY OFFICE NESURES ALLEGATION OF SEXUAL ABUSE IS INVESTIGATED PER INTERVIEW WITH AGENCY HEAD & DIRECTOR. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.263.

115.264	Staff first responder 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

115.264(a) – POLICY PREA-004 PROVIDES FOR 1ST RESPONDER RESPONSIBILITIES IN RESPONSE TO AN ALLEGATION OF SEXUAL ABUSE. INTERVIEW WITH STAFF & NON SECURITY 1ST RESPONDER STAFF INDICATE THEY HAVE ALL RECEIVED TRAINING ON THE PROTOCOL AND EXHIBIT CRITERIA OUTLINED IN THE STANDARD DURING THE INTERVIEWS. ALL 3 RESIDENTS WHO REPORTED SEXUAL ABUSE INDICATE AGENCY STAFF RESPOND IMMEDIATELY AND PROFESSIONALLY UPON RECEIVING ALLEGATION OF SEXUAL ABUSE IN COMPLIANCE WITH STANDARD.

115.264(b) – RANDOM SAMPLE OF STAFF AND NON-SECURITY STAFF MEMBERS WERE INTERVIEWED & RESPONDED APPROPRIATELY WITH REGARDS TO ENSURING VICTIM & PERPETRATOR NOT TAKE ANY ACTIONS WHICH COULD DESTROY EVIDENCE BY EMPLOYING PROTOCOLS LEARNED DURING TRAINING. POLICY PREA-004 PROVIDES PROTOCOL COMPLIANT WITH STANDARD 115.264.

IN CONCLUSION, AGENCY CLEARLY PROVIDES PROTOCOL AND APPROPRIATE POLICY TO MEET STANDARD 115.264, THROUGH DOCUMENTATION & INTERVIEW VERIFICATION

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

115.265(a) - INTERVIEW WITH DIRECTOR INDICATES AGENCY HAS POLICY WHICH PROVIDES INSTITUTIONAL PROTOCOLS TO COORDINATE ACTIONS IN RESPONSE TO SEXUAL ABUSE AMONG STAFF, 1ST RESPONDERS, MEDICAL AND MENTAL HEALTH PRACTITIONERS, INVESTIGATORS, AND FACILITY LEADERSHIP. REVIEW OF POLICY PREA-004 IDENTIFIES INSTITUTIONAL PLAN AS APPLICABLE TO ALL 3 SEPARATE FACILITIES. THE PROTOCOL IDENTIFIES STAFF MEMBER RESPONSE, SUPERVISOR RESPONSE, PREA MANAGER RESPONSE, EXECUTIVE DIRECTOR & PREA COORDINATOR RESPONSE, INVESTIGATIVE STAFF FOR ADMINISTRATIVE INVESTIGATION AND COLORADO SPRINGS PD FOR CRIMINAL INVESTIGATION. POLICY PREA-005 REVIEW OF PROTOCOL IDENTIFIES ACTION TAKEN BY MEDICAL STAFF (SAFE/SANE) AND MEDICAL PRACTITIONERS, RAPE CRISIS CENTER VICTIM ADVOCATE, OTHER OUTSIDE VICTIM ADVOCATE, STAFF MEMBER VICTIM ADVOCATE, MEDICAL AND MENTAL HEALTH EVALUATION.

IN CONCLUSION, BASED ON THE ABOVE IDENTIFIED NARRATIVE, POLICY PREA-004 AND PREA-005 MEET CRITERIA IDENTIFIED IN STANDARD 115.265(a). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.265.

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

115.266(a) – COM COR INC IS NOT SUBJECT OT ANY COLLECTIVE BARGAINING AGREEMENT
115.266(b) – NOT APPLICABLE TO THIS AGENCY

IN CONCLUSION, STANDARD 115.266 IS NOT APPLICABLE TO THIS AGENCY AS THERE ARE NO COLLECTIVE BARGAINING AGREEMENTS. AGENCY MEETS STANDARD 115.266.

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

115.267(a) – POLICY PREA-013 PROVIDES NARRATIVE COMPLIANT WITH STANDARD 115.267. PREA COORDINATOR MONITORS POSSIBLE RETALIATION FOR COM COR INC

115.267(b) – POLICY PREA-013 PROVIDES NARRATIVE COMPLIANT WITH STANDARD 115.267. INTERVIEW WITH AGENCY HEAD, DIRECTOR, PREA COORDINATOR & RESIDENTS WHO REPORTED SEX ABUSE ALL AGREE AGENCY HAS EMPLOYED PROTECTION MEASURES TO PROVIDE A SAFE ENVIRONMENT FOR RESIDENTS. HOUSING CHANGES, TRANSFERS FOR VICTIMS OR ABUSERS & REMOVAL OF ALLEGED STAFF OR RESIDENT ABUSERS HAVE BEEN EMPLOYED BY AGENCY. MONITORING & PROVISION OF EMOTIONAL SUPPORT IS PROVIDED FOR VICTIMS OF SEX ABUSE & THOSE WHO FEAR RETALIATION FOR REPORTING SEX ABUSE. OR COOPERATING WITH INVESTIGATIONS.

115.267(c) – INTERVIEW WITH DIRECTOR & PREA COORDINATOR DETERMINES AGENCY MONITORS CONDUCT & TREATMENT OF RESIDENTS OR STAFF WHO WERE REPORTED TO SUFFER SEX ABUSE PER POLICY PREA-013. PREA COORDINATOR INDICATES THE MONITORING MAY CONTINUE PAST THE 90 DAY PERIOD SHOULD THERE BE A CONTINUING NEED. INTERVIEW WITH A SEX ABUSE VICTIM INDICATES THEY ARE PAST THE 90 DAY MONITORING PERIOD, AND THEY CONTINUE TO BE MONITORED ON A DAILY BASIS.

