

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



FINAL SUMMARY REPORT

Name of facility: 3808 TRANSITION RESIDENTIAL FACILITY

Physical address: 3808 NORTH NEVADA AVENUE COLORADO SPRINGS, COLORADO 80907

Date report submitted:
MAY 9, 2016

Auditor Information

Address: PO BOX 732 BENICIA, CALIFORNIA 8=94510-0732

Email: eiw@comcast.net

Telephone number: (707) 333-8303

Date of facility visit: 3/7/16 to 3/9/16

Facility Information

Facility mailing address: *(if different from above)*

SAME AS ABOVE

Telephone number: (719) 636-5200

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 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): Sue Kuiper **Title:** Quaiity Assurance Coordinator

Email address: skuiper@comcor.org **Telephone number:** (719) 473-4460

Agency Information

Name of agency: COMCOR INC.

Governing authority or parent agency: *(if applicable)*

Physical address: 1355 KELLY JOHNSON BLVD. COLORADO SPRINGS, COLORADO 80902

Mailing address: *(if different from above)* 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: KEVIN BISHOP	Title: AGENCY PREA COORDINATOR
Email address: kbishop@comcor.org	Telephone number: (719) 473-4460

AUDIT FINDINGS

NARRATIVE:

The Transition Residential Facility PREA On-Site Audit was conducted from 3/7/16 to 3/9/16. During the Pre-Audit Phase, the PREA Coordinator provided the Pre-Audit Questionnaire for review by the auditor. On 1/25/16 Notices of the Audit was posted in general areas of the facility accessible to both residents and staff. Notices were provided in English and Spanish. PREA Coordinator provided auditor with dated photos of Notice locations. Auditor and PREA Coordinator communicated throughout the Pre-Audit phase to discuss clarification issues with the Pre-Audit Questionnaire and to correct deficiencies identified prior to the On-Site Audit Phase. The audit began on 3/7/16 with the entry briefing, which included the Agency CEO, the Director of Facility Programs, PREA Coordinator, PREA Manager, Program Manager for the Transition Residential Facility, Plant Maintenance Manager, Services Administrator, Contract Administrator, Human Resources Administrator and Manager, and a number of staff from administration and 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 each stage of the On-Site audit process. All questions were answered and the physical plant review began. Resident population at time of physical plant review was 129. Physical Plant Review was conducted as follows:

Posted PREA Information:

Posters are provided throughout facility and behind each resident room door to include Zero-Tolerance.

- Dayroom – Poster in English and Spanish which provides limits to confidentiality and language which indicates phone calls are not monitored by Agency

Opposite Sex Viewing?

Facility is PREA compliant. Auditor did not observe any opportunity for opposite sex viewing.

Camera Placement/Blind-spots identified:

Cameras are strategically placed throughout the facility to provide for sexual safety of residents. Video technology and mirrors are in addition to staff interacting with residents and conducting security checks on a 30 to 45 minute basis. The following blind spots were identified:

- Room #100 & #101 Case Manager & Facility Clerk Office – Significant blind spot at both offices which are next to each other. Some type of security monitoring must be implemented to provide sexual safety for both residents and staff. Examples could be: Camera placement or security checks in conjunction with personal alarm and Tech office alert to log Resident visits and returns from the Case manager and/or Facility Clerk Office.

Announcement: Staff cross-gender announcements observed by auditor

How: Knock & announce, “Female Staff”

General Discussion with Staff (Not Interviews): Informal staff interviews indicate staff knows PREA, allegation of sexual abuse, harassment & retaliation response protocols and providing sexual safety for residents.

General Discussion with Residents (Not Interviews): Informal discussion with residents indicates their knowledge of PREA and verify provision of PREA education upon intake and methods for reporting sexual abuse, harassment and retaliation. Residents feel safe in this facility.

Phones:

PREA signage is located near Dayroom phones in English and Spanish

- English and Spanish PREA Signage or Posters to provide contact information to outside agencies for Sexual Abuse reporting and Advocacy are posted adjacent to both courtyard phones located near Maintenance doors.

Grievance Process:

During on-site audit review, grievance process had residents obtain grievance forms from Tech Office & either turn in written grievances to staff or Tech Offices. Agency immediately placed grievance box in Main Office lobby area under the Security Office window to which only Correctional Supervisors and Correctional Director have access to. Grievance forms are available in the Day Room so residents do not need to contact staff to obtain one. This provides ability for residents to submit grievances anonymously. The above information is provided to residents in the PREA Pamphlet.

Showers and Bathrooms:

All resident rooms have separate showers & bathrooms with doors and draw curtains. Showers and bathrooms are PREA compliant and provides privacy for the residents.

Recreation Areas/TV/Multi-Purpose:

1 day-room located in security/Tech office location. PREA signage which provides for limits of confidentiality and monitoring language for contact information on DOC-Tips hotline and Rape Crisis Center contact information for communication for outside Agencies that provide reporting method and advocacy.

Laundry:

- No hidden areas inside laundry room. 1 laundry for the entire facility with no more than 2 clients allowed in laundry room at a time.
- Two cameras inside laundry room and 2 cameras located outside laundry room access door.

COMCOR ADMINISTRATION BUILDING

Administration building is located at 3615 Roberts Road and contains administrative offices, counseling and education classrooms. Administration building characteristics are as follows:

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. Classes can be coed.
- Zero-tolerance & confidential contact numbers signage in each classroom
- Hallway bathrooms for both upstairs & downstairs locations are monitored by cameras installed in 2015. Both bathrooms are secreted in the corners (alcove); men & women's bathroom doors squared to each other and are in close proximity of each other. Both cameras have views of the corners so no blind spots exist.

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).
- Additional 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. During 2015 audit, 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 and implemented Auditor's recommendations. Staff practices said policy to this day.

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 direct supervision by staff
- Donation closet for clothing located outside literacy lab off hallway. During 2015 audit, 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. Staff practices the policy to this day.

KITCHEN & DINING FACILITY

Kitchen and Dining Facility is located at 3820 Nevada Avenue provides all meals to residents. Large dining hall, supervised by staff and monitored by numerous video cameras. Case Manager's office is through an entry door from the back of the Dining hall. Dining hall characteristics are as follows:

- Dining, service and food preparation 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.
- Bathrooms located outside Case Manager office & dining room cameras have view of those areas for security.
- 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 and can be accessed from the dining room through an internal entry door. Internal entry door at end of dining hall is secured & multiple staff in office during office hours. (2) Two cameras are strategically placed with view of outside entry door, back of building and parking lot. Agency added 180-degree camera inside the Case Manager offices for safety and security. Currently, after hours, security staff is notified when staff working alone in office. Recommendation for written directive and training for Case Management staff that mandates - before 10am and after 4pm, should Case Managers decide to see residents in the Case Management office, there needs to be an additional staff member available during the resident's visit. Otherwise Case Managers can see residents at the facility.

Recreation Yard

- One main central area for recreation, additional area within the main central area located outside main office building which provides for picnic tables and seating area.
- No bathrooms located off the recreation area as all residents have access to bathrooms in their rooms.
- Numerous cameras cover the recreation areas and back side of Transition Facility housing buildings. Auditor observed camera views throughout facility. The recreation area is covered with no blind spots or hidden areas.

Storage Room/Computer & Video Server Room:

This area is located under the Main Security office. Access is made from an outside door adjacent to the rear Main Security Office door. Access is covered by 2 cameras which monitors entry and egress. This room requires a Draw-Key which is

located in the Security Office along with other Maintenance access keys for Mechanical Room and Heating/Plumbing rooms.

Following the physical plant review, interviews comprised of a sampling of 12 random residents of varying characteristics and sampling of 12 random staff selected from each shift was conducted. On 3/8/15 Auditor completed the resident & staff interviews, then conducted 17 Specialized Staff interviews and Agency management interviews. During resident interviews, staff mental health practitioners were available for emotional support if needed. No referrals for advocacy occurred during the interview process. Following the interviews, the auditor conducted a review of 18 Personnel files, 12 screening records, 9 investigative files and 40 training records. On 3/9/15, Auditor observed updates/changes made to facility plant due to auditor's recommendations. Following the physical plant observation, an exit briefing was conducted and attended by ComCor Inc. leadership and staff. General observations by auditor was discussed with attendees. On-Site Audit was then concluded at the end of the exit briefing. During the Post-Audit phase, PREA Coordinator and Auditor collaborated on issues found during the On-Site Audit review, interviews and document review. Agency conducted a number of corrections prior to auditor issuing the Interim Report by April 8, 2016.

DESCRIPTION OF FACILITY CHARACTERISTICS:

ComCor Inc. Transition 3808 Facility is located at 3808 North Nevada Avenue Colorado Springs Colorado. The facility provides correctional and treatment services for Colorado Department of Corrections inmates who have served a portion of their prison sentence and who have progressed to a community corrections program prior to being released to parole status by the Colorado State Board of Parole.

The Transition facility (3808) houses an all-male population for ComCor, Inc. consisting of primarily Transition, Community Return to Custody Facility, Residential Dual Diagnosis, and some Diversion program populations. The facility consists of the two buildings. The main office is the central hub of client and staff operations. The second building is on one level and contains three staff offices and 23 client rooms. Designed facility capacity is 136

The rooms for the 3808 facility may hold up to the following amount of clients:

Room 1*= 14 Clients (Subdivided room)	Room 2*= 7 Clients (Subdivided room)	Room 3= 4 Clients
Room 4= 6 clients	Room 5= 4 Clients	Room 6= 6 Clients
Room 7= 6 Clients	Room 8= 6 Clients	Room 9= 6 Clients
Room 10= 8 Clients	Room 11= 4 Clients	Room 12= 4 Clients
Room 14= 4 Clients	Room 15= 4 Clients	Room 16= 8 Clients
Room 17= 6 Clients	Room 18= 6 Clients	Room 19= 6 Clients
Room 20*- 21*= 12 Clients	Room 22= 6 Clients	Room 23*-24*= 12 Clients
Room 25= 4 Clients		

*Room layout skips #13

*Rooms 1, 2, 20-21, and 23-24 are combined larger rooms.

