

PREA Facility Audit Report: Final

Name of Facility: El Paso County Criminal Justice Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/15/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Karen S. Dalton	Date of Signature: 04/15/2020

AUDITOR INFORMATION	
Auditor name:	Dalton, Karen
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Email:	ksddrph@aol.com
Telephone number:	
Start Date of On-Site Audit:	07/15/2019
End Date of On-Site Audit:	07/18/2019

FACILITY INFORMATION	
Facility name:	El Paso County Criminal Justice Center
Facility physical address:	2739 East Las Vegas Street, Colorado Springs, Colorado - 80906
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Shannon Paolini
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Telephone Number:	719-390-2029

Warden/Jail Administrator/Sheriff/Director	
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Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
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Facility Health Service Administrator On-site	
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Facility Characteristics	
Designed facility capacity:	1837
Current population of facility:	1524
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	
Facility security levels/inmate custody levels:	min/med/max
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	464
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	

AGENCY INFORMATION	
Name of agency:	El Paso County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	27 East Vermijo Street, Colorado Springs, Colorado - 80903
Mailing Address:	
Telephone number:	7195207100

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Lari Hanenberg	Email Address:	LariHanenberg@elpasoco.com

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Introduction

The El Paso County Criminal Justice Center (EPCCJC) is located at 2739 E. Las Vegas Street, Colorado Springs, CO 80906. The facility sits at the eastern foot of the Rocky Mountains and is surrounded by primarily open space with some industrial sites to the east. The Fountain Creek runs to the west of the facility and Sand Creek to the east. The parent agency is the El Paso County Sheriff's Office (EPCSO). The Criminal Justice Center houses male and female inmates arrested on both misdemeanor and felony charges. Inmates are either sentenced or unsentenced. The facility houses minimum, medium, and maximum security inmates, whose average length of stay is 32 days. The rated capacity is 1837, with an average daily inmate population over the past 12 months of 1714. The inmate population on the day of our arrival was 1503.

Karen Dalton, a U.S. Department of Justice (USDOJ) Certified PREA Auditor for Adult Jails and Prisons, and a Doctor of Public Health, conducted the Prison Rape Elimination Act (PREA) audit of the El Paso County Criminal Justice Center. Joan Shoemaker, retired Deputy Warden from the Colorado Department of Corrections (DOC), RN, and a USDOJ Certified PREA Auditor for Adult Jails and Prisons assisted with the audit. Collectively throughout this report they are referred to as the "Audit Team".

The EPCSO solicited bids from USDOJ Certified Auditors, by reaching out to them specifically. One of the auditors who received the invite for solicitation was unable to submit a bid due to previous commitments but forwarded the invite to Joan Shoemaker. Shoemaker reached out to EPCSO regarding the invite indicating an interest in submitting a bid proposal. EPCSO was very interested since there not been no response to the four invites that were sent out. Shoemaker reached out to Dalton to discuss a bid proposal. After discussing that Dalton would be the lead auditor with Shoemaker assisting, a bid was submitted to the EPCSO on March 19, 2019, and accepted on April 22, 2019.

The audit team, in collaboration with the EPCSO agreed to be on site at the El Paso County Criminal Justice Center from July 15-18, 2019. There were no barriers to completing this audit.

PRE- ONSITE AUDIT PHASE

On June 7, 2019 the auditor provided the agency's PREA Compliance Manager (PCM) with a Notification of Audit to be posted immediately. The notice contained information of the pending audit and stated any person with information relevant to the compliance audit should send a letter to the auditor. The PCM also received instructions to post copies in all housing units as well as other places inmates, staff, volunteers and contractors have access to. This included day rooms, staff dining area, medical areas and intake. The auditor was not provided a dated and timestamped photograph indicating the audit notice was posted but did receive an email confirmation on June 10, 2019 that the notices had been hung. During the facility tour the auditor observed audit notices posted in the lobby of the facility, all housing units and throughout the facility, in places visible to staff, inmates, volunteers and contractors. Notices were posted in English and Spanish with a visible font size and were printed on colored paper.