115.267(d) – PREA COORDINATOR INDICATES THE MONITORING MAY CONTINUE PAST THE 90 DAY PERIOD SHOULD THERE BE A CONTINUING NEED. INTERVIEW WITH A SEX ABUSE VICTIM INDICATES THEY ARE PAST THE 90 DAY MONITORING PERIOD, AND THEY CONTINUE TO BE MONITORED ON A DAILY BASIS.

115.267(e) – POLICY PREA-013 INCORPORATES NARRATIVE COMPLIANT WITH THIS STANDARD. INTERVIEW WITH DIRECTOR VERIFIES AGENCY’S COMMITMENT TO PROTECT INDIVIDUALS WHO FEAR RETALIATION.

115.267(e) – NOT APPLICABLE TO THIS AGENCY

IN CONCLUSION, AGENCY POLICY PREA-013 COMPLIANT WITH STANDARD. AGENCY EMPLOYS PROTECTION MEASURES TO PROVIDE A SAFE ENVIRONMENT FOR RESIDENTS. HOUSING CHANGES, TRANSFERS FOR VICTIMS OR ABUSERS & REMOVAL OF ALLEGED STAFF OR RESIDENT ABUSERS HAVE BEEN EMPLOYED BY AGENCY. THIS INCLUDES HOUSING CHANGES, TRANSFERS FOR VICTIMS OR ABUSERS & REMOVAL OF ALLEGED STAFF OR RESIDENT ABUSERS HAVE BEEN EMPLOYED BY AGENCY. MONITORING & PROVISION OF EMOTIONAL SUPPORT IS PROVIDED FOR VICTIMS OF SEX ABUSE & THOSE WHO FEAR RETALIATION FOR REPORTING SEX ABUSE. OR

COOPERATING WITH INVESTIGATIONS. INTERVIEWS WITH ADMINISTRATIVE STAFF & INMATES VERIFIES THE USE OF 90 DAY MONITORING WHICH MAY BE EXTENDED SHOULD THERE BE A NEED. AUDITOR VERIFIED AN EXTENDED MONITORING STATUS VIA INTERVIEW WITH RESIDENT VICTIM OF ABUSE. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.267.

115.271	Criminal and administrative agency 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

115.271(a) – POLICY PREA-007 PROVIDES PROTOCOL FOR CRIMINAL & ADMINISTRATIVE INVESTIGATIONS. 4 INVESTIGATIVE REPORTS HAVE BEEN REVIEWED BY AUDITOR. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE COMCOR INC. INVESTIGATE ONLY ADMINISTRATIVE SEX ABUSE INVESTIGATIONS, CSPD IS RESPONSIBLE FOR THE CRIMINAL INVESTIGATIONS AS OUTLINED IN POLICY.

115.271(b) – ALL 3 COMCOR INVESTIGATORS HAVE BEEN TRAINED THROUGH THE NIC SEX ABUSE INVESTIGATION IN A CORRECTIONAL SETTING TRAINING. AUDITOR HAS INTERVIEWED INVESTIGATIVE STAFF TO DETERMINE THEIR KNOWLEDGE & TRAINING WHICH WAS VERIFIED. TRAINING RECORDS ALSO VERIFY TRAINING HAS BEEN COMPLETED PER STANDARD 115.271

115.271(c) – INVESTIGATORS PRESERVE EVIDENCE FOR CSPD TO COLLECT FOR CRIMINAL INVESTIGATIONS PER INVESTIGATIVE STAFF INTERVIEWS AND PREA-007 POLICY. INVESTIGATORS ENSURE PHYSICAL EVIDENCE IS SECURED, SCENE IS SECURED AND VICTIMS & PERPETRATORS ARE NOT ALLOWED TO DESTROY ANY EVIDENCE ON THEIR PERSON VIA BRUSHING TEETH, SHOWERING, CHANGING OF CLOTHES, EATING, ETC.

115.271(d) – POLICY PREA-007 & CSPD MOU INCLUDE THIS STANDARD NARRATIVE. INTERVIEWS WITH INVESTIGATIVE STAFF INDICATE THEY DO NOT CONDUCT COMPELLED INTERVIEWS WITHOUT DIRECTION FROM CSPD.

115.271(e) – POLICY PREA-007 INDICATE THE CREDIBILITY OF AN ALLEGED VICTIM, SUSPECT OR WITNESS SHALL BE ASSESSED ON AN INDIVIDUAL BASIS AND SHALL NOT BE DETERMINED BY THE PERSON’S STATUS AS A RESIDENT OR STAFF. INTERVIEW WITH INVESTIGATIVE STAFF & RESIDENTS WHO REPORTED A SEXUAL ABUSE VERIFY COMPLIANCE WITH POLICY.

115.271(f) – POLICY PREA-007 INCLUDES NARRATIVE WHICH IS COMPLIANT WITH THIS STANDARD. ALL INVESTIGATIONS ARE DOCUMENTED IN WRITTEN REPORTS WHICH INCLUDE SPECIFIC INVESTIGATIVE REPORTS & FINDINGS PER INTERVIEW WITH INVESTIGATIVE STAFF & REVIEW OF INVESTIGATIVE REPORTS.

115.271(g) – POLICY PREA-007 INCLUDES NARRATIVE WHICH IS COMPLIANT WITH THIS STANDARD. ALL INVESTIGATIONS ARE DOCUMENTED IN WRITTEN REPORTS WHICH INCLUDE SPECIFIC INVESTIGATIVE REPORTS & FINDINGS PER INTERVIEW WITH INVESTIGATIVE STAFF & REVIEW OF INVESTIGATIVE REPORTS

115.271(h) – INTERVIEW WITH INVESTIGATIVE STAFF VERIFIES COMPLIANCE WITH THIS STANDARD. ALL ALLEGATIONS WHICH APPEAR TO BE CRIMINAL IN NATURE ARE REFERRED TO CSPD FOR INVESTIGATION. REVIEW OF 1 ONGOING CRIMINAL INVESTIGATION REFERRAL WAS CONDUCTED BY AUDITOR DURING ON-SITE TOUR.