SUMMARY OF INTERIM AUDIT FINDINGS:

ON MARCH 7, 2016 THROUGH MARCH 9, 2016, A PREA AUDIT TOUR WAS CONDUCTED AT THE COMCOR INC. 3808 TRANSITION RESIDENTIAL FACILITY, LOCATED IN COLORADO SPRINGS COLORADO. SUMMARY OF INTERIM AUDIT FINDINGS ARE AS FOLLOWS:

NUMBER OF STANDARDS EXCEEDED: **3**

NUMBER OF STANDARDS MET: **33**

NUMBER OF STANDARDS NOT MET: **1**

NUMBER OF STANDARDS NOT APPLICABLE: **2**

SUMMARY OF FINAL AUDIT FINDINGS:

FOLLOWING THE COMCOR INC. 3808 TRANSITION RESIDENTIAL FACILITY INTERIM PREA AUDIT, THE FACILITY WAS PLACED IN CORRECTIVE ACTION DUE TO A NON-COMPLIANT STANDARD PROVISION. COMCOR INC. CORRECTED THE NON-COMPLIANT STANDARD PROVISION AND AUDITOR HAD DEEMED AGENCY/FACILITY IS COMPLIANT WITH ALL PREA STANDARDS. SUMMARY OF FINAL AUDIT FINDINGS ARE AS FOLLOWS:

NUMBER OF STANDARDS EXCEEDED: **3**

NUMBER OF STANDARDS MET: **34**

NUMBER OF STANDARDS NOT MET: **0**

NUMBER OF STANDARDS NOT APPLICABLE: **2**

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

- 115.211(a) – POLICY -010 CONSISTENT WITH PREA COMPLIANCE STANDARDS. 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.
- 115.211(b) - PREA COORDINATOR INTERVIEWED & STATES HE HAS SUFFICIENT TIME & AUTHORITY 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.

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)
- Not Applicable

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
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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

- 115.213(a) - STAFFING PLAN MEETS STANDARD PROVISION 115.213(a) AS IT ADDRESSES ALL 4 CRITERIA OUTLINED IN THE STANDARD PROVISION.
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 AGENCY ENSURES FACILITY MAINTAINS ADEQUATE STAFF TO PROVIDE COVERAGE PER EACH SHIFT TO ACCOMMODATE FOR STAFF & CLIENT SAFETY. THE FACILITY HOUSES MALES ONLY. AUDITOR'S REVIEW OF STAFFING PLAN FOUND IT CONSIDERS THE PHYSICAL LAYOUT OF THE TRANSITION FACILITY, COMPOSITION OF RESIDENT POPULATION, BLIND SPOTS WITHIN THE FACILITY, CORRECTIVE ACTIONS TAKEN, STAFFING REQUIREMENTS AND VIDEO MONITORING CAPABILITIES.
- 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) - ANNUAL STAFFING PLAN REVIEW PROVIDED. STAFFING PLAN IS SPECIFIC TO TRANSITION FACILITY. PLAN INCLUDES FACILITY POPULATION CHARACTERISTICS, MAXIMUM BED SPACE FOR THE FACILITY, STAFFING PATTERNS, BLIND SPOTS WITHIN THE FACILITY TO INCLUDE ACTIONS TAKEN TO CORRECT THE BLIND SPOTS, STAFFING REQUIREMENTS TO INCLUDE STATEMENT THAT NO DEVIATIONS FROM THE STAFFING PLAN HAS OCCURRED OVER THE PAST 12 MONTHS. CONSIDERATIONS OF SUBSTANTIATED AND UNSUBSTANTIATED INCIDENTS OF SEXUAL ABUSE AND OTHER RELEVANT FACTORS ARE PROVIDED WITH A RESPONSE TO RECOMMENDED CORRECTIONAL ACTIONS TAKEN BASED UPON THAT DATA.
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.

IN CONCLUSION, AGENCY MEETS PREA STANDARDS AS STAFFING PLAN CONTAINS ALL 4 CRITERIA AS OUTLINED IN THE STANDARD. POLICY NARRATIVE AND INTERVIEWS WITH STAFF VERIFIES COMPLIANCE WITH THE STANDARD. ANNUAL STAFFING PLAN PROVIDED SPECIFIC TO THE TRANSITION FACILITY IN ACCORDANCE WITH STANDARD. NO DEVIATION FROM THE STAFFING PLAN OVER THE PAST 12 MONTHS. STAFFING PLAN INCLUDES CONSIDERATION OF CRITERIA MANDATED BY THE STANDARD.

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 SEC-013 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 SEC-013 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 COMCOR AUTOMATED TRACKING SYSTEM (CATS) DATABASE WHETHER CONTACT OR NO CONTACT. INTERVIEW WITH RANDOM STAFF & RESIDENTS VERIFY STAFF CONDUCTS SEARCHES IN ACCORDANCE WITH POLICY. TRANSITION FACILITY HOUSES ONLY MALE RESIDENTS.
- 115.215(c) - PER POLICY SEC-013, ALL PAT-DOWN SEARCHES ARE DOCUMENTED IN THE "CATS" DATABASE WHETHER CONTACT OR NO CONTACT SEARCHES ARE CONDUCTED.
- 115.215(d) - POLICY PREA-008 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 BATHROOM OR SHOWER LOCATED WITHIN EACH RESIDENT ROOM. BOTH ROOMS HAVE DOORS ATTACHED 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. AGENCY IDENTIFIED 34 STAFF ASSIGNED TO FACILITY AND INDICATES 100% OF STAFF HAVE BEEN TRAINED IN CONDUCTING CROSS-GENDER PAT-DOWN SEARCHES AND SEARCHES OF TRANSGENDER AND INTERSEX RESIDENTS IN A PROFESSIONAL MANNER. REVIEW OF TRAINING CURRICULA VERIFIES TYPE OF TRAINING WHICH MEETS STANDARD PROVISION 115.215(f).

IN CONCLUSION, AGENCY MEETS PREA STANDARDS AS POLICY PROHIBITS CROSS GENDER STRIP SEARCHES AND VISUAL BODY CAVITY SEARCHES OF RESIDENTS BARRING EXIGENT CIRCUMSTANCES TO INCLUDE DOCUMENTATION SHOULD SUCH SEARCHES OCCUR. INTERVIEW WITH STAFF AND RESIDENTS VERIFY PRACTICE OF POLICY. INTERVIEWS AND AUDITOR OBSERVATIONS ALSO VERIFY CROSS GENDER STAFF ANNOUNCEMENTS IN HOUSING UNITS IN ACCORDANCE WITH POLICY AND STANDARD. ALL STAFF HAVE BEEN TRAINED IN CROSS GENDER PAT DOWN SEARCHES & SEARCHES OF TRNSGENDER & INTERSEX RESIDENTS IN A PROFESSIONAL AND RESPECTFUL MANNER. AUDITOR REVIEW OF TRAINING CURRICULUM VERIFIES STANDARD COMPLIANCE.

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

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

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

- 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 BROCHURES 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 AND DAY ROOM. PREA NOTICES ARE POSTED TO THE INSIDE OF 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. STAFF SPECIFIC ZERO TOLERANCE & PREA POSTERS ARE PROVIDED IN ALL AREAS FREQUENTED BY BOTH STAFF AND RESIDENTS.
- 115.216(b) - THERE ARE NO DISABLED OR LIMITED ENGLISH PROFICIENT RESIDENTS. POLICY IS PREA COMPLIANT, AGENCY PROVIDES INTERPRETERS VIA VOIANCE CONTRACT WHICH WAS REVIEWED DURING AUDIT TOUR. INTERVIEW WITH RESIDENT WHO IS IDENTIFIED AS DISABLED, INDICATED CASE MANAGERS WILL READ INFORMATION TO YOU IF YOU CANNOT READ OR DISCUSS WITH YOU IF YOU DO NOT UNDERSTAND THE INFORMATION THAT IS PROVIDED.
- 115.216(c) - POLICY PREA-001 PROHIBITS USE OF RESIDENT INTERPRETERS ABSENT EXIGENT CIRCUMSTANCES AND, IN THOSE INSTANCES, THE ACT IS DOCUMENTED. IN THE PAST 12 MONTHS THERE HAVE BEEN NO INSTANCES WHERE RESIDENT INTERPRETERS WERE UTILIZED. INTERVIEW WITH RANDOM SAMPLE OF 12 STAFF INDICATES THEIR KNOWLEDGE AND EDUCATION AS IT RELATES TO THE PROHIBITION OF THE USE OF RESIDENT INTERPRETERS. THEY KNOW THAT EITHER STAFF OR CONTRACT INTERPRETERS ARE UTILIZED IN THOSE SITUTATIONS.

IN CONCLUSION, AGENCY EXCEEDS PREA STANDARDS AS IT NOT ONLY MET THE MINIMUM REQUIREMENTS OF THE STANDARD, BUT EXCEEDED THE STANDARD IN THAT AGENCY ENSURES POSTING OF PREA NOTICES AND ZERO TOLERANCE IN ALL AREAS WHERE RESIDENTS CONGREGATE, INSIDE EACH RESIDENTAIL ROOM, AREAS FOR EDUCATION & CLIENT SERVICES. POSTED NOTICES ARE PROVIDED 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 PROHIBITS HITING OR PROMOTING ANYONE WHO MAY HAVE CONTACT WITH RESIDENTS OR ENLISTING THE SERVICES OF ANY CONTRACT WHO MAY HAVE CONTACT WITH RESIDENTS WHO HAS ENGAGED IN SEXUAL ABUSE IN ANY CONFINEMENT SETTING, CONVICTED OR ATTEMPTING TO ENGAGE IN SEXUAL ACTIVITY IN THE COMMUNITY THROUGH USE OF FORCE OR FEAR OR CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN THE ACTIVITY DESCRIBED ABOVE.
- 115.217(b) – AGENCY POLICY PER-004 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) – POLICY PER-008 MANDATES BEFORE HIRING AN APPLICANT OR VOLUNTEER, A CCIC/NCIC CRIMINAL HISTORY CHECK IS COMPLETED BY FORWARDING THE APPROPRIATE INFORMATION TO DCJ. THE APPLICANT OR VOLUNTEER CAN BE HIRED WHEN THE HISTORY CHECK INFORMATION IS RECEIVED BACK FROM DCJ WITH AN INDICATION OF NO CRIMINAL HISTORY. 20 PEOPLE HAVE BEEN HIRED OVER THE PAST 12 MONTHS FOR THIS FACILITY. REVIEW OF 18 RANDOMLY SELECTED PERSONNEL FILES INDICATE ALL HAVE COMPLETED BACKGROUND CHECKS THROUGH THE USE OF CCIC/CBI/FBI & BOP CHECKS. INTERVIEW WITH HR STAFF INDICATE ALL BACKGROUND CHECKS FOR APPLICANTS HAVE BEEN COMPLETED.
- 115.217(d) – POLICY PER-008 MANDATES COMCOR, INC., WILL CONDUCT A CRIMINAL RECORD CHECK TO INCLUDE A BACKGROUND INVESTIGATION AND AN NCIC (NATIONAL CRIMINAL INFORMATION CENTER) CRIMINAL HISTORY CHECK FOR "WANTS" AND WARRANTS BEFORE AN APPLICANT IS HIRED, OR CONTRACTORS WHO WILL BE HAVING CONTACT WITH CLIENTS, OR A VOLUNTEER BEGINS SERVICE. OVER THE PAST 12 MONTHS, NO CONTRACTORS HAVE BEEN HIRED.
- 115.217(e) – POLICY-008 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 18 STAFF AND CONTRACTOR PERSONNEL FILES INDICATED THAT 6 OF THE 11 PERSONNEL WERE RECENTLY HIRED WITHIN THE PAST 12 MONTHS. ALL 5 STAFF HAD A BACKGROUND RENEWAL CHECK CONDUCTED WITHIN 5 YEARS OF THEIR HIRE DATE.
- 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.
- 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 RECIEPT 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 MEETS MINIMUM STANDARD QUALIFICATIONS WITH REGARDS TO BACKGROUND CHECK RENEWAL OF ALL EMPLOYEES AND CONTRACTORS AT LEAST EVERY 5 YEARS. INTERVIEWS WITH STAFF AND REVIEW OF PERSONNEL DOCUMENTATION VERIFIES COMPLIANCE WITH STANDARD 115.217