Additionally, on June 7, 2019 the auditor sent an email to Just Detention International (JDI) requesting information on any correspondence received from the EPCSO. JDI replied on the same day that a review of their database indicated they had not received any information from the facility.

On June 13, 2019 the PREA Resource Center via email acknowledged a new audit created for El Paso County Criminal Justice Center, and the On-Line Audit System (OAS) was opened. The Auditor and PCM agreed EPCSO would have the Pre-Audit Questionnaire (PAQ) completed by June 25, 2019. On June 25th the auditor received an email confirmation from the PCM stating the relevant policies, Standard Operating Procedures (SOP), and documents had been uploaded to the OAS. During the review of the PAQ, the lead auditor requested the PCM send via email the agency's entire zero-tolerance policy, as only a portion of the policy was uploaded in the PAQ. The PCM responded immediately with the entire policy. The audit team received one letter from an inmate prior to the onsite phase of the audit. The letter written on June 6 and mailed on June 7, 2019 was marked "legal mail" by EPCSO and stamped "uncensored inmate mail". The inmate wrote about the intake experience stating it was sexual assault/harassment. No further letters were received after the on-site review.

On Friday, June 21, 2019 the auditor and the PCM spoke via telephone to discuss the audit methodology. The PCM shared they had not received any corrective action in the previous PREA Audit and asked about recent developments in PREA auditor requirements. The PCM was assured they would receive a thorough audit, consistent with the PREA Auditor Handbook. Also discussed was the audit being a practice-based audit and how that differs from other audits deployed by various other auditing entities.

On July 5, 2019 the auditor provided the PCM an audit schedule for the onsite phase of the audit, and the probationary audit letter outlining the details and timeline for a probationary status auditor. The PCM acknowledged the audit report would be submitted to the agency within 60 days of the last day the audit team was onsite. The audit schedule included the in brief, out brief, facility tour, and interview schedules. On July 9, 2019 the auditor sent an email to the PCM requesting multiple documents to be provided prior to the onsite phase of the audit, or to be available upon arrival July 15th. The email included the importance of full access to the facility, data and documents. The request included the following:

- Copies of any external audits (NCCHC, ACA) for the facility
- Schematic of the facility
- List of all staff who have contact with inmates in the facility – preferable broken down by shift, housing unit, assignment/role.
- List of inmates by housing unit
- List of contractors and volunteers who have contact with inmates
- Identification of any inmates with disabilities and inmates who are Limited English Proficient (LEP)
- Contracts or agreements with interpreters or professional agencies hired for interpretation services
- Documentation of circumstances where inmate interpreters, readers, or other inmate assistants were used (if applicable)
- Files of persons hired or promoted within the last 12-months
- Record of background checks of contractors who might have contact with inmates
- Documentation of background records checks for current employees at five-year intervals
- Documentation of the facility's design, renovation, modification or expansion efforts
- If installing or updating of monitoring technology occurred since the last audit – and meeting minutes of the upgrade planning.
- Documentation to corroborate that all victims of sexual abuse have access to forensic medical examinations
- Documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings
- Documentation of referrals of allegations of sexual abuse and sexual harassment
- Training records of employees
- Training records of contractors and volunteers who may have contact with inmates
- Intake records of inmates entering the facility in the past 12 months

- Log or documentation corroborating PREA information is provided at intake, 30-days of intake
- Any relevant education materials (video)
- Inmate education materials for disabled, LEP and low literacy inmates
- Training records for medical and mental health staff
- Inmate files
- Inmate files for those who made allegations, who are at risk for sexual victimization (based on the risk assessment)
- LGBTI inmates
- Grievances, third party notification and emergency grievances
- Documentation of discipline of inmates for filing grievances in bad faith
- Documentation of allegations of abuse at another facility
- Documentation of referrals to law enforcement or relevant licensing bodies
- Medical records of inmates

On July 12, 2019 the audit team received acknowledgement of the list, a copy of the American Correctional Association (ACA) audit dated February 25, 2019 and the National Commission on Correctional Health Care (NCCHC) certification dated April 22, 2018.