115.271(i) – POLICY PREA-007 & PREA-015 INDICATE ALL WRITTEN REPORTS REFERENCED IN STANDARD 115.271 WILL BE RETAINED BY THE AGENCY FOR AS LONG AS ALLEGED ABUSER IS INCARCERATED OR EMPLOYED BY THE AGENCY, PLUS 5 YEARS. REPORTS PRIOR TO 2014 REVIEWED

115.271(j) – POLICY PREA-007 NARRATIVE MIRRORS NARRATIVE CONTAINED IN STANDARD 115.271(i). INTERVIEW WITH INVESTIGATIVE STAFF VERIFIES POLICY COMPLIANCE.

115.271(k) – THIS STANDARD DOES NOT APPLY TO THIS AGENCY.

115.271(l) – POLICY PREA-007 IS COMPLIANT WITH THIS STANDARD. INTERVIEWS WITH DIRECTOR, PREA

COORDINATOR AND INVESTIGATIVE STAFF VERIFIES POLICY COMPLIANCE. INVESTIGATIVE STAFF INDICATES THERE IS COMMUNICATION BETWEEN CSPD INVESTIGATORS REGARDING THE STATUS OF CASES ON AN ONGOING BASES. INVESTIGATORS ALSO HAVE COMMUNICATION WITH THE DA'S OFFICE REGARDING STATUS OF CASES AND ASSIST BOTH WHENEVER ASSISTANCE IS REQUESTED OR NEEDED RELATED TO AN INVESTIGATION.

IN CONCLUSION, POLICY PREA-007 & PREA-015 ARE BOTH COMPLIANT WITH THIS STANDARD. INTERVIEWS WITH INVESTIGATIVE & AGENCY ADMINISTRATIVE STAFF INDICATES THEIR KNOWLEDGE, TRAINING AS IT RELATES TO SEX ABUSE INVESTIGATIONS AND PROTOCOLS AS IT RELATES TO ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS. INVESTIGATIVE RECORD MAINTENANCE MEETS THE PREA STANDARD. COORDINATION BETWEEN THE DA'S OFFICE, CSPD INVESTIGATORS & COMCOR INC. INVESTIGATORS REGARDING THE STATUS OF INVESTIGATIONS AND ONGOING ASSISTANCE WITH REGARDS TO THE INVESTIGATIVE PROCESS OF SEX ABUSE/SEX HARASSMENT CASES ARE COMPLIANT WITH THIS STANDARD. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.271.

115.272	Evidentiary standards for administrative 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

115.272(a) - POLICY PREA-007 AND INTERVIEW WITH INVESTIGATIVE STAFF INDICATE NO STANDARD HIGHER THAN PREPONDERANCE OF THE EVIDENCE IS UTILIZED IN DETERMINING WHETHER ALLEGATIONS OF SEXUAL ABUSE OR SEXUAL HARASSMENT ARE SUBSTANTIATED. **AGENCY MEETS STANDARD 115.272 REQUIREMENTS.**

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

115.273(a) – POLICY PREA-017 COMPLIES WITH THIS STANDARD. OUT OF THE 7 COMPLETED PREA RELATED INVESTIGATIONS, ONE INVESTIGATION IS ONGOING AND ONLY ONE COMPLETED INVESTIGATION HAS VERIFIABLE DOCUMENTATION, WHICH PROVIDES VICTIM NOTICE OF THE INVESTIGATION OUTCOME. THE NOTICE IS SIGNED AND ACKNOWLEDGED BY THE VICTIM. INTERVIEWS WITH THE DIRECTOR, INVESTIGATIVE STAFF INDICATE COMCOR DEDICATION TO BEING COMPLIANT WITH THIS STANDARD. INTERVIEWS WITH RESIDENTS WHO REPORTED A SEXUAL ABUSE INDICATE THEY HAVE NOT RECEIVED ANY NOTIFICATION REGARDING THE OUTCOME OF THE INVESTIGATION.

115.273(b) – PREA-007 PAGE #2 & SIGNED MOU FROM CSPD INCLUDE LANGUAGE CONSISTENT WITH PREA STANDARDS. NO COMPLETED SEXUAL ABUSE INVESTIGATIONS CONDUCTED BY AN OUTSIDE AGENCY WITHIN PAST 12 MONTHS

115.273(c) – POLICY PREA-017 MEETS STANDARD 115.273 AS STANDARD CRITERIA IS INCLUDED IN AND MANDATED BY THE POLICY. INTERVIEW WITH RESIDENTS WHO REPORTED A SEXUAL ABUSE INDICATE THERE HAVE NOT BEEN ANY RECORD OR INFORMATION RELATED TO A STAFF MEMBER COMMITTING SEXUAL ABUSE AGAINST A RESIDENT. REVIEW OF INVESTIGATIVE RECORDS INDICATE ONE INCIDENT OF SEXUAL MISCONDUCT BY A STAFF MEMBER INVOLVING A RESIDENT, WHICH WAS SUBSTANTIATED BY INVESTIGATION.

STAFF MEMBER WAS TERMINATED, HOWEVER, DOCUMENTATION TO VERIFY RESIDENT’S NOTIFICATION OF THE OUTCOME OF THE INVESTIGATION HAS NOT BEEN PROVIDED TO AUDITOR BY AGENCY.