115.218**Upgrades to facilities and technology**

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

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

- 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 2015. TRANSITION FACILITY VIDEO SYSTEM WAS UPGRADED TO A DEDICATED SYSTER AND ADDITIONAL CAMERAS WERE ADDED FOR RESIDENT AND STAFF SAFETY. 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. CAMERAS WERE ADDED AND RE-TASKED IN THE KITCHEN FACILITY TO ENHANCE BOTH RESIDENT AND STAFF SAFETY. CAMERA SYSTEM IS VIEWED ON CATS SYSTEM ALSO. THIS TECHNOLOGY IS UTILIZED TO DETERMINE CAMERA PLACEMENT FOR SURVEILLANCE & MONITORING. FACILITY ALSO ENHANCED VIDEO TECHNOLOGY INSIDE THE CASE MANAGERS' OFFICE FACILITY WHICH PROVIDES VIEWING OF ALL COMING AND GOING INSIDE THE OFFICE. RECOMMENDATION FOR WRITTEN DIRECTIVE AND TRAINING FOR CASE MANAGEMENT STAFF MANDATING BEFORE 10AM AND AFTER 4PM, SHOULD CASE MANAGERS DECIDE TO SEE RESIDENTS IN THE CASE MANAGEMENT OFFICE, THERE NEEDS TO BE AN ADDITIONAL STAFF MEMBER AVAILABLE DURING THE RESIDENT'S VISIT. OTHERWISE CASE MANAGERS CAN SEE RESIDENTS AT THE FACILITY. THERE IS ONE BLIND SPOT OBSERVED DURING ON-SITE TOUR THAT WAS MISSED IN THE VIDEO MONITORING ASSESSMENT BY AGENCY. TRANSITION RESIDENTIAL OFFICES ROOM #100 & #101 SUPERVISING CASE MANAGER & FACILITY CLERK OFFICE – SIGNIFICANT BLIND SPOT AT BOTH OFFICES WHICH ARE NEXT TO EACH OTHER. RESIDENTS VISIT THESE OFFICES AND THERE IS LIMITED VISIBILITY AT THE ENTRY AND EGRESS POINTS AND NO VISIBILITY INSIDE THE OFFICES. SOME TYPE OF SECURITY MONITORING MUST BE IMPLEMENTED TO PROVIDE SEXUAL SAFETY FOR BOTH RESIDENTS AND STAFF. EXAMPLES COULD BE: CAMERA PLACEMENT OR SECURITY CHECKS IN CONJUNCTION WITH PERSONAL ALARM AND TECH OFFICE ALERT TO LOG RESIDENT VISITS AND RETURNS FROM THE CASE MANAGER AND/OR FACILITY CLERK OFFICE. A SECURITY CAMERA WILL BE INSTALLED AT THE TRANSITION FACILITY THAT WILL BE CAPABLE OF PROVIDING A DIRECT LINE OF SIGHT FOR ANYONE ACCESSING OR EGRESSING FROM THE CASE MANAGEMENT/FACILITY CLERK OFFICES. THE SECURITY CAMERA HAS BEEN ORDERED AND INSTALLATION IS EXPECTED WITHIN THE MONTH OF APRIL, 2016.

IN CONCLUSION, AGENCY DOES NOT MEET STANDARD 115.218. THERE HAS NOT BEEN ANY MODIFICATIONS TO EXISITING FACILITIES OR ACQUISITION OF NEW FACILITY BY AGENCY PER INTERIVIEW WITH AGENCY HEAD & PROGRAMS DIRECTOR. AGENCY HAS INSTALLED A NUMBER OF VIDEO MONITORING SYSTEMS WITHIN THE KITCHEN, DINING HALL AND 3808 TRANSITION FACILITY WHICH IS OUTLINED IN THE STAFFING PLAN. DURING THE FACILITY REVIEW FOR THE STAFFING PLAN, AGENCY MISSED A BLIND SPOT AT THE 3808 TRANSITION FACILITIES OFFICES FOR ROOMS #100 AND #101, AS OBSERVED BY AUDITOR DURING THE FACILITY REVIEW.

CORRECTIVE ACTION:

AGENCY TO IMPLEMENT AND PROVIDE VERIFICATION OF BLIND SPOT CORRECTIVE ACTION

CORRECTIVE ACTION TO BE COMPLETED NO LATER THAN OCTOBER 5, 2016

CORRECTIVE ACTION COMPLETION 5/7/16:

AGENCY HAS TAKEN CORRECTIVE ACTION WITH REGARDS TO STANDARD PROVISION 115.18(b). AGENCY HAS ADDED A CAMERA ON THE SECURITY BUILDING WHICH PROVIDES VIDEO MONITORING COVERAGE FOR FINANCE AND CASE MANAGER SUPERVISOR OFFICES ROOMS 100 AND 101. AGENCY HAS ALSO TAKEN THE STEPS TO MAKE VISUAL INSPECTIONS DURING THE MANDATORY SECURITY CHECKS OF THE TRANSITION RESIDENTIAL FACILITY. **IN CONCLUSION, AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.18**

115.221	Evidence protocol and forensic medical examinations
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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

- 115.221(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 VERIFY TRAINING THEY HAVE RECEIVED 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) – N/A – AGENCY DOES NOT HOUSE YOUTHFUL RESIDENTS AT ANY OF THEIR FACILITIES.
- 115.221(c) – POLICY PREA-005 MANDATES FORENSIC EXAMINATIONS ARE OFFERED 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. THEY ARE LOCATED IN-HOUSE AND HAVE THEIR OWN OFFICES AND EXAM ROOMS. STD/HIV/PREGANCY TREATMENT AND EDUCATION ARE PROVIDED. THEY ALSO HAVE AVAILABLE AN IN-HOUSE TESSA ADVOCATE AND LAW ENFORCEMENT ADVOCATE WHO IS ALLOWED TO BE PRESENT DURING FORENSIC EXAMINATION SHOULD THE VICTIM APPROVE.
- 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. INTERVIEW WITH PREA COORDINATOR VERIFY TESSA MOU & PROTOCOL. OVER PAST 12 MONTHS, 9 ALLEGATIONS OF SEXUAL ABUSE RECEIVED BY AGENCY. NONE RESULTED IN FORENSIC EXAMINATIONS BEING CONDUCTED. AGENCY RECENTLY OBTAINED MOU WITH HOERNER CONSULTING LLC WHICH ALSO PROVIDES ON-SITE ADVOCACY AND FOLLOWS VICTIM THROUGH NOT ONLY THE INITIAL CRISIS, BUT ALSO THE FORENSIC PROCESS, PROSECUTORIAL PROCESS AND FOLLOWUP COUNSELING. MOU PROVIDED FOR COMPLIANCE VERIFICATION.
- 115.221(e) – POLICY PREA-005 PROVIDES FOR COMMUNITY BASED ADVOCATE IF REQUESTED BY VICTIM THROUGH HOENER COUNSELING SERVICES LLC. MOU PROVIDED TO AUDITOR. INTERVIEW WITH PREA COORDINATOR INDICATE STAFF ADVOCATE IS PROVIDED UPON REQUEST FROM THE VICTIM. THERE

ARE CURRENTLY NO AVAILABLE STAFF ADVOCATE. COMCOR INC RECENTLY HIRED STAFF AWAITING BACKGROUNDS WHO IS TRAINED TO BECOME A STAFF ADVOCATE.

115.221(f) – STANDARD NOT APPLICABLE TO THIS AGENCY AS THEY ARE RESPONSIBLE FOR ADMINISTRATIVE INVESTIGATIONS ONLY

115.221(g) – STANDARD NOT APPLICABLE TO THIS AGENCY PER DOJ

115.221(h) – STANDARD NOT APPLICABLE TO THIS AGENCY PER DOJ

IN CONCLUSION, AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.221. 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. REVIEW OF MOU’S, INTERVIEW WITH SAFE/SANE NURSE AND TESSA DIRECTOR VERIFIES COMPLIANCE.

115.222	Policies to ensure referrals of allegations for 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

115.222(a) – POLICY PREA-007 MANDATES INVESTIGATIONS FOR ALL ADMINISTRATIVE OR CRIMINAL ALLEGATIONS OF SEXUAL ABUSE. 9 ALLEGATIONS OF SEXUAL ABUSE RECEIVED BY FACILITY IN PAST 12 MONTHS, 8 ADMINISTRATIVE AND 1 CRIMINAL INVESTIGATION. 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 PREA-007 & 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 AGENCY WEBSITE AND VERIFIED SEXUAL ABUSE INVESTIGATIONS AND REFERRAL TO APPROPRIATE AGENCY IS PROVIDED.

115.222(c) – POLICY PREA-007 MEETS PREA STANDARDS. RESPONSIBILITY FOR ADMININSTRATIVE & CRIMINAL INVESTIGATIONS ARE OUTLINED IN PREA WEBSITE.