The audit team reviewed the ACA and NCCHC documents, all other documents and relevant information uploaded by the EPCSO into the OAS, including EPCSO policies, SOPs, and other supporting document prior to the onsite phase of the audit. The audit team reviewed the agency's previous PREA Audit report from June 2016, which had been posted to the agency's website in October 2016.

An internet search was conducted regarding any litigation, DOJ involvement, federal consent decrees, Bureau of Justice Statistics (BJS) data, and news articles. The auditor reviewed BJS aggregate data on the Survey of Sexual Victimization for county jails, with EPCSO information. An internet search revealed an article dated June 24, 2019 entitled "Embattled El Paso County jail health care provider, sheriff headed for a divorce." The audit team referenced this article when interviewing management staff from the jail and medical staff.

ONSITE AUDIT PHASE

On Monday, July 15, 2019 the audit team arrived at the El Paso County Sheriff's Office (EPCSO) Criminal Justice Center (CJC) at 0830 hours. The audit team consisted of Karen Dalton, Lead Auditor and Joan Shoemaker. The audit team spent four full days on site, conducting the out-brief on Thursday, July 18, 2019. Auditor hours during the on-site phase were Monday July 15, 8:30 am to 10:00 pm, Tuesday July 16, 8:30 am to 11:00 pm, Wednesday July 17, 8:30 am to 6:00 pm and Thursday July 18 8:30 am to 6:00 pm. Upon arrival at the facility, the audit team was provided a conference room to work, prepare, and organize during the onsite phase. Shortly thereafter, the audit team met with agency executive staff, facility command staff, and medical and mental health staff for an in-brief. During the in brief the audit team introduced themselves, talked about the audit methodology and the triangulation of data to formulate responses to the PREA standards and provisions, and went over the schedule for the following four days. The audit team presented their goals for the week and asked if there were any questions, and addressed concerns brought up on the June 21st phone call. The audit team discussed the process from start to finish that would guide the audit, acknowledging the work that had already been completed prior to the audit team's arrival.

After the in-brief, the audit team met with the PCM (our designated point person for the onsite phase of the audit) and was provided documentation and information requested in the July 9, 2019 email. The following information was provided. What was not provided initially, was provided throughout the onsite phase. The inmate daily count was 1503 on the first day of the audit.

- A roster of all inmates at the facility including their housing location
- A roster of staff at the facility, broken down by shift and days off
- A list of inmates classified into the following specialized categories:

- o Disabled, physically, mentally
- o LEP – Limited English Proficient
- o Transgender and Intersex o Lesbian, Gay, Bisexual
- o Inmates housed in segregated housing for risk of sexual victimization
- o Inmates who reported sexual abuse
- o Inmates who disclosed sexual victimization during the risk screening

The facility provided the audit team with all remaining requests while onsite, and understood the necessity for receiving the information, i.e., random inmate and staff interviews and targeted inmate and staff interviews. The inmate roster was alphabetical. The audit team selected inmates randomly throughout the alphabet to ensure maximum representation for both housing areas and gender. The PCM provided comprehensive lists for the targeted inmate interviews. Additionally, inmates were selected at random when visiting housing units. All interview protocols for both random inmates and targeted inmates were utilized during the interviews.

The audit team requested the PCM arrange time to meet with the Facility Commanders, PREA Coordinator (PC), and the Contract Administrator, Health Services Administrator, Human Resource Manager, Investigative Staff, Contractors and Volunteers. The audit team also asked to meet with staff who perform risk screening, incident review team members and staff who monitor retaliation.

The audit team conducted many management staff interviews together. The interviews were conducted in the conference room allocated to the audit team. All random and specialized staff interview protocols were used during the interviews. All interviews noted below were completed while the audit team was on site. Two additional interviews, one with a representative from TESSA, the agency's emotional support service center and a representative from Memorial Hospital, Colorado Springs, where inmates are transported for forensic exams, were conducted after the onsite phase of the audit. There were no line staff who supervise youthful inmates, nor education and program staff who work with youthful inmates as the facility does not house youthful offenders.