115.273(d) – POLICY PREA-017 CONTAINS NARRATIVE CONSISTENT WITH STANDARD 115.273(d) MANDATES. THERE HAVE BEEN 5 RESIDENT ON RESIDENT SEXUAL ABUSE COMPLETED INVESTIGATION REVIEWS. OUT OF THE 4 COMPLETED INVESTIGATIONS ONLY 1 RESIDENT HAS BEEN PROVIDED NOTIFICATION COMPLIANT WITH STANDARD 115.73(d). INTERVIEW WITH RESIDENTS WHO REPORTED A SEXUAL ABUSE INDICATE 1 HAS RECEIVED WRITTEN DOCUMENTATION PROVIDING DISPOSITION OF THE INVESTIGATION, 2 HAVE RECEIVED VERBAL NOTIFICATION OF THE CASE DISPOSITION, 2 OTHERS HAVE NOT RECEIVED ANY NOTIFICATION REGARDING THE OUTCOME OF THE INVESTIGATION OR DISPOSITION OF THE PERPETRATOR. OF THE 2 WHO RECEIVED VERBAL NOTIFICATION, TO DATE, AGENCY COULD NOT PROVIDE DOCUMENTATION TO VERIFY VERBAL NOTIFICATION OCCURRED.

115.273(e) – INTERVIEW WITH RESIDENTS WHO REPORTED A SEXUAL ABUSE INDICATE 1 HAS RECEIVED WRITTEN DOCUMENTATION PROVIDING DISPOSITION OF THE INVESTIGATION 2 HAVE RECEIVED VERBAL NOTIFICATION OF THE CASE DISPOSITION, 2 OTHERS HAVE NOT RECEIVED ANY NOTIFICATION REGARDING THE OUTCOME OF THE INVESTIGATION OR DISPOSITION OF THE PERPETRATOR. OF THE 2 WHO RECEIVED VERBAL NOTIFICATION, AGENCY COULD NOT PROVIDE DOCUMENTATION TO VERIFY VERBAL NOTIFICATION OCCURRED.

115.273(f) – THIS STANDARD DOES NOT APPLY TO AGENCY

IN CONCLUSION, POLICY PREA-017 MEETS PREA STANDARD 115.273, OUT OF THE TOTAL 7 SEX ABUSE INVESTIGATIONS, ONE WAS RESIDENT ON STAFF, WHICH DOES NOT MANDATE A DOCUMENTED DISPOSITION TO THE VICTIM. ONLY 1 RESIDENT WAS PROVIDED NOTIFICATION WITH REGARDS TO DOCUMENTED DISPOSITION OF THE INVESTIGATION AND PERPETRATOR. THIS WAS VERIFIED THROUGH SEX ABUSE INVESTIGATION REVIEW AND INTERVIEW WITH RESIDENTS WHO REPORTED SEX ABUSE ALLEGATIONS. AGENCY IS NOT COMPLIANT WITH REGARDS TO PROVISIONS 115.273(a), 115.273(c), 115.273(d) and 115.273(e). AGENCY DOES NOT MEET STANDARD 115.273.

CORRECTIVE ACTION:

AGENCY TO PROVIDE DOCUMENTATION NOTIFYING VICTIMS OF SEXUAL ABUSE OR SEXUAL HARASSMENT THE OUTCOME OF ALL 6 INVESTIGATIONS WHICH INCLUDED EITHER RESIDENT ON RESIDENT OR STAFF ON RESIDENT CASES. IF VICTIMS CANNOT BE CONTACTED, PROVIDE DOCUMENTATION VERIFYING ATTEMPTS TO LOCATE.

CORRECTIVE ACTION TO BE COMPLETED NO LATER THAN OCTOBER 7, 2015

CORRECTIVE ACTION COMPLETION – 5/16/15:

115.73(a), 115.73(c), 115.73(d) and 115.17e) – AGENCY HAS PROVIDED AUDITOR WITH INVESTIGATIVE DISPOSITION PROOF OF NOTIFICATION ACTIONS TAKEN, WITH REGARDS TO 6 OUTSTANDING COMPLETED INVESTIGATIONS. ONE RESIDENT WAS TRANSFERRED BACK TO PAROLE AND HAS BEEN AT-LARGE ON ESCAPE STATUS SINCE RELEASE. ATTEMPTED NOTIFICATION DOCUMENTATION HAS BEEN PROVIDED TO AUDITOR. 4 RESIDENTS HAVE BEEN PROVIDED WRITTEN NOTIFICATION VERIFIED THROUGH RESIDENT’S SIGNATURE. ONE INVESTIGATION INVOLVES RESIDENT AGAINST STAFF, COPIES HAVE BEEN PROVIDED TO AUDITOR FOR VERIFICATION. THE STAFF MEMBER (VICTIM) WAS NOTIFIED OF THE DISPOSITION OF THE INVESTIGATION AND WHEREABOUTS OF PERPETRATOR VERBALLY. THERE ARE NO FORMAL REPORTING REQUIREMENTS FOR RESIDENT AGAINST STAFF SEXUAL ABUSE.

IN CONCLUSION, AGENCY HAS COMPLIED WITH PROVISIONS 115.73(a), 115.73(c), 115.73(d) and 115.17e) IN THAT INVESTIGATIVE DISPOSITION NOTIFICATIONS HAVE BEEN COMPLETED PER STANDARD REQUIREMENT. AUDITOR HAS DETERMINED THAT AGENCY HAS COMPLIED WITH STANDARD PROVISIONS AND MEET STANDARD 115.73.

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

115.276(a) – POLICY PREA-014 PROVIDES NARRATIVE WHICH MEETS STANDARD 115.276(a)

115.276(b) – POLICY PREA-014 PROVIDES NARRATIVE WHICH MEETS STANDARD 115.276(b). PRE AUDIT QUESTIONNAIRE INDICATES 1 STAFF MEMBER WAS TERMINATED FROM THE FACILITY FOR VIOLATING RECORD OF STAFF TERMINATION WAS PROVIDED TO AUDITOR. INVESTIGATIVE SUMMARY WAS ALSO PROVIDED WHICH VERIFIES COMPLIANCE WITH THIS PROVISION.

115.276(c) – POLICY PREA-014 PROVIDES NARRATIVE WHICH MEETS STANDARD 115.276(c). NO RECORD OF DISCIPLINARY SANCTIONS AGAINST STAFF, SHORT OF TERMINATION, FOR SEX ABUSE OR SEX HARASSMENT OVER PAST 12 MONTHS.