115.222(d) – N/A – STANDARD DOES NOT APPLY TO THIS AGENCY PER DOJ

115.222(e) – N/A – STANDARD DOES NOT APPLY TO THIS AGENCY PER DOJ

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. AUDITOR’S REVIEWS OF INVESTIGATIONS, 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 12 STAFF TRAINING RECORDS AND 3 CONTRACTORS 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. AGENCY IDENTIFIED 33 STAFF EMPLOYED BY FACILITY WHO MAY HAVE CONTACT WITH INMATES. 99% WERE TRAINED OR RETRAINED IN PREA REQUIREMENTS. REFRESHER TRAINING IS PROVIDED ANNUALLY THROUGH MONTHLY STAFF MEETINGS.
- 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 ON-SITE REVIEW OF 35 TRAINING RECORDS INDICATE SIGN-IN ROSTERS AND ACKNOWLEDGEMENTS FROM STAFF.

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 12 RANDOMLY SELECTED STAFF AND 3 CONTRACTORS. ALL RECEIVED PREA TRAINING & POSSESSED DOCUMENTED 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. AGENCY DOES NOT CURRENTLY EMPLOY VOLUNTEERS. INTERVIEW WITH BOTH 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 BASED ON THE SERVICES THEY PROVIDE & LEVEL OF CONTACT THEY HAVE WITH RESIDENTS. INTERVIEW WITH 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. VERIFIED DOCUMENTS OF ACKNOWLEDGEMENT REVIEWED BY AUDITOR.

IN CONCLUSION, POLICY MEETS STANDARD 115.232 MANDATES. AGENCY EMPLOYS 2 CONTRACTORS BOTH WERE 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 12 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. 12 INTAKE SCREENING RECORDS WERE REVIEWED IN CATS DATA SYSTEM WHICH VERIFIED INTAKE RESIDENT PREA EDUCATION TRAINING CONDUCTED WITH ALL RESIDENTS REVIEWED. AGENCY INDICATES THAT OVER THE PAST 12 MONTHS, 454 RESIDENTS WERE ADMITTED TO FACILITY AND 100% WERE PROVIDED PREA EDUCATION AT INTAKE.
- 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 THIS RESIDENT INDICATES HE WAS PROVIDED REFRESHER TRAINING UPON INTAKE AT THE NEW FACILITY TO INCLUDE WATCHING THE PREA VIDEO PRIOR TO HOUSING. AUDITOR VERIFIED RESIDENT’S STATEMENT AND STAFF’S DEMONSTRATION OF POLICY DURING REVIEW OF HIS SCREENING RECORDS.
- 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 PROVICIENT 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 PREA-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 EVERY HOUSING UNIT, COMMON AREAS FREQUENTED BY RESIDENTS TO INCLUDE DINING AREA, EDUCATION & COUNSELING AREAS TO INCLUDE NEXT TO EACH FACILITY TELEPHONE. AUDITOR VISITED THESE AREAS TO VERIFY PLACEMENT AND AVAILABILITY OF THE INFORMATION TO RESIDENTS. AUDITOR DETERMINES AGENCY EXCEEDS THIS STANDARD IN PROVIDING CONTINUOUS AND READILY AVAILABLE.

IN CONCLUSION, AGENCY PROVIDES RESIDENT EDUCATION VIA VIDEO. HANDBOOK & BROCHURES TO RESIDENTS DURING INTAKE IN BOTH ENGLISH & SPANISH. REVIEW OF 12 SCREENING RECORDS VERIFY STANDARD COMPLIANCE. RESIDENT INTERVIEWS CORROBORATES POLICY MANDATES AND INSTITUTIONALIZED PRACTICE TO PROVIDE EFFECTIVE COMMUNICATION TO RESIDENTS. POLICY MANDATES REFRESHER TRAINING TO RESIDENTS WHO TRANSFER TO AND FROM OTHER FACILITIES. AUDITOR DETERMINES AGENCY IS IN COMPLIANCE WITH STANDARD 115.233.

115.234**Specialized training: 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

115.234(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) – AGENCY DOES NOT COLLECT EVIDENCE OR ISSUE MIRANDA/GARRITY RIGHTS TO CLIENTS. CSPD IS RESPONSIBLE FOR BOTH TASKS. AGENCY STAFF PRESERVES SCENE FOR EVIDENCE COLLECTION BY CSPD. INVESTIGATORS ARE TRAINED IN MIRANDA/GARRITY RIGHTS TO CLIENTS VIA SPECIAL INVESTIGATOR TRAINING. NIC CURRICULUM AND INVESTIGATOR TRAINING RECORDS REVIEWED TO VERIFY COMPLIANCE. INTERVIEW WITH SPECIAL INVESTIGATOR ALSO VERIFIED COMPLIANCE.

115.234(c) – AGENCY CURRENTLY EMPLOYS 3 SEXUAL ABUSE INVESTIGATORS WHO HAVE COMPLETED THE REQUIRED TRAINING. 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. NEW CERTIFICATES WERE OBTAINED MARCH 2015 FOR ALL 3 INVESTIGATORS.

115.234(d) – N/A – STANDARD PROVISION DOES NOT APPLY TO AGENCY PER DOJ.

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. AGENCY MEETS EACH PROVISION 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 MENTAL HEALTH STAFF WHO ARE CONTRACTORS, HAVE COMPLETED THE REQUIRED PREA TRAINING. POLICY PREA-006 MANDATES MENTAL HEALTH PROFESSIONALS THAT WORK REGULARLY AT COMCOR INCLUDING FULL OR PART TIME EMPLOYEES, VOLUNTEERS OR CONTRACTORS, HAVE BEEN TRAINED IN:

1. HOW TO DETECT AND ASSESS SIGNS OF SEXUAL ABUSE AND SEXUAL HARASSMENT;
2. HOW TO PRESERVE PHYSICAL EVIDENCE OF SEXUAL ABUSE;
3. HOW TO RESPOND EFFECTIVELY AND PROFESSIONALLY TO VICTIMS OF SEXUAL ABUSE AND SEXUAL HARASSMENT; TO AND
4. HOW AND TO WHOM TO REPORT ALLEGATIONS OR SUSPICIONS OF SEXUAL ABUSE AND SEXUAL HARASSMENT.
5. COMCOR STAFF DOES NOT CONDUCT FORENSIC EXAMINATIONS.
6. COMCOR SHALL MAINTAIN DOCUMENTATION THAT MENTAL HEALTH PROFESSIONALS HAVE RECEIVED THE TRAINING REFERENCED IN THIS STANDARD EITHER FROM COMCOR OR ELSEWHERE.
7. MENTAL HEALTH PROFESSIONALS ALSO RECEIVE ALL OTHER MANDATED TRAINING.

115.235(b) – N/A - 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, AUDITOR DETERMINES AGENCY IS COMPLIANT WITH STANDARD 115.235. AGENCY DOES NOT EMPLOY MEDICAL STAFF. INTERVIEW WITH 2 MENTAL HEALTH PROVIDERS INDICATE THEY HAVE COMPLETED THE REQUIRED PREA TRAINING. REVIEW OF TRAINING RECORDS VERIFIES 100% TRAINING COMPLIANCE. POLICY MANDATES MEDICAL AND MENTAL HEALTH STAFF TO BE TRAINED IN 7 CRITERIA AS OUTLINED BY THE STANDARD. NO FORENSIC EXAMINATIONS ARE CONDUCTED AT THE FACILITY OR AGENCY.

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 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, STAFF 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. AGENCY CLAIMS 242 RESIDENTS ENTERED THE FACILITY WHOSE LENGTH OF STAY IN THE FACILITY WAS FOR 72 HOURS OR MORE. 100% OF THOSE RESIDENTS WERE SCREENED FOR RISK OF SEXUAL VICTIMIZATION OR RISK OF SEXUALLY ABUSING OTHER RESIDENTS WITHIN 72 HOURS OF THEIR ENTRY INTO THE FACILITY. RANDOM SAMPLE OF 12 RESIDENT SCREENING RECORDS VERIFIES RESIDENTS RECEIVE INTAKE SCREENING EITHER THE SAME DAY OF INTAKE OR THE DAY AFTER INTAKE.
- 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 12 RESIDENTS INDICATED THE MAJORITY 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. REVIEW OF 12 SAMPLE RESIDENT SCREENING RECORDS INDICATE ALL RESIDENTS WHO ARRIVED IN LAST 12 MONTHS WERE REASSESSED BY CASE MANAGER WITHIN 30 DAYS AFTER THEIR ARRIVAL AT THE FACILITY
- 115.241(g) – POLICY PREA-002 MANDATES A CLIENT'S RISK LEVEL SHALL BE REASSESSED WHEN WARRANTED DUE TO A REFERRAL, REQUEST, INCIDENT OF SEXUAL ABUSE, OR RECEIPT OF ADDITIONAL INFORMATION THAT BEARS ON THE CLIENT'S RISK OF SEXUAL VICTIMIZATION OR ABUSIVENESS. CLIENTS' MAY NOT BE DISCIPLINED FOR REFUSING TO ANSWER, OR FOR NOT DISCLOSING COMPLETE INFORMATION IN RESPONSE TO QUESTIONS IN THIS SECTION. WITHIN 30 DAYS OF THE CLIENT ARRIVAL AT THE FACILITY, THE CASE MANAGER WILL REASSESS THE CLIENT'S RISK OF VICTIMIZATION OR ABUSIVENESS BASED UPON ANY ADDITIONAL AND RELEVANT INFORMATION RECEIVED BY THE FACILITY SINCE THE INTAKE PREA SCREEN/ASSESSMENT. REVIEW OF 20 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. AGENCY ADOPTED A PROCEDURE TO IMPLEMENT REASSESSMENT OF ALL RESIDENTS WITHIN 21 TO 30 DAYS OF ENTERING THE FACILITY. AUDITOR HAS DETERMINED AGENCY EXCEEDS STANDARD PROVISION 115.241(g) REQUIREMENT.
- 115.241(h) – PER POLICY PREA-002, RESIDENTS MAY NOT BE DISCIPLINED FOR REFUSING TO ANSWER FOR NOT RESPONDING TO QUESTIONS DURING SCREENING. INTERVIEW WITH SCREENING STAFF 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, AUDITOR DETERMINES AGENCY EXCEEDS REQUIREMENTS OF STANDARD 115.241. INTERVIEWS WITH INTAKE STAFF, CASE MANAGERS, 12 RANDOM SAMPLE OF RESIDENTS RESIDENTS, TO INCLUDE REVIEW OF SCREENING RECORDS VERIFY AGENCY HAS INSITUATIONALIZED THE MANDATED CRITERIA OUTLINED IN STANDARD 115.241. AUDITOR DETERMINED 100% OF RESIDENTS WERE SCREENED FOR RISK OF SEXUAL VICITIMIZATION OR RISK OF SEXUALLY ABUSEING OTHER RESIDENTS UPON THEIR ENTRY INTO THE FACILITY. SAME OUTCOME FOR THE 12 RANDOM SAMPLE OF RESIDENT SCREENING FILES WITH REGARDS TO THE 30 DAY SCREENING REQUIREMENT. CASE MANAGERS AND CASE MANAGER SUPERVISORS RECEIVE AN ALERT BY THE CATS SYSTEM AT THE 21 DAY MARK. AGENCY ADOPTED A PROCEDURE MANDATING CASE MANAGERS IMPLEMENT REASSESSMENT OF RESIDENTS PROMPTLY UPON RECEIVING THE 21 DAY ALERT AND COMPLETE THE REASSESSMENT PRIOR TO 30 DAY PERIOD DEADLING. THE ELABORATE TRACKING SYSTEM AND IMPLEMENTATION AND PRACTICE OF INSTITUTIONALIZED PROCEDURES EXCEEDS THE STANDARD. AGENCY DOCUMENTS SCREENING ELECTRONICALLY ON THE AWARD WINNING COMCOR AUTOMATED TRACKING SYSTEM (CATS) WHICH EMPLOYS FLAGS TO ALERT BOTH CASE MANAGERS AND CASE MANAGER SUPERVISORS OF DUE DATES FOR SCREENING PURPOSES AND ERROR NOTIFICATIONS IF THE DEADLINE DATES HAVE PASSED FOR TRACKING PURPOSES. OBJECTIVE SCREENING TOOL MEETS PREA STANDARD CRITERIA.