Using the list provided by the PCM, the following specialized staff interviews were conducted:

- Agency Head
- PREA Coordinator
- PREA Compliance Manager
- Agency Contract Administrator
- Facility Chief
- Facility Commanders
- Medical and Mental Health
- Incident Review Team Member
- Staff who perform screening for risk of victimization and abusiveness
- Intake Staff
- Human Resources
- Segregated Housing Staff
- Person responsible for monitoring retaliation
- Higher Level Supervisor responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Contractor - Commissary
- Contractor - Program Educator
- First Responders; security and non-security
- Volunteers • Agency Program Manager
- Investigative Staff

After the in-brief, the audit team conducted a thorough site review of the facility. The PCM, Intake and Classification Manager, and two support staff accompanied the audit team on the tour. Throughout the

tour facility Commanders joined the tour when time permitted. The tour included all housing units, the kitchen and commissary areas, laundry, outdoor recreation yards, visiting, intake and release, medical housing, and the facility command center. An annex building referred to as the "Hotel", where inmates who are on work release or the Gateways Rehabilitation Program are housed was also toured. A special management housing unit as well as a Veteran's housing unit were observed. The facility offers video visitation only. The video kiosks and the informational kiosks in the housing units were observed as well. During the tour the audit team had full access to talk with inmates and staff. The audit team took advantage of this and asked several impromptu questions, took notice of posters, kiosk systems (information and visiting), signage posted regarding the ability for inmates to report sexual abuse and sexual harassment. There were no barriers to inmate or staff interviews during the audit. The audit team looked at the surveillance cameras as well as security mirrors and were briefed that a new proposal for additional cameras and door locks had recently been approved for the facility.

Restrooms and showers were observed to identify any cross-gender viewing issues and or blind spots. The audit team tested the inmate telephones to determine the inmate's ability to make reports of sexual abuse and sexual harassment. The attempts were unsuccessful as an inmate PIN is required to access the kiosk. In some areas of the facility a finger stamp biometric is used to access the kiosk system, In the laundry and kitchen areas, where inmate workers were assigned, the audit team assessed supervision levels to assess for sexual safety.

A total of 89 staff and inmate interviews were conducted for this audit. Forty-one inmate interviews (27 random and 14 targeted). A total of 46 staff interviews were conducted during the onsite phase of the audit. The audit team selected staff to be interviewed. Interviews for staff included 34 specialized staff and leadership, and 12 random staff interviews. Three of the random staff interviewees indicated they rotated to intake, classification, or special management/segregated housing, so the specialized staff interview protocols were initiated after the random staff protocols were completed. Random staff interviews covered all five shifts. Two specialized staff interviews (TESSA and Denver Health) were conducted after the audit team completed the onsite phase of the audit, bringing the total of specialized staff interviews to 36.

During the interviews, where a review of documentation was required, the audit team asked for documentation, such as training logs, inmate files, tracking and background applications. Investigative files and documentation of higher-level supervisory rounds, and inmate separation were reviewed. The audit team asked if the interviewee had additional information to support the questions being asked. The information collected was used to test each standard for compliance. Handwritten notes were taken during each interview.

On two days the audit team stayed late to ensure all shifts were covered for selection and interviewing random staff and inmates, as well as making attempts to follow up with inmates who may have been out to court.

Staff interviews were conducted in housing units during times when all inmates were in their cells, and the interview could take place in the dayroom, or in a private room if inmates were out of their cells. During those times when inmates were out of their cells, the facility utilized additional staff members to cover security while the staff interviews were taking place. The auditor introduced themselves, provided an introductory statement and proceeded to ask questions from the random staff interview protocol. No staff member refused to be interviewed and all notes were handwritten by the interviewer. In some instances, the interviewer requested further clarification to evaluate the practice being discussed had been institutionalized in an effort to confirm compliance with the applicable standards.