115.276(d) – POLICY PREA-014 PROVIDES NARRATIVE WHICH MEETS STANDARD 115.276(d). STAFF MEMBER WHICH WAS TERMINATED DUE TO STAFF SEXUAL MISCONDUCT ON A RESIDENT WAS REFERRED TO LOCAL LAW ENFORCEMENT FOLLOWING SAID TERMINATION AS VERIFIED VIA INVESTIGATIVE SUMMARY RECORDS REVIEW. **IN CONCLUSION, POLICY PREA-004 MEETS STANDARD 115.276. NO SANCTIONS SHORT OF TERMINATION FOR PAST 12 MONTHS FOR STAFF WHO ARE FOUND CULPABLE FOR STAFF SEXUAL ABUSE AGAINST A RESIDENT. AGENCY PROVIDED RECORD OF STAFF ON RESIDENT INVESTIGATION AND DISPOSITION WHICH WAS TERMINATION. AGENCY REFERRED STAFF TO LOCAL LAW ENFORCEMENT PER STANDARD 115.276(d). AUDITOR DETERMINES THAT AGENCY MEETS STANDARD 115.276.**

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

115.277(a) – 1 CONTRACTOR EMPLOYED, NO VOLUNTEERS EMPLOYED. NO CONTRACTORS/VOLUNTEERS REPORTED TO LAW ENFORCEMENT IN PAST 12 MONTHS FOR ENGAGING IN SEX ABUSE OF RESIDENTS. POLICY PREA 013 INCLUDES NARRATIVE WHICH IS COMPLIANT WITH STANDARD 115.277(a).

115.277(b) – POLICY PREA 013 INCLUDES NARRATIVE WHICH IS COMPLIANT WITH STANDARD 115.277(a). INTERVIEW WITH DIRECTOR INDICATED IF SEPARATION IS WARRANTED PENDING INVESTIGATION, AS A

PRECAUTION IT IS SAFE TO SEPARATE VICTIM & PERPETRATOR PENDING INVESTIGATION.
IN CONCLUSION, NO VOLUNTEERS OR CONTRACTORS HAVE BEEN REPORTED TO LAW ENFORCEMENT IN PAST 12 MONTHS FOR SEX ABUSE VIOLATIONS. INTERVIEW WITH DIRECTOR VERIFIES APPROPRIATE REMEDIAL MEASURES IN PLACE TO PROHIBIT FURTHER CONTACT WITH RESIENCE IN THE CASE OF VIOLATION OF SEX ABUSE OR SEX HARASSMENT POLICIES BY CONTRACTOR OR VOLUNTEER IN ACCORDANCE WITH POLCIH PREA-013. IT IS DETERMINED BY AUDITOR THAT AGENCY MEETS STANDARD 115.277.

115.278	Disciplinary sanctions for 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

115.278(a) – POLICY PREA-014 INCLUDES NARRATIVE COMPLIANT WITH STANDARD 115.278(a). REVIEW OF INVESTIGATIVE FILES INDICATE 4 RESIDENT ON RESIDENT ADMINISTRATIVE SEX ABUSE INVESTIGATIONS, 1 CRIMINAL SEX ABUSE INVESTIGATION WHICH IS CURRENTLY ONGOING, AND 1 RESIDENT ON STAFF ADMINISTRATIVE SEX HARASSMENT INVESTIGATION.

115.278(b) – POLICY PREA-014 COMPLIANT WITH STANDARD 15.278(b) PER POLICY REVIEW & INTERVIEW WITH DIRECTOR.

115.278(c) – REVIEW OF POLICY PREA-014 & INTERVIEW WITH DIRECTOR INDICATES BOTH POLICY & ADMINISTRATION OF SAID POLICY IS COMPLIANT WITH STANDARD 115.278(c).

115.278(d) – LANGUAGE IN POLICY PREA-014 IS CONSISTENT WITH STANDARD 115.278(d). INTERVIEW WITH MENTAL HEALTH STAFF INDICATES FACILITY OFFERS THERAPY & COUNSELING TO RESIDENTS. A NUMBER OF RESIDENTS ARE CURRENTLY UNDERGOING COUNSELING TO DETERMINE MOTIVATIONS FOR SEX ABUSE.

115.278(e) – POLICY PREA-014 COMPLIANT WITH STANDARD 115.278(e). THERE IS NO RECORD OF RESIDENT SEXUAL CONTACT WITH STAFF.

115.278(f) – AGENCY PROHIBITS DISCIPLINARY ACTION AGAINST RESIDENT WHO MADE SEX ABUSE REPORT IN GOOD FAITH PER POLICY PREA-014

115.278(g) – POLICY PREA-014 PROHIBITS ALL SEXUAL ACTIVITY BETWEEN RESIDENTS.

IN CONCLUSION, POLICY PREA-014 MANDATES DISCIPLINARY PROCESS FOR RESIDENT ON RESIDENT SEXUAL ABUSE WHICH SHALL BE COMENSURATE WITH CASES OF SIMILAR NATURE, DISCIPLINARY WILL CONSIDER MENTAL DISABILITIES OR ILLNESS. DISCIPLINARY NARRATIVE ALSO INCLUDES RESIDENT SEX ABUSE ALLEGATION AGAINST STAFF ONLY IF STAFF DID NOT CONSENT TO THIS BEHAVIOR. POLICY MANDATES THE OFFER OF COUNSELING OR THERAPY TO ADDRESS MOTIVATIONS OF SEXUAL ABUSE. RESIDENTS SHALL NOT BE DISCIPLINED WHEN MAKING A SEX ABUSE REPORT IN GOOD FAITH & POLICY ALSO PROHIBITS ALL SEX ACTIVITY BETWEEN RESIDENTS. AUDITOR DETERMINES AGENCY MEETS STANDARD 115.278.