115.242	Use of screening information
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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

115.242(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 ELECTRONIC DATABASE 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 ROOMS AND SEPARATE BATHROOMS WITH DOORS ON EACH WHICH IS PROVIDED INSIDE EACH RESIDENT ROOM. THE SHOWER ALSO HAS A SCREEN, SO IF THE DOOR IS OPEN, RESIDENT IS STILL PROVIDED PRIVACY. 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, AUDITOR DETERMINES AGENCY MEETS STANDARD 115.42. POLICIES COMPLY WITH THE STANDARD. INTERVIEW WITH SCREENING STAFF ALSO VERIFIES POLICY PRACTICE. SCREENING DOCUMENTATION VERIFY SCREENING STAFF DOCUMENT INDIVIDUALIZED DETERMINATIONS OF SCREENING AND CLASSIFICATION TO ENSURE RESIDENT SAFETY ON A CASE BY CASE BASIS. THERE ARE NO TRANSGENDER OR INTERSEX RESIDENTS HOUSED AT THE FACILITY, HOWEVER, OBSERVATION OF RESIDENT HOUSING DURING ON-SITE FACILITY REVIEW VERIFIES RESIDENTS HAVE THE ABILITY TO SHOWER AND TOILET IN PRIVACY. AGENCY DOES NOT POSSESS DEDICATED FACILITIES FOR HOUSING PLACEMENT OF MEMBERS OF THE LGBTI COMMUNITY AND THAT ACTION IS PROHIBITED BY POLICY.

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 PREA-003 MANDATES AGENCY TO PROVIDE MULTIPLE INTERNAL WAYS FOR RESIDENTS TO PRIVATELY REPORT SEXUAL ABUSE /HARASSMENT. INFORMATION FOR RESIDENTS IS PROVIDED IN RESIDENT BROCHURES & NOTIFICATION LITERATURE IN ENGLISH & SPANISH. PROOF OF RECEIPT OF PREA REPORTING INFORMATION MUST BE SIGNED BY RESIDENT AND INTAKE STAFF FOR VERIFICATION AT INTAKE. PREA POSTERS IN BOTH ENGLISH & SPANISH TO PROVIDE EFFECTIVE COMMUNICATION FOR CONFIDENTIAL REPORTING. HOTLINE VERIFIED BY AUDITOR 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 12 RESIDENTS INDICATED TOLL FREE PHONE NUMBERS ARE PROVIDED IN PREA POSTERS WITHIN THE FACILITY. 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, ANONYMOUSLY AND FROM 3RD PARTIES & CONFIDENT STAFF WILL FOLLOW UP IMMEDIATELY WITH WRITTEN REPORT & INVESTIGATION.

115.251(d) – STAFF ARE PROVIDED METHODS OF PRIVATE REPORTING THROUGH SENIOR COMCOR MANAGERS, COLORADO SPRINGS PD, DOC TIP LINE AND TESSA. THIS INFORMATION IS PROVIDED IN THE INITIAL PREA STAFF TRAINING AND THE ANNUAL REFRESHER TRAINING SESSIONS. REVIEW OF TRAINING CURRICULUM VERIFY TRAINING WITH REGARDS TO STAFF PRIVATELY REPORTING IS DISCUSSED.

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 IN ENGLISH AND SPANISH AS OBSERVED BY AUDITOR DURING ON-SITE FACILITY REVIEW. INTERVIEW WITH PREA COORDINATOR, RANDOM SAMPLE OF RESIDENTS VERIFY ACCESS TO OUTSIDE AGENCIES FOR REPORTING AND ADVOCACY. 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 PROVIDES TIMEFRAMES AGENCY ISSUES A FINAL DECISION ON THE MERITS OF ANY PORTION OF A GRIEVANCE ALLEGING SEXUAL ABUSE AND EXTENSION TIMEFRAMES IN ACCORDANCE WITH STANDARD PROVISION 115.252(d). ONE GRIEVANCE ALLEGING SEXUAL ABUSE WAS FILED BY A RESIDENTS IN THE PAST 12 MONTHS. SAID GRIEVANCE WAS RESPONDED TO WITHIN 14 DAYS.
- 115.252(e) – POLICY IDS-006 ALLOWS FOR 3RD PARTIES ASSISTING RESIDENTS IN FILING REQUESTS FOR ADMINISTRATIVE REMEDIES. COMCOR MAY REQUIRE THE ALLEGED VICTIM TO PERSONALLY PURSUE ANY SUBSEQUENT STEPS IN THE ADMINISTRATIVE REMEDY PROCESS. POLICY ALSO MANDATES IF CLIENT DECLINES TO HAVE THE GRIEVANCE REQUEST PROCESSED ON HIS OR HER BEHALF, COMCOR SHALL DOCUMENT THE CLIENTS DECISION. NO GRIEVANCES REQUIRING OR IDENTIFYING A DECLINATION OF 3RD PARTY ASSISTANCE FILED BY RESIDENTS OVER THE PAST 12 MONTHS.
- 115.252(f) – EMERGENCY GRIEVANCE PROCEDURES OUTLINED IN POLICY IDS-006 ESTABLISHES PROCEDURES FOR FILING AN EMERGENCY GRIEVANCE ALLEGING RESIDENT IS SUBJECT TO A SUBSTANTIAL RISK OF IMMEDIATE SEXUAL ABUSE, REQUIRING AN INITIAL RESPONSE WITHIN 48 HOURS. NO GRIEVANCES ALLEGING IMMEDIATE SEXUAL ABUSE SUBMITTED BY RESIDENT OVER PAST 12 MONTHS.
- 115.252(g) – POLICY IDS-006 MANDATES THE AGENCY MAY DISCIPLINE A RESIDENT FOR FILING A GRIEVANCE RELATED TO ALLEGED SEXUAL ABUSE ONLY WHERE THE AGENCY DEMONSTRATES RESIDENT FILED THE GRIEVANCE IN BAD FAITH. NO BAD FAITH GRIEVANCES ALLEGING SEXUAL ABUSE FILED OVER PAST 12 MONTHS.

IN CONCLUSION, AUDITOR DETERMINES AGENCY MEETS STANDARD 115.52. AGENCY POLICY IS IN COMPLIANCE WITH EACH STANDARD PROVISION. NO GRIEVANCES ALLEGING SEXUAL ABUSE OR IMMEDIATE SEXUAL ABUSE RECEIVED BY AGENCY OVER THE PAST 12 MONTHS. AGENCY PROVIDES GRIEVANCE BOX WITHIN THE RESIDENT HOUSING UNIT WITH INSTRUCTIONS FOR USE IN THE RESIDENT PAMPHLET. FORMS ARE AVAILABLE IN THE DAY ROOM SO RESIDENTS ARE NOT REQUIRED TO OBTAIN FORMS FROM STAFF OR PROVIDE COMPLETED FORMS TO STAFF FOR RESPONSE. ONLY THE PROGRAM DIRECTOR, SECURITY STAFF SUPERVISOR AND PREA COORDINATOR HAS ACCESS TO THE GRIEVANCE BOX.

115.253	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 IN THE DAY ROOM, BEHIND DOOR OF EACH INDIVIDUAL RESIDENTIAL HOUSING ROOMS & ADMINISTRATIVE OFFICES ACCESSIBLE TO RESIDENTS. INTERVIEW WITH RANDOM SAMPLE OF RESIDENTS 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. THIS INFORMATION IS PROVIDED ON PREA OR ADVOCATE POSTERS, AND PROVIDED IN THE RESIDENT BROCHURES.
- 115.253(c) – AGENCY HAS SECURED AN MOU WITH HOERNER ENTERPRISES LLC CONSULTING AND COUNSELING TO PROVIDE EMOTIONAL SUPPORT SERVICES.

IN CONCLUSION, AUDITOR DETERMINES AGENCY MEETS STANDARD 115.53. AGENCY PROVIDES RESIDENTS BROCHURES IN BOTH ENGLISH & SPANISH DURING INTAKE TO INCLUDE THE RESIDENT HANDBOOK WHICH PROVIDES HOTLING ACCESS NUMBER TO TESSA RAPE CRISIS CENTER FOR EMOTIONAL SUPPORT. POSTER S ARE AVAILABLE IN ALL GENERAL AREAS THROUGHOUT FACILITY TO INCLUDE IN EACH RESIDENT HOUSING ROOM. POSTERS PROVIDE LIMITS OF CONFIDENTIALITY AND MONITORING INFORMATION. AGENCY HAS ALSO SECURED AN MOU WITH HOERNER ENTERPRISES CONSULTING AND COUNSELING SERVICE TO PROVIDE EMOTIONAL SUPPORT SERVICES.