A total of 41 inmate interviews were conducted. There were 27 random inmate interviews conducted, 24 male and 3 female, and 15 targeted inmate interviews were conducted, nine male and six female. The targeted interviews included two males and one female with physical disabilities, one male who was hearing impaired, one female with Limited English Proficiency, one female with cognitive disability/mental

illness, two males who identified as gay, one transgender woman, two men who reported sexual abuse in a facility, and two male and two female who reported sexual victimization during risk screening. There were no youthful inmates and no inmates housed in segregated housing for high risk of sexual victimization. It was determined that at least one inmate from each of the housing units was interviewed. Audit team members used a housing roster to randomly select inmates to ensure each housing unit was covered for inmate interviews. Inmates were called by a staff member and escorted to the private room, where no staff member intervened. Interviews were conducted in a private room on the housing unit, or in the dayroom area that placed significant distance between the ward deputy station and where the interview took place. The audit team introduced themselves, provided the introductory statement and proceeded to ask questions from the random inmate interview protocol. One inmate refused, and clarification was requested during the interview to ensure the information being collected had been institutionalized in an effort to confirm compliance with the applicable standards. All notes were handwritten by the auditors.

One inmate who sent a letter to the auditor prior to the onsite phase of the audit was requested to be interviewed, however he had been released three days prior to the audit team's arrival. The inmate file was requested and reviewed to ensure PREA investigative protocol was met. The inmate made an allegation about the intake process, which was confirmed in his file and was investigated appropriately as determined by the audit team.

The document review process was divided between the two audit team members. One auditor reviewed all documents related to allegations of sexual abuse and sexual harassment, including the notifications made to the inmate and the monitoring for retaliation, investigations, and the investigator training records. The other auditor reviewed the inmate files, including documentation of allegations, information received if an allegation was made, contractor and volunteer files ensuring backgrounds were complete and training was conducted. Additionally, staff backgrounds, record of continued background checks, hiring and promotion decisions and training records were reviewed. The audit team reviewed the formal inmate grievance process. Formal grievances can be filed through the inmate KIOSK, and the process is available to all inmates.

The PCM provided access to the PREA Tracking database, and the audit team looked at the allegations for the past 12-months. The database showed 16 allegations of sexual abuse, misconduct, and sexual harassment had been made in the past 12 months, with an additional 10 allegations that were not applicable to sexual safety and were closed or inactivated. Of the 16 allegations, 9 were for sexual abuse, two for sexual misconduct, and five for sexual harassment. Two misconduct and one harassment allegations (three total) were against staff and 13 were inmate on inmate allegations. Two investigations were on going during the onsite phase of the audit. Other outcomes include one substantiated, five unsubstantiated and 10 unfounded dispositions. The substantiated case was involved sexual harassment of a staff on inmate. The staff member was terminated for lying about his actions during the formal investigation.

Investigative files were reviewed to ensure the following information was included; date of the report, date of the allegation (if different), name of the victim, name of the suspect (only if known), and the disposition or status of the case. Additionally, the type of allegation (sexual abuse, sexual misconduct or sexual harassment), whether it was staff on inmate or inmate on inmate, and the name of the investigator was purged from the file. At the time of the onsite visit, the facility had been conducting limited incident review meetings.

The second day of the onsite phase of the audit the audit team observed the intake process. This included the medical and mental health screenings, and classification. The audit team observed two inmates being processed through from booking, through the screenings, and through clothing exchange. The audit team observed where the inmate records were retained and watched a portion of the intake video shown in the intake (amphitheater) area. PREA posters were posted in the intake area, and it was

confirmed through observing an inmate use the phone that phone calls made in the intake area were free and did not require a personal pin number to make a phone call.