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

115.282(a) – RESIDENT VICTIMS ARE PROVIDED TIMELY UNIMPEDED ACCESS TO EMERGENCY MEDICAL TREATMENT & CRISIS INTERVENTION SERVICES PER POLICY PREA-005, COMPLIANT WITH STANDARD 115.282(a). INTERVIEW WITH MENTAL HEALTH STAFF VERIFIES POLICY. INTERVIEW WITH RESIDENTS WHO REPORTED SEX ABUSE STATE IN THEIR EXPERIENCE, COMCOM INC STAFF PROVIDED EMOTIONAL, MEDICAL AND MENTAL HEALTH SUPPORT IMMEDIATELY UPON NOTIFICATION OF SEXUAL ABUSE OCCURRENCE.

115.282(b) – INTERVIEW WITH 1ST RESPONDERS INDICATE THEY ARE TRAINED TO TAKE PRELIMINARY STEPS TO PROTECT THE VICTIM & NOTIFY SUPERVISOR SO APPROPRIATE MENTAL HEALTH & MEDICAL HEALTH PRACTITIONERS ARE NOTIFIED.

115.282(c) – INTERVIEW WITH MENTAL HEALTH STAFF INDICATE COMCOR MANDATES ARE COMPLIANT WITH THIS STANDARD. CONTACT WITH SANE NURSE AT MEMORIAL HOSPITAL INDICATE RESIDENT VICTIMS ARE PROVIDED INFORMATION REGARDING EMERGENCY CONTRACEPTION & STD PROPHYLAXIS DURING FORENSIC EXAM & TREATMENT. RESIDENTS WHO REPORTED SEX ABUSE INDICATE THEY WERE OFFERED SUCH TREATMENT AT BY MEDICAL PRACTITIONERS.

115.282(d) – POLICY PREA-005 STATES TREATMENT SERVICES ARE PROVIDED TO VICTIM OF SEX ABUSE WITHOUT COST IN ACCORDANCE WITH STANDARD 115.282(d)

IN CONCLUSION, PER POLICY PREA-005, RESIDENT VICTIMS OF SEX ABUSE ARE PROVIDED UNIMPEDED ACCESS TO EMERGENCY MEDICAL TREATMENT & CRISIS INTERVENTION INCLUDING EMOTIONAL, MEDICAL AND MENTAL HEALTH SUPPORT IMMEDIATELY UPON AGENCY'S NOTIFICATION OF SEX ABUSE. INTERVIEW WITH MENTAL & MEDICAL STAFF TO INCLUDE RESIDENTS WHO REPORTED SEX ABUSE INDICATE COMCOR INC. COMMITMENT TO SEXUAL SAFETY & VERIFIES COMPLIANCE WITH POLICY. AUDITOR DETERMINES AGENCY COMPLIES WITH STANDARD 115.282.

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

- 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

115.283(a) – POLICY PREA-005 MANDATES THE OFFER OF MEDICAL & MENTAL HEALTH EVALUATION TO ALL RESIDENTS WHO HAVE BEEN VICTIMIZED BY SEXUAL ABUSE IN ANY CORRECTIONAL CONFINEMENT SETTING.

115.283(b) – REVIEW OF INVESTIGATIVE REPORTS, INTERVIEW WITH MENTAL HEALTH STAFF & INTERVIEW WITH RESIDENTS WHO REPORTED A SEXUAL ABUSE ALL VERIFY AGENCY'S COMMITMENT TO MANDATE FOLLOWUP TREATMENT AND MONITORING OF VICTIMS WHICH INCLUDES TRANSFER OR PLACEMENT TO OTHER FACILITIES TO ENSURE SEXUAL SAFETY.

115.283(c) – INTERVIEW WITH MENTAL HEALTH PRACTITIONER AND SANE NURSE FROM MEMORIAL HOSPITAL BOTH VERIFY RESIDENTS ARE PROVIDED VICTIMS OF SEX ABUSE MENTAL & MEDICAL HEALTH SERVICES CONSISTENT

WITH THE COMMUNITY LEVEL OF CARE. MENTAL HEALTH PRACTITIONER INDICATES IF PRACTITIONER NOT ON DUTY AT TIME OF INCIDENT, AGENCY HAS MADE CONNECTION WITH MENTAL HEALTH SERVICES WHICH PROVIDES THE SAME LEVEL OF CARE CONSISTENT WITH THE COMMUNITY LEVEL OF CARE.

115.283(d) – POLICY PREA-005 MANDATES VICTIMS OF SEXUAL ABUSIVE VAGINAL PENETRATION WHILE INCARCERATED SHALL BE OFFERED PREGNANCY TESTS. POLICY VERIFIED THROUGH INTERVIEW WITH RESIDENTS WHO REPORTED A SEXUAL ABUSE. RESIDENT INDICATED THEY WERE OFFERED PREGNANCY TEST AT MEMORIAL HOSPITAL EVEN THOUGH NO VAGINAL PENETRATION OCCURRED, AS A MATTER OF PROTOCOL.

115.283(e) – POLICY PREA-005 MANDATES VICTIMS OF SEXUAL ABUSIVE VAGINAL PENETRATION WHILE INCARCERATED SHALL RECEIVE TIMELY INFORMATION & ACCESS TO PREGNANCY RELATED MEDICAL SERVICES. INTERVIEW WITH MEMORIAL HOSPITAL SANE NURSE INDICATED THIS OFFER IS MADE DURING FORENSIC EXAMINATION TREATMENT. POLICY VERIFIED THROUGH INTERVIEW WITH RESIDENTS WHO REPORTED A SEXUAL ABUSE. RESIDENT INDICATED THEY WERE OFFERED PREGNANCY TEST AT MEMORIAL HOSPITAL EVEN THOUGH NO VAGINAL PENETRATION OCCURRED, AS A MATTER OF PROTOCOL.