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

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

- 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 MANDATES ALL STAFF TO REPORT IMMEDIATELY ANY KNOWLEDGE, SUSPICION OR INFORMATION REGARDING AN INCIDENT OF SEXUAL ABUSE/HARASSMENT. INTERVIEW WITH RANDOM SAMPLE OF 12 STAFF VERIFIES THEIR DUTY TO REPORT AND KNOWLEDGE AND APPLICATION OF THE PREA STANDARD.
- 115.261(b) - POLICY PREA-003 MEETS PREA STANDARD NARRATIVE PROHIBITING STAFF FROM REVEALING ANY INFORMATION RELATED TO SEXUAL ABUSE REPORT TO ONLY NEED TO KNOW. 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. MENTAL HEALTH STAFF ARE REQUIRED TO PROVIDE A DISCLOSURE STATEMENT TO RESIDENTS PRIOR TO PROVIDING SERVICES WHICH OUTLINES THEIR LIMITS OF CONFIDENTIALITY AND DUTY TO REPORT. DISCLOSURE STATEMENT PROVIDED BY AGENCY FOR AUDITOR REVIEW.
- 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 THEIR RESPONSIBILITIES UNDER STANDARD 115.261 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. INTERVIEW WITH MENTAL HEALTH STAFF INDICATE THEY ARE MANDATED TO INFORM RESIDENTS THE LIMITATIONS OF CONFIDENTIALITY AT THE INITIATION OF SERVICE. A DISCLOSURE STATEMENT WAS PROVIDED TO AUDITOR FOR REVIEW AND VERIFICATION OF COMPLIANCE. AUDITOR REVIEWED POLICY PREA-003 WHICH IS COMPLIANT WITH STANDARD. AUDITOR DETERMINES AGENCY/FACILITY COMPLIES WITH STANDARD 115.261.

115.262

Agency protection 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

115.262(a) - POLICY PREA-003 MANDATES STAFF TAKE IMMEDIATE ACTION WHEN AGENCY LEARNS RESIDENT IS OF IMMEDIATE 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**

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, 2 ALLEGATION OF RESIDENT ABUSE WHILE CONFINED AT ANOTHER FACILITY HAS BEEN RECEIVED REGARDING TRANSITION FACILITY RESIDENTS. COMCOR STAFF IMMEDIATELY INITIATED CONTACT WITH THE PREVIOUS FACILITY AND FOLLOWED THE INVESTIGATIONS. CLIENTS WERE OFFERED MENTAL HEALTH TREATMENT.

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

115.263(c) – PREA POLICY PREA-003 MANDATES FORMER FACILITY WILL BE PROMPTLY NOTIFIED BY SENIOR PROGRAM MANAGER WITHIN 72 HOURS BY AGENCY HEAD PER POLICY. TWO RESIDENTS OF TRANSITION FACILITY ALLEGED RESIDENT ABUSE WHILE CONFINED AT ANOTHER FACILITY. DOCUMENTATION FOR BOTH INVESTIGATIONS WAS PROVIDED TO AUDITOR WHICH VERIFIED AGENCY’S COMPLIANCE WITH STANDARD PROVISION 115.263(c).

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, PER POLICY PREA-003, 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 ENSURES ALLEGATION OF SEXUAL ABUSE IS INVESTIGATED PER INTERVIEW WITH AGENCY HEAD & DIRECTOR. UPON RECEIPT OF NOTIFICATION FROM ANOTHER FACILITY THAT ALLEGED SEX ABUSE OCCURRED WHILE RESIDENT WAS HOUSED AT COMCOR, FACILITY HEAD OR AGENCY OFFICE ENSURES ALLEGATIONOF SEXUAL ABUSE IS PROMPTLY INVESTIGATED. INTERVIEW WITH AGENCY HEAD & DIRECTOR VERIFIES COMCOR’S COMMITMENT TO THIS STANDARD. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.263.

115.264**Staff first responder duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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. NONE OF THE 9 RESIDENTS WHO REPORTED SEXUAL ABUSE OVER THE PAST 12 MONTHS ARE HOUSED IN COMCOR TRANSITION FACILITY FOR INTERVIEW. REVIEW OF INVESTIGATIVE RECORDS VERIFIES AGENCY’S RESPONSE TO ALLEGATIONS OF SEXUAL ABUSE. OF ALL 9 ALLEGATIONS OF SEXUAL ABUSE, NONE OF THE INSTANCES OCCURRED WITHIN TIMEFRAME WHERE 1ST RESPONDERS EXERCISED RESPONSE PROTOCOL AS OUTLINED IN PREA-004 POLICY OR STANDARD PROVISION 115.264(a).

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. OF ALL 9 ALLEGATIONS OF SEXUAL ABUSE, NONE OF THE INSTANCES OCCURRED WITHIN TIMEFRAME WHERE 1ST RESPONDERS EXERCISED RESPONSE PROTOCOL AS OUTLINED IN PREA-004 POLICY OR STANDARD PROVISION 115.264(b).

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 IS SPECIFIC TO 3808 TRANSITION FACILITY. THE PROTOCOL IDENTIFIES ACTIONS TAKE BY 1ST RESPONDERS, SUPERVISORS, PREA MANAGER, EXECUTIVE DIRECTOR & PREA COORDINATOR, AGENCY INVESTIGATIVE STAFF FOR ADMINISTRATIVE INVESTIGATION, COLORADO SPRINGS PD FOR CRIMINAL INVESTIGATION, SAFE/SANE FOR FORENSIC EVALUATION AND RAPE CRISIS CENTER FOR EMOTIONAL SUPPORT. POLICY PREA-005 MANDATES SPECIFIC ACTIONS 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). THROUGH POLICY REVIEW AND REVIEW OF INSTITUTIONAL PROTOCOL SPECIFIC TO THE TRANSITION FACILITY, AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.265.

115.266**Preservation of ability to protect residents from contact with 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)
- Not Applicable

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

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

115.266(b) – STANDARD PROVISION NOT APPLICABLE TO THIS AGENCY PER DOJ.

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

115.267**Agency protection against retaliation**

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 MANDATES COMCOR TO EMPLOY MULTIPLE PROTECTION MEASURES TO PROTECT ALL CLIENTS AND STAFF WHO REPORT SEXUAL ABUSE OR SEXUAL HARASSMENT OR COOPERATE WITH SEXUAL ABUSE OR SEXUAL HARASSMENT INVESTIGATIONS FROM RETALIATION BY OTHER CLIENTS OR STAFF. PREA COORDINATOR IS DESIGNATED AS RESPONSIBLE TO MONITOR POSSIBLE RETALIATION FOR COM COR INC.
- 115.267(b) – POLICY PREA-013 MANDATES AGENCY EMPLOY MULTIPLE PROTECTION MEASURES TO PROTECT BOTH RESIDENTS AND STAFF WHO FEAR RETALIATION FOR REPORTING SEXUAL ABUSE/HARASSMENT OR FOR COOPERATING WITH INVESTIGATIONS. 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) – POLICY PREA-013 MANDATES MONITORING TO INCLUDE PERIODIC STATUS CHECKS. PREA COORDINATOR INDICATES THE MONITORING ARE FACE TO FACE AND MAY CONTINUE PAST THE 90 DAY PERIOD SHOULD THERE BE A CONTINUING NEED.
- 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(f) – N/A – STANDARD PROVISION NOT APPLICABLE TO THIS AGENCY PER DOJ.

IN CONCLUSION, AGENCY POLICY PREA-013 COMPLIES WITH EACH PROVISION OF STANDARD 115.267. 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 PROGRAM DIRECTOR AND PREA COORDINATOR 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.

115.115.271	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. 9 INVESTIGATIVE REPORTS HAVE BEEN REVIEWED BY AUDITOR AND ALL WERE INVESTIGATED PROMPTLY AFTER AGENCY WAS NOTIFIED OF THE MISCONDUCT. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE COMCOR INC. INVESTIGATE ONLY ADMINISTRATIVE SEX ABUSE INVESTIGATIONS, COLORADO SPRINGS PD 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) – POLICY DICTATES COLORADO SPRINGS PD COLLECTS PHYSICAL & DNA EVIDENCE. AGENCY STAFF SECURES SCENE FOR COLLECTION OF EVIDENCE. AGENCY STAFF WILL COLLECT ELECTRONIC EVIDENCE & INTERVIEW WITNESSES, VICTIM & PERPETRATORS. 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 MANDATES COMCOR INVESTIGATORS WILL NOT CONDUCT COMPELLED INTERVIEWS AS PART OF ANY CRIMINAL INVESTIGATION. COMPELLED INTERVIEWS SHOULD ONLY BE CONDUCTED BY LAW ENFORCEMENT PERSONNEL DURING THE COURSE OF A CRIMINAL INVESTIGATION AND AFTER CONSULTING A PROSECUTING ATTORNEY. INTERVIEWS WITH INVESTIGATIVE STAFF INDICATE COMPELLED INTERVIEWS ARE NOT CONDUCTED WITHOUT DIRECTION FROM COLORADO SPRINGS PD.
- 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 INDICATE THE CHARACTER OF THE INVESTIGATION DETERMINES CREDIBILITY. EVERYONE IS DEEMED CREDIBLE UNLESS THE INVESTIGATION EVIDENCE AND/OR FINDINGS DEEM OTHERWISE.
- 115.271(f) – POLICY PREA-007 MANDATES ALL INVESTIGATIONS ARE DOCUMENTED IN WRITTEN REPORTS WHICH INCLUDE SPECIFIC INVESTIGATIVE REPORTS, DETERMINATIONS & FINDINGS PER INTERVIEW WITH INVESTIGATIVE STAFF & REVIEW OF INVESTIGATIVE REPORTS.
- 115.271(g) – POLICY PREA-007 INDICATES ALL INVESTIGATIONS ARE DOCUMENTED IN WRITTEN REPORTS WHICH INCLUDE SPECIFIC INVESTIGATIVE REPORTS & FINDINGS PER INTERVIEW WITH INVESTIGATIVE STAFF, INTERVIEWS, CREDIBLE/PHYSICAL EVIDENCE, DETERMINATIONS AND FINDINGS.
- 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 CRIMINAL INVESTIGATION REFERRAL WAS CONDUCTED BY AUDITOR DURING ON-SITE TOUR. DA'S OFFICE DECLINED TO PROSECUTE.
- 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.
- 115.271(j) – POLICY PREA-007 MANDATES THE DEPARTURE OF THE ALLEGED ABUSER OR VICTIM FROM THE

APPOINTMENT OR CONTROL FROM THE FACILITY OR AGENCY SHALL NOT PROVIDE THE BASIS FOR TERMINATION OF INVESTIGATION. INTERVIEW WITH INVESTIGATIVE STAFF VERIFIES POLICY COMPLIANCE.