At the conclusion of each day of the onsite phase, the audit team would debrief internally discussing observations, and any findings or discrepancies recognized. Clarification was requested with many key management staff to ensure the audit team understood the practice related to several of the standards. On Thursday, July 18, 2019 the audit team scheduled a pre-out briefing session with key facility management staff and a full out-briefing with agency and facility staff. During the out-briefing the audit team provided an overview of the positive observations as well as the areas of concern with respect to findings during the formal PREA audit.

The audit team and the PCM agreed to communicate during the writing of the interim report in case clarification was necessary from the audit team, or additional information was requested.

POST ONSITE AUDIT PHASE

Following the onsite audit phase, the audit team gathered written information, reviewed documentation and completed the interim report. One conference call between the audit team and the PCM was held on July 24, 2019. In anticipation of the conference call the audit team developed a list of questions, information and documentation necessary to complete the audit report, and sent it via email to the PCM. The requested information included inmate grievance information, hire dates of employees, and information pertinent to the recently approved security camera and door lock expansion project. Information from the EPCSO was promptly provided.

On August 9, 2019 a phone call was made to TESSA, the local Rape Crisis Center (RCC). During the course of the conversation the audit team learned TESSA acts as both a reporting facility and provides confidential emotional support services to anyone who calls from the jail. The center is aware the caller is from the jail due to the voice stamp that precedes the call. TESSA was not aware of any MOU on file with EPCSO, and confirmed the services provided over the phone for any inmate mirrors what is provided over the phone to a caller from the public. The majority of calls placed to TESSA are to report incidents of sexual abuse or sexual harassment and there was no recollection of any recent call for confidential emotional support services. TESSA will take a report and immediately report to the EPCSO PC. If the inmate wants to remain anonymous, the TESSA staff are trained to obtain as much information about the allegation as possible and will alert the PC. TESSA confirmed they provide victim advocacy at Memorial Hospital of Colorado Springs. The Forensic Exam Unit at Memorial Hospital was contacted. It was confirmed by a SANE certified nurse the hospital will perform medical forensic care to any inmate who has experienced sexual abuse who is transported by the EPCSO to the hospital. The hospital has a close working relationship with TESSA, who will accompany an inmate during the forensic exam.

The audit team then incorporated all information and utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide for determining compliance with each standard and provisions as a means to determine overall compliance. The auditor marked "yes" or "no" for each standard provision and determined the compliance rating for each standard based off those markings. Each standard was marked either "exceeds, meets, or does not meet the standard". The determination was made using policy, SOP and other documentation uploaded in the PAQ, establishing practice during the onsite phase, reviewing interview and observation notes from the onsite phase, and establishing institutionalization of the practice through document review and observation.

The interim report identifies documents reviewed, interviews conducted, and the auditor's findings to establish the overall determination for each standard. It was determined that 36 standards were met, while six standards were not and require corrective action. This final report reflects that all six standards that were not met as documented in the interim report were met during the corrective action period, indicating 42 standards met and zero standards not met. The EPSCO should be proud of the work they accomplished during the corrective action period. Staff made themselves available for regular communication wherein they checked in with the auditors to determine if they were moving in the right

direction. The verification of evidence for meeting the corrective action recommended was accomplished through telephonic and electronic communications between the auditors and EPCSO staff, and a follow up site visit conducted by auditor Shoemaker on 02/21/2020.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The El Paso County Criminal Justice Center (EPCCJC) is also known as the El Paso County Jail administered by the El Paso County Sheriff's Office (EPCSO). Within the EPCSO there are three bureau divisions reporting to the Sheriff: Administrative Bureau, Law Enforcement Bureau and Detention Bureau. The detention bureau manages the EPCCJC.

EPCCJC operates as a "direct supervision" facility utilizing both cell and open bay housing units containing a maximum bed capacity of 1837. The facility houses all levels of classification and has all levels of charges, felony, misdemeanors, municipal offenses and warrants from other jurisdictions. By Colorado State Statute, they do not house youthful offenders and the age ranges from 18 to 73.