115.283(f) – POLICY PREA-005 MANDATES VICTIMS OF SEXUAL ABUSE WHILE INCARCERATED SHALL BE OFFERED STD TESTS. POLICY VERIFIED THROUGH INTERVIEW WITH RESIDENTS WHO REPORTED A SEXUAL ABUSE. RESIDENT INDICATED THEY WERE OFFERED STD TEST AT MEMORIAL HOSPITAL EVEN THOUGH NO VAGINAL PENETRATION OCCURRED, AS A MATTER OF PROTOCOL.

115.283(g) – POLICY PREA-005 MANDATES TREATMENT SERVICES WILL BE PROVIDED AT NO COST TO VICTIMS OF SEXUAL ABUSE. INTERVIEW WITH RESIDENTS WHO REPORTED SEXUAL ABUSE VERIFIES COMCOR INC. FOLLOWS THIS POLICY IN ACCORDANCE WITH STANDARD 115.283(g).

115.283(h) – POLICY PREA-005 NARRATIVE COMPLIANT WITH STANDARD 115.283(h) IN THAT RESIDENT ON RESIDENT ABUSERS ARE OFFERED TREATMENT OF ABUSE HISTORY BY MENTAL HEALTH PRACTITIONERS WITHIN 60 DAYS OF LEARNING OF SUCH ABUSE HISTORY. INTERVIEW WITH MENTAL HEALTH PRACTITIONER INDICATES TREATMENT OF SEX ABUSERS IS CURRENTLY ONGOING & COMCOR INC. OFFERS THIS TREATMENT IMMEDIATELY UPON LEARNING OF SEX ABUSE HISTORY.

IN CONCLUSION, POLICY PREA-005 IS CONSISTENT WITH STANDARD 115.283 MANDATES. RESIDENTS VICTIMIZED BY SEXUAL ABUSE IN A CORRECTIONAL SETTING ARE OFFERED MEDICAL & MENTAL HEALTH EVALUATION. MEDICAL & MENTAL HEALTH SERVICES ARE OFFERED AT THE SAME LEVEL OF CARE CONSISTENT WITH COMMUNITY LEVEL OF CARE. RESIDENT VICTIMS OF SEX ABUSE ARE OFFERED TREATMENT FOR PREGNANCY, STD'S. MEDICAL & MENTAL HEALTH SERVICES ARE OFFERED TO RESIDENTS AT NO COST. RESIDENTS WITH HISTORY OF SEX ABUSE ARE OFFERED MENTAL HEALTH TREATMENT WITHIN 60 DAYS OF LEARNING OF SEX ABUSE HISTORY. INTERVIEW WITH MEDICAL AND MENTAL HEALTH PRACTITIONERS VERIFY COMCOR INC. COMMITMENT TO THIS POLICY, SEXUAL SAFETY & STANDARD 115.283. AUDITOR DETERMINES AGENCY IS COMPLIANT WITH STANDARD 115.283

115.286**Sexual abuse incident reviews**

- 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

115.286(a) – POLICY EDS-001 IS COMPLIANT WITH STANDARD 115.286(a). INCIDENT REVIEWS OF ALL 5 PREA RELATED INCIDENTS WERE PROVIDED & REVIEWED BY AUDITOR.

115.286(b) – REVIEW OF ALL 5 CASES OCCURRED WITHIN 30 DAYS OF CONCLUSION OF THE INVESTIGATION.

115.286(c) – PER POLICY IDS-011, ALL 5 INVESTIGATIVE INCIDENT REVIEWS WERE CONDUCTED BY UPPER LEVEL MANAGEMENT OFFICIALS WITH INPUT FROM SUPERVISORS, INVESTIGATORS & STAFF MENTAL HEALTH PRACTITIONERS.

115.286(d) – POLICY IDS-011 NARRATIVE INCLUDES CRITERIA OUTLINED IN STANDARD 115.286(d). INTERVIEW WITH DIRECTOR, PREA COORDINATOR AND REPRESENTATIVE OF INCIDENT REVIEW TEAM ALL STATE CRITERIA OUTLINED IN THIS STANDARD IS CONSIDERED WHEN ASSESSING MERITS OF EACH INVESTIGATION AND PREPARING FINDINGS & RECOMMENDATIONS FOR IMPROVEMENT.

115.286(e) – INTERVIEW WITH DIRECTOR INDICATES AGENCY TAKES RECOMMENDATIONS & FINDINGS OF REVIEW TEAM SERIOUSLY & IMPLEMENTS IMPROVEMENT RECOMMENDATIONS.

IN CONCLUSION, POLICY EDS-001 IS COMPLIANT WITH STANDARD 115.286 IN THAT IT MANDATES INCIDENT REVIEWS CONDUCTED ON SEXUAL ABUSE & SEXUAL HARASSMENT CASES WITHIN 30 DAYS OF CONCLUSION OF AN INVESTIGATION. 5 INCIDENT REVIEWS WERE CONDUCTED STAFF CONSISTENT WITH STANDARD 115.286(c). INTERVIEWS WITH MANAGEMENT STAFF AND REPRESENTATIVES OF INCIDENT REVIEW TEAM INDICATE CRITERIA OUTLINED IN STANDARD 115.186(d) IS CONSIDERED WHEN ASSESSING MERITS OF INVESTIGATION. TEAM MAKES RECOMMENDATIONS & FINDINGS. AGENCY SERIOUSLY CONSIDERS & IMPLEMENTS FINDINGS & RECOMMENDATIONS FROM THE INCIDENT REVIEW TEAM. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.286.

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

115.287(a)/(c) – POLICY PREA-015 AND PREA STATS COLLECTION INSTRUMENT REVIEWED. POLICY MEETS STANDARD 115.287(a)/(c). INCIDENT BASED DATA COLLECTION INSTRUMENT MEETS STANDARD 115.287(c) MANDATE.

115.287(b) – BASED ON 2013 & 2014 ANNUAL REPORT REVIEWED ON COMCOR INC. WEBSITE, AGENCY AGGREGATES INCIDENT BASED DATA ANNUALLY.