115.271(k) – N/A - THIS STANDARD DOES NOT APPLY TO THIS AGENCY PER DOJ.

115.271(l) – POLICY PREA-007 MANDATES THAT WHEN OUTSIDE AGENCIES INVESTIGATE SEXUAL ABUSE, THE FACILITY SHALL COOPERATE WITH OUTSIDE INVESTIGATORS AND SHALL ENDEAVOR TO REMAIN INFORMED ABOUT THE PROGRESS OF THE INVESTIGATION. INTERVIEWS WITH DIRECTOR, PREA COORDINATOR AND INVESTIGATIVE STAFF VERIFIES POLICY COMPLIANCE. INVESTIGATIVE STAFF INDICATES THERE IS COMMUNICATION BETWEEN COLORADO SPRINGS PD 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 FOR BOTH ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS. INVESTIGATIVE RECORD MAINTENANCE MEETS THE PREA STANDARD. COORDINATION BETWEEN THE DA’S OFFICE, COLORADO SPRINGS PD 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. INTERVIEW WITH AGENCY INVESTIGATORS VERIFY PRACTICE OF AGENCY POLICY PRE 007 WHICH MEETS THE PREA STANDARD.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.272 REQUIREMENTS.

115.273**Reporting to residents**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.273(a) – POLICY PREA-017 MANDATES AGENCY INFORMS RESIDENT VICTIMS OF THE OUTCOME OF AN SEXUAL ABUSE INVESTIGATIONS. IN THE PAST 12 MONTHS THERE HAVE BEEN 9 ALLEGATIONS OF SEXUAL ABUSE COMPLETED BY FACILITY. ONE WAS REFERRED TO FACILITY IN A GRIEVANCE, 2 CASES ORIGINATED IN A PREVIOUS FACILITY AND 6 WERE INVESTIGATED BY COMCOR SPECIAL INVESTIGATORS. ALL IDENTIFIED INVESTIGATIONS WERE PROVIDED TO AUDITOR AND NOTIFICATIONS WERE INCLUDED AT THE CONCLUSION OF THE INVESTIGATIONS WITHIN A 30 DAY PERIOD. NOTIFICATIONS WERE SIGNED BY THE VICTIM UNLESS THE VICTIM LEFT COMCOR PRIOR TO THE CONCLUSION OF THE INVESTIGATION. 1 CASE WAS STAFF ON CLIENT AND FOUND TO BE SUBSTANTIATED AND WAS REFERRED TO COLORADO SPRINGS PD FOR FURTHER INVESTIGATION AND DA REFERRAL. 5 CASES WERE FOUND TO BE UNSUBSTANTIATED. INTERVIEWS WITH THE DIRECTOR AND INVESTIGATIVE STAFF INDICATE COMCOR DEDICATION TO BEING COMPLIANT WITH THIS STANDARD. NONE OF THE RESIDENTS WHO REPORTED A SEXUAL ABUSE WERE AVAILABLE FOR INTERVIEW AS THEY HAVE LEFT COMCOR.

115.273(b) – PREA-007 MANDATES IF OUTSIDE AGENCY CONDUCTS SEXUAL ABUSE INVESTIGATIONS THE AGENCY REQUESTS RELEVANT INFORMATION FROM THE INVESTIGATIVE AGENCY TO INFORM THE RESIDENT. ONE COMPLETED SEXUAL ABUSE INVESTIGATIONS CONDUCTED BY AN OUTSIDE AGENCY WITHIN PAST 12 MONTHS. AGENCY SHARED INFORMATION WITH AGENCY AND VICTIM WAS NOTIFIED AS TO THE OUTCOME OF THE INVESTIGATION.

115.273(c) – POLICY PREA-017 MANDATES THAT FOLLOWING A RESIDENTIAL CLIENT’S ALLEGATION THAT A COMCOR STAFF MEMBER COMMITTED SEXUAL ABUSE AGAINST THE CLIENT, COMCOR WILL INFORM THE RESIDENTIAL CLIENT (UNLESS THE ALLEGATION WAS DETERMINED TO BE UNFOUNDED) OF THE FOLLOWING EVENTS:

1. IF THE STAFF MEMBER IS NO LONGER ASSIGNED TO THE RESIDENTIAL FACILITY WHERE THE CLIENT RESIDES
2. IF THE STAFF MEMBER IS NO LONGER A COMCOR EMPLOYEE
3. IF COMCOR LEARNS THAT THE STAFF MEMBER WAS INDICTED ON A CHARGE RELATED TO SEXUAL ABUSE WHILE AT COMCOR
4. IF COMCOR LEARNS THAT THE STAFF MEMBER WAS CONVICTED ON A CHARGE RELATED TO SEXUAL ABUSE WHILE AT COMCOR.

1 INVESTIGATION WAS FOUND TO BE STAFF ON CLIENT. NOTIFICATION WAS PROVIDED WITHIN 30 DAYS OF THE CONCLUSION OF THE INVESTIGATION. NOTIFICATION PROVIDED THE INVESTIGATION FINDINGS AND THE DISPOSITION OF THE STAFF WHO WAS TERMINATED. CASE WAS REFERRED TO THE COLORADO SRINGS PD. COLORADO SRINGS PD REFERRED CASE TO THE DISTRICT ATTORNEY’S OFFICE WHO DECLINED TO PROSECUTE.

115.273(d) – POLICY PREA-017 MANDATES THAT FOLLOWING A RESIDENTIAL CLIENT’S ALLEGATION THAT HE OR SHE WAS SEXUALLY ABUSED BY ANOTHER CLIENT, COMCOR WILL INFORM THE ALLEGED VICTIM WHENEVER:

1. COMCOR LEARNS THAT THE ALLEGED ABUSER WAS INDICTED ON A CHARGE RELATED TO SEXUAL ABUSE WHILE AT COMCOR
2. COMCOR LEARNS THAT THE ALLEGED ABUSER WAS CONVICTED ON A CHARGE RELATED TO SEXUAL ABUSE WHILE AT COMCOR OF THE 5 RESIDENT ON RESIDENT ALLEGATIONS OF SEXUAL

ABUSE, NONE OF THE ABUSERS WERE INDICTED OR CONVICTED OF SEXUAL MISCONDUCT.

115.273(e) – ALL 6 INVESTIGATIONS CONCLUDED WITH DOCUMENTED NOTIFICATIONS TO RESIDENT VICTIMS WHICH WERE PROVIDED TO AUDITOR FOR VERIFICATION. 1 NOTIFICATION WAS AN ATTEMPT TO PROVIDE, HOWEVER, RESIDENT HAD BEEN TERMINATED FROM THE FACILITY PRIOR TO THE COMPLETION OF THE INVESTIGATIONS AND ATTEMPTS TO CONTACT MET WITH NEGATIVE RESULTS. REVIEW OF ALL 6 INVESTIGATIONS DETERMINED ALL NOTIFICATION WERE PROVIDED TO VICTIMS IN WRITING EXCEPT FOR 1 AS HE WAS NO-LONGER HOUSED AT COMCOR.

115.273(f) – N/A – STANDARD PROVISION IS NOT APPLICABLE TO AGENCY PER DOJ.

IN CONCLUSION, POLICY PREA-017 MEETS PREA STANDARD 115.273. AGENCY REPORTED 9 ALLEGATIONS OF SEXUAL ABUSE OVER THE PAST 12 MONTHS. ONE CASE WAS SUBSTANTIATED AND REFERRED TO COLORADO SPRINGS PD FOR CRIMINAL INVESTIGATIONS. TWO CASES WERE ALLEGATIONS OF SEXUAL ABUSE THAT OCCURRED IN A PREVIOUS FACILITY. AGENCY FOLLOWED PREA PROTOCOL IN PROMPTLY NOTIFYING THE PRIOR AGENCY AND OBTAINING INFORMATION AS TO IF THE ALLEGATION HAD BEEN ADDRESSED. THE REMAINING CASES WERE INVESTIGATED IN-HOUSE BY AGENCY SPECIAL INVESTIGATORS WHO ARE CERTIFIED TO INVESTIGATE ALLEGATIONS OF SEXUAL ABUSE IN A CRIMINAL SETTING. VICTIMS WERE NOTIFIED OF THE OUTCOME OF THE INVESTIGATIONS EXCEPT WHERE INVESTIGATIONS WERE DEEMED UNFOUNDED. AUDITOR HAS DEEMED AGENCY MEETS ALL PROVISIONS OF STANDARD 115.273.

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 MANDATES TERMINATION SHALL BE THE PRESUMPTIVE DISCIPLINARY SANCTION FOR STAFF WHO HAVE ENGAGED IN SEXUAL ABUSE. AGENCY AND INVESTIGATIVE REPORTS VERIFIES 1 STAFF MEMBER WAS TERMINATED FROM THE FACILITY.
- 115.276(b) – POLICY PREA-014 MANDATES TERMINATION SHALL BE THE PRESUMPTIVE DISCIPLINARY SANCTION FOR STAFF WHO HAVE ENGAGED IN SEXUAL ABUSE. AGENCY AND INVESTIGATIVE REPORTS VERIFIES 1 STAFF MEMBER WAS TERMINATED FROM THE FACILITY.
- 115.276(c) – POLICY PREA-014 PROVIDES MANDATES DISCIPLINARY SANCTIONS FOR VIOLATIONS OF AGENCY POLICIES RELATING TO SEXUAL ABUSE OR SEXUAL HARASSMENT (OTHER THAN ACTUALLY ENGAGING IN SEXUAL ABUSE) SHALL BE COMMENSURATE WITH THE NATURE AND CIRCUMSTANCES OF THE ACTS COMMITTED, THE STAFF MEMBER’S DISCIPLINARY HISTORY, AND THE SANCTIONS IMPOSED FOR COMPARABLE OFFENSES BY OTHER STAFF WITH SIMILAR HISTORIES. NO RECORD OF DISCIPLINARY SANCTIONS, SHORT OF TERMINATION, AGAINST STAFF FOR SEX ABUSE OR SEX HARASSMENT OVER PAST 12 MONTHS.
- 115.276(d) – POLICY PREA-014 MANDATES ALL TERMINATIONS FOR VIOLATIONS OF AGENCY SEXUAL ABUSE OR SEXUAL HARASSMENT POLICIES, OR RESIGNATIONS BY STAFF WHO WOULD HAVE BEEN TERMINATED IF NOT FOR THEIR RESIGNATION, SHALL BE REPORTED TO LAW ENFORCEMENT AGENCIES, UNLESS THE ACTIVITY WAS CLEARLY NOT CRIMINAL, AND TO ANY LICENSING BODIES. STAFF MEMBER WHO WAS TERMINATED FOLLOWING INVESTIGATION THAT SUBSTANTIATED A STAFF SEXUAL MISCONDUCT ALLEGATION 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) – 2 CONTRACTORS 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 MANDATES ANY CONTRACTOR OR VOLUNTEER WHO ENGAGES IN SEXUAL ABUSE SHALL BE PROHIBITED FROM CONTACT WITH CLIENTS AND SHALL BE REPORTED TO LAW ENFORCEMENT AGENCIES, UNLESS THE ACTIVITY WAS CLEARLY NOT CRIMINAL, AND TO RELEVANT LICENSING BODIES. THE FACILITY SHALL TAKE APPROPRIATE REMEDIAL MEASURES, AND SHALL CONSIDER WHETHER TO PROHIBIT FURTHER CONTACT WITH CLIENTS, IN THE CASE OF ANY OTHER VIOLATION OF AGENCY SEXUAL ABUSE OR SEXUAL HARASSMENT POLICIES BY A CONTRACTOR OR VOLUNTEER.