The original facility consisted of a two-story building with eleven housing units with bed capacity of 733. In 2005, a three-story tower was added to the existing facility. The "tower" has twelve open bay housing units with a total bed capacity of 848. In 2014, inmate housing was expanded into the Sprung Structure located on the premises immediately north of the jail. The Spring Structure contains two wards with total bed capacity of 144. Both of these housing units are dormitory style housing units.

The mission of the detention bureau is to protect the citizens of El Paso County, Sheriff's Office employees and the incarcerated inmate population through the operation of a safe, clean and quiet detention facility in accordance with Federal and State Statues. They strive to maintain accreditation and follow best practices while providing opportunities for detainees to take advantage of the many available programs to reduce their likelihood of recidivism.

The facility offers various faith-based programs and a law library. Optional programs offered are Alcohol/substance abuse prevention, Anger management, Healthy Relationships, Social Development, Thinking for Change, GED, Family Values, Shakespeare, Music therapy, Yoga, Zen Meditation, Veteran Health care Assistance and Numerous other Veteran's Outreach programs. Reintegration and Recovery – The goal of the

Reintegration and Recovery Program is to stop the revolving door and reduce recidivism through education, therapeutic treatment, alcohol and substance abuse prevention, work, study, vocational assessment, post-release follow-up and regimented work discipline. The program collaborates with School District 11, Com-Core (community corrections), Sober living, Swanson and Associates, Insight Services and the Springs Rescue Mission. Inmates participating in this program are housed in the Sprung Structure building, referred to as the Hotel.

The Sprung Structure building has a main entry point with the two dormitory housing units on each side of the building. The front area has three offices, and attorney/client visiting area. There are two mechanical rooms in this area as well as staff restroom and one storage room. The housing units have 72 beds each which are bunk beds. The housing units each have KIOSK stations and inmate phones. The entire housing unit is visible from the doorway and convex mirrors add to the visibility. There is an enclosed toilet and shower area on each housing unit. Showers are one long open area however there have been no complaints regarding privacy in this building. Some inmates have work assignments off grounds so individual inmates can easily shower alone. The toilet area has short walls between each toilet and one side has three individual toilet rooms. The building has a mezzanine area with one office, two classrooms, small library and small exercise room.

Tower One has two floors of housing units for a total of five. The first floor has "A" units for female inmate housing which are two tiers. All cells are double occupancy. There are three units: A-1 has 62 beds and house new arrival, medium, maximum and transitional women, A-2 has 30 beds for special management, A-3 has 94 beds for medium and minimum inmates. The second floor has "C" units for male inmates which are two tiers and all cells are double occupancy. There are two units: C-1 has 94 beds for maximum inmates and C-2 has 92 beds for maximum and medium inmates. There are day room areas that have tables, KIOSK stations, bulletin boards, inmate phones and an officer station in each housing unit. The area around the housing units have an additional officer station, and multiple purpose room.

Tower Two has two floors of housing units for a total of six. The first floor has "B" units for male inmate housing which are two tiers and five units have double occupancy. There are four units: B-1 has 32 beds for special management and is currently single cells, B-2 has 28 beds for mental health inmates primarily on some type of special watch ordered by the mental health staff, B-3 has 64 beds housing new arrival inmates, transitional or special management and B-4 has 61 beds housing special management inmates. The second floor has "D" units for male inmates which are two tiers and all cells are double occupancy. There are two units: D-1 has 94 beds, D-2 has 90 beds and both house medium and minimum inmates. There are day room areas that have tables, KIOSK stations, bulletin boards, Inmate phones and an officer station in each housing unit. The area around the housing units have an additional officer station, multiple purpose room.

Between Tower One and Tower Two, there are outside exercise yards. When inmates are present in the yards, there is a deputy posted in the area. There are cameras throughout Tower One, Tower Two and the exercise areas. Lines of sight are good in all areas and all are monitored by the central control center.