115.287(d) – AGGREGATED DATA IS COLLECTED FROM ALL INCIDENT-BASED DOCUMENTS & CATS DATA SYSTEMS PER POLICY PREA-015 AND STANDARD 115.287(d).

115.287(e) – N/A - AGENCY DOES NOT CONTRACT FOR THE CONFINEMENT OF IT'S RESIDENTS

115.287(f) – N/A - AGENCY DOES NOT CONTRACT FOR THE CONFINEMENT OF IT'S RESIDENTS

IN CONCLUSION, POLICY PREA-015 MANDATES SEXUAL ABUSE & SEXUAL HARASSMENT STATISTICAL DATE BE COLLECTED USING A DATA COLLECTION INSTRUMENT IDENTIFIED IN STANDARD 115.287(c). AGGREGATED DATA IS COLLECTED FROM ALL INCIDENT-BASED & ELECTRONIC BASED DOCUMENTS. AGENCY DOES NOT CONTRACT FOR THE CONFINEMENT OF IT'S RESIDENTS & DOJ HAS NOT REQUESTED AGENCY DATA.

IN CONCLUSION, AGENCY USES APPROPRIATE DATA COLLECTION INSTRUMENT AS IDENTIFIED IN STANDARD 115.287(c) AND USES ANNUAL AGGREGATED DATA COLLECTED FROM ALL INCIDENT-BASED & ELECTRONIC-BASED DOCUMENTS. AGENCY MEETS STANDARD 115.287, PER AUDITOR REVIEW.

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

115.288(a) – POLICY IDS-015 CONTAINS NARRATIVE INCLUDES CRITERIA OUTLINED WITH STANDARD 115.288(a).

115.288(b) – 2014 ANNUAL REPORT INCLUDES THE COMPARISON OF 2013 ANNUAL REPORT TO INCLUDE CORRECTIVE ACTIONS OF PREVIOUS YEAR

115.288(c) – INTERVIEW WITH AGENCY HEAD INDICATES ANNUAL REPORT IS APPROVED AT HIS LEVEL AND MADE AVAILABLE TO THE PUBLIC ON AGENCY WEBSITE. AUDITOR VERIFIED 2013 AND 2014 ANNUAL REPORT ON AGENCY WEBSITE IN THE PREA SECTION

115.288(d) – REVIEW OF ANNUAL REPORT DETERMINES THERE IS NO INFORMATION WITHIN THE REPORT WHICH WOULD PRESENT A CLEAR & SPECIFIC THREAT TO THE SAFETY & SECURITY OF THE FACILITY. INTERVIEW WITH PREA COORDNIATOR DETERMINES ANY SUCH INFORMATION OR DATA WOULD BE REDACTED BEFORE BEING MADE AVAILABLE TO THE PUBLIC.

IN CONCLUSION, POLICY IDS-015 NARRATIVE OUTLINES CRITERIA IDENTIFIED IN STANDARD 115.288(a).

ANNUAL REPORT, AVAILABLE PUBLICLY ON AGENCY WEBSITE UTILIZES AGGREGATED DATA FROM ALL FACILITIES UNDER AGENCY'S CONTROL & COMPARES DATA FROM PREVIOUS YEAR. AGENCY REDACTS DATA THAT MAY PRESENT A THREAT TO THE FACILITY PRIOR TO MAKING THE ANNUAL REPORT AVAILABLE TO THE PUBLIC. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.288.

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

115.289(a) – POLICY PREA-015 MANDATES SENSITIVE DATA COLLECTED FOR ANNUAL REPORT IS SECURELY MAINTAINED. INTERVIEW WITH PREA COORDINATOR INDICATES PERSONAL IDENTIFIERS ARE MAINTAINED SECURELY ON A NEED TO KNOW BASIS

115.289(b) – PREA-015 POLICY NARRATIVE CONSISTENT WITH STANDARD 115.288(b). ANNUAL REPORTS 2013 & 2014 MAINTAINED ON AGENCY WEBSITE, AVAILABLE TO THE PUBLIC, AS VERIFIED BY AUDITOR. DATA MAINTAINED IN ANNUAL REPORT IS AGGEGATED SEX ABUSE DATA FROM FACILITIES UNDER AGENCY CONTROL.

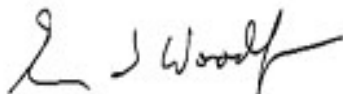
115.289(c) – REVIEW OF 2013 & 2014 ANNUAL REPORT BY AUDITOR DETERMINES THERE ARE NO PERSONAL IDENTIFIES IN EITHER REPORT & DATA IS AGGREGATED SEXUAL ABUSE DATA.

115.289(d) – 2013 IS AGENCY'S FIRST PREA REPORT. SEX ABUSE DATA WAS NOT COLLECTED PRIOR TO THAT YEAR. LANGUAGE INCLUDED IN POLICY PREA-015 MEETS STANDARD 115.289(d). ANNUAL REPORT 2013 & 2014 AVAILABLE ON AGENCY WEBSITE.

IN CONCLUSION, AGENCY SECURELY MAINTAINS SENSITIVE COLLECTED FOR ANNUAL REPORT. INTERVIEW WITH PREA COORDINATOR INDICATES PERSONAL IDENTIFIERS ARE REDACTED PRIOR TO MAKING ANNUAL REPORT AVAILABLE TO THE PUBLIC AS VERIFIED BY AUDITOR'S REVIEW OF ANNUAL REPORT WHICH IS AVAILABLE TO THE PUBLIC ON AGENCY'S WEBSITE. ANNUAL REPORT IS AGGRETATED DATA COMPRISED FROM FACILITIES UNDER AGENCY CONTROL. AUDITOR DETERMINES AGENCY MEETS STANDARD 115.289.

INTERIM SUMMARY REPORT 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.



APRIL 10, 2015

Auditor Signature

Date

FINAL SUMMARY REPORT 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.

MAY 26, 2015

Auditor Signature

Date