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

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 MANDATES CLIENTS SHALL BE SUBJECT TO DISCIPLINARY SANCTIONS PURSUANT TO A FORMAL DISCIPLINARY PROCESS FOLLOWING AN ADMINISTRATIVE FINDING THAT THE CLIENT ENGAGED IN CLIENT-ON-CLIENT SEXUAL ABUSE OR FOLLOWING A CRIMINAL FINDING OF GUILT FOR CLIENT-ON-CLIENT SEXUAL ABUSE. REVIEW OF INVESTIGATIVE FILES INDICATE 6 RESIDENT ON RESIDENT ADMINISTRATIVE SEX ABUSE INVESTIGATIONS ALL OF WHICH WERE UNSUBSTANTIATED OR UNFOUNDED, 1 CRIMINAL SEX ABUSE INVESTIGATION WHICH WAS SUBSTANTIATED & REFERRED TO DA FOR PROSECUTION, AND 2 ALLEGATIONS OF SEXUAL ABUSE WHICH OCCURRED IN A PREVIOUS FACILITY.

115.278(b) – POLICY PREA-014 MANDATES SANCTIONS SHALL BE COMMENSURATE WITH THE NATURE AND CIRCUMSTANCES OF THE ABUSE COMMITTED.

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

115.278(d) – INTERVIEW WITH MENTAL HEALTH STAFF INDICATES ABUSERS ARE COUNSELED OR REFERRED TO OUTSIDE SERVICES TO ADDRESS THEIR ISSUES.

115.278(e) – POLICY PREA-014 MANDATES AGENCY MAY DISCIPLINE A RESIDENT FOR SEXUAL CONTACT WITH STAFF UPON A FINDING THAT THE STAFF MEMBER DID NOT CONSENT TO SUCH CONTACT. THERE IS NO RECORD OF DISCIPLINARIES AGAINST A RESIDENT WHO HAD 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. THE AGENCY CONSITUTES SEXUAL ABUSE ONLY IF IT DETERMINES THAT THE ACTIVITY IS COERCED.

IN CONCLUSION, POLICY PREA-014 COMPLIES WITH EACH PROVISION OF STANDARD 115.278. SANCTIONS ARE

COMMENSURATE WITH NATURE AND CIRCUMSTANCES OF ABUSE COMMITTED. INTERVIEW WITH DIRECTOR VERIFIES AGENCY COMMITMENT TO FOLLOW AGENCY POLICY AND PREA STANDARD. SEXUAL ACTIVITY BETWEEN RESIDENTS IS PROHIBITED AND CONSTITUTES SEXUAL ABUSE ONLY IF IT DETERMINES ACTIVITY IS COERCED. RESIDENTS ARE DISCIPLINED FOR SEXUAL CONTACT WITH STAFF UPON FINDING THAT STAFF MEMBER DID NOT CONSENT. INTERVIEW WITH MENTAL HEALTH STAFF INDICATES SEXUAL ABUSERS ARE EITHER PROVIDED COUNSELING OR REFERRED TO OUTSIDE AGENCY TO ADDRESS THEIR ISSUES. AUDITOR HAS DETERMINED 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 VICITMS 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. REVIEW OF INVESTIGATIVE REPORT VERIFIES 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 VICITM & NOTIFY SUPERVISOR SO APPROPRIATE MENTAL HEALTH & MEDICAL HEALTH PRACTITIONERS ARE NOTIFIED. PROBING QUESTIONS FROM AUDITOR VERIFIED STAFF KNOWLEDGE AND EDUCATION AS IT RELATES TO 1ST RESPONDER RESPONSIBILITIES.

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 AT MEMORIAL HOSPITAL.

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, POLICY PREA-005 MANDATES TIMELY AND UNIMPEDED ACCESS TO RESIDENTS WHO ARE VICTIMS OF SEXUAL ABUSE. INTERVIEWS WITH 1ST RESPONDERS, MENTAL HEALTH STAFF, SANE NURSE AT MEMORIAL HOSPITAL OUTLINES AND VERIFIES THE SERVICES PROVIDED TO RESIDENTS WHO ARE VICTIMS OF SEXUAL ABUSE AS IS PROVIDED IN AGENCY’S POLICY. AUDITOR HAS DETERMINED AGENCY MEETS EACH PROVISION OF 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) – N/A – STANDARD PROVISION DOES NOT APPLY TO TRANSITION FACILITY AS IT IS AN ALL MALE FACILITY.
- 115.283(e) – N/A – STANDARD PROVISION DOES NOT APPLY TO TRANSITION FACILITY AS IT IS AN ALL MALE FACILITY.
- 115.283(f) – POLICY PREA-005 MANDATES VICTIMS OF SEXUAL ABUSE WHILE INCARCERATED SHALL BE OFFERED STD TESTS. DEMONSTRATION OF POLICY VERIFIED THROUGH INTERVIEWS WITH MENTAL HEALTH STAFF AND SANE/SAFE NURSE AT MEMORIAL HOSPITAL.
- 115.283(g) – POLICY PREA-005 MANDATES TREATMENT SERVICES WILL BE PROVIDED AT NO COST TO VICTIMS OF SEXUAL ABUSE.
- 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 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-011 MANDATES AGENCY CONDUCT A SEXUAL ABUSE INCIDENT REVIEW AT THE CONCLUSION OF EVERY SEXUAL ABUSE INVESTIGATIONS. INCIDENT REVIEWS OF ALL 8 PREA RELATED INCIDENTS WERE PROVIDED & REVIEWED BY AUDITOR.
- 115.286(b) – REVIEW OF ALL 8 CASES OCCURRED WITHIN 30 DAYS OF CONCLUSION OF THE INVESTIGATION.
- 115.286(c) – PER POLICY IDS-011, ALL 6 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. IMPLEMENTATION OF THESE RECOMMENDATIONS ARE IDENTIFIED IN BOTH THE ANNUAL REPORT AND STAFFING PLANS.

IN CONCLUSION, POLICY EDS-011 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 INCLUDES INFORMATION TO ANSWER QUESTIONS FROM THE MOST RECENT VERSION OF THE SURVEY OF SEXUAL VIOLENCE CONDUCTED BY THE DEPARTMENT OF JUSTICE..
- 115.287(b) – REVIEW OF 2015 ANNUAL REPORT REVIEWED ON COMCOR INC. WEBSITE, VERIFIES 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. REVIEW OF ANNUAL REPORTS VERIFIES PRACTICE.
- 115.287(e) – N/A - AGENCY DOES NOT CONTRACT FOR THE CONFINEMENT OF IT’S RESIDENTS.
- 115.287(f) – N/A - DOJ HAS NOT REQUESTED AGENCY DATA.

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. 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) – IDS-015 PAGE #2 POLICY PREA COMPLIANT. 2015 ANNUAL REPORT INCLUDED IN COM COR INC WEBSITE WITH A COMPARISON OF 2013, 2014 & 2015 DATA. 2015 ANNUAL REPORT PROVIDES CORRECTIVE ACTION TAKEN FOR FACILITIES & AGENCY AS A WHOLE.
- 115.288(b) – 2015 ANNUAL REPORT INCLUDES THE COMPARISON OF 2013, 2014 & 2015 ANNUAL REPORTS TO INCLUDE CORRECTIVE ACTIONS OF PREVIOUS YEARS.
- 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 2015 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). 2015 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. PREA COORDINATOR MAINTAINS THE DATA.
- 115.289(b) – PREA-015 POLICY MANDATES COMCOR TO MAKE ALL AGGREGATED SEXUAL ABUSE DATA READILY AVAILABLE TO THE PUBLIC AT LEAST ANNUALLY. COMCOR WILL REMOVE ALL PERSONAL IDENTIFIERS BEFORE MAKING AGGREGATED SEXUAL ABUSE DATA PUBLICLY AVAILABLE. ANNUAL REPORT 2015 IS 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 2015 ANNUAL REPORT BY AUDITOR DETERMINES THERE ARE NO PERSONAL IDENTIFIES IN EITHER REPORT & DATA IS AGGREGATED SEXUAL ABUSE DATA.
- 115.289(d) – COMCOR WILL MAINTAIN SEXUAL ABUSE DATA COLLECTED PURSUANT TO THIS POLICY FOR AT LEAST TEN YEARS AFTER THE DATE OF INITIAL COLLECTION UNLESS FEDERAL, STATE OR LOCAL LAW REQUIRES OTHERWISE.

IN CONCLUSION, POLICY PREA-015 MANDATES DATA STORAGE, PUBLICATION AND DESTRUCTION IN ACCORDANCE WITH EACH PROVISION OF STANDARD 115.289. AUDITOR REVIEWED ANNUAL REPORT 2015, AVAILABLE ON AGENCY WEBSITE, AND VERIFIED COMPLIANCE WITH THIS STANDARD. ANNUAL REPORT HAS NO PERSONAL IDENTIFIERS AND INCLUDES AGGREGATED DATA FROM ALL OF AGENCY’S FACILITIES. POLICY MANDATES DATA MAINTENANCE IN ACCORDANCE WITH STANDARD PROVISION 115.289(d). AUDITOR HAS DETERMINED AGENCY MEETS EACH PROVISION OF STANDARD 115.289.

AUDITOR CERTIFICATION:

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

Auditor Signature

MAY 9, 2016
DATE