Tower Three has three floors of housing units for a total count of 12. Construction of all units in this tower are the same with two tiers of open bay housing areas containing bunk beds. The open bay housing is divided into room areas containing an average of five sets of bunks in each. The bunks are visible from the floor by the deputies staffing each housing unit. The bunks in the back of the rooms have the least visibility from the floor however as the deputy moves throughout the unit, the bunks in the back are more visible. The toilets and showers are in the middle of the open bay areas and have physical barriers or curtains to provide more privacy for the inmates. All units have a day room area with tables and chairs. There are inmate phones and KIOSK in every unit. Each unit has an officer station with additional station in the foyer of each floor. This station is not always staffed however has inmates are escorted throughout the building, staff utilize the area for staging. There is one control center on each floor that has control of doors and can visualize each housing unit on that floor. The cameras in the control center have zoom capabilities which provide the staff an additional way to monitor the activities in the housing units.

The first floor of Tower Three has "E" units. E-1 and E-2 have 80 beds each and house female inmates that are minimum/medium classification. E-3 has 80 beds and E-4 has 78 beds housing male inmates that are minimum/medium classification. The second floor has four "F" units housing male inmates with bed capacity of 80 and housing minimum/medium inmates. The third floor has four "G" units housing male inmates classified as minimum/medium inmates. G-1 is considered the veteran unit and has programming specifically for veterans.

Each floor of the tower has storage rooms on one side between two units. The storage rooms are not viewed by camera and creates a blind area. The storage rooms are to be utilized by staff only however, there are times when an inmate might assist staff in bringing out supplies. The key to this area is on most key rings that deputies carry on their person. Discussion during the on-site phase suggested, this might be an area for future camera installation.

The EPCSO employs approximately 464 individuals, with 73 deputies, 10 detention specialists, and 14 security technicians spread over five different shifts. Shift times and staffing are as follows:

- Shift 1 - 0010 to 1010 hours - 18 posts; 14 deputies, 2 detention specialists, 2 security technicians

- Shift 2 - 0500 to 1500 hours - 20 posts; 15 deputies, 2 detention specialists, 3 security technicians
- Shift 3 - 0945 to 1945 hours - 19 posts; 14 deputies, 2 detention specialists, 3 security technicians
- Shift 4 – 1435 to 0035 hours – 20 posts; 15 deputies, 2 detention specialists, 3 security technicians
- Shift 5 – 1920 to 0520 hours – 20 posts; 15 deputies, 2 detention specialists, 3 security technicians

The intake/booking area has an entrance with a vehicle sally-port. Inmates are screened prior to coming into the booking area for injury or illnesses which could compromise the facility. Their picture and fingerprints are taken, and they remain in the custody of law enforcement staff. They are pat searched then pass through a metal detector. Once they have been cleared into the booking area, they are seen by multiple staff for the booking process. Inmates for processing are staged with the use of a sitting area and several holding cells. If there is no security issue, they are seated in an open seating area that plays a video that contains general information and has a PREA orientation component included. Each inmate is seen by the booking deputy, mental health and nursing staff. Once the process is complete, they are searched again and given EPCSO issued clothing. The results of three intake points; medical, mental health, classification, will determine where in the facility they are housed. This area also manages the release of inmates so there are multiple counter areas for processing inmates. There are ten holding cells which includes single cells, double occupancy and multiple occupancy holding cells. EPCSO has magnetic window coverings for the cell windows if they need to restrict the sight lines between the holding cells. The window coverings are placed to allow staff to easily see inside the holding cell for monitoring but obstructs the view from other cells. The intake booking area is open and has good lines of sight. The kitchen staff prepares all food to be delivered to the housing units. The officer dining room is adjacent to the kitchen and is accessed in the hallway with food service contract and inmate staff accessing from the opposite side. There is a large open area immediately off the hallway for food cart storage, washing dishes and pans. The area has cameras and convex mirrors to increase visibility. The food preparation area has several steam kettles, flat top grills and other equipment necessary for industrial food preparation. There are refrigerators and freezers in this area that only staff have keys for. The cold storage units' doors have windows for greater visibility. The back area of the kitchen has a dry storage, supply area and the commissary. There are numerous kitchen staff and deputies assigned to the area. The inmate work force is assigned in different areas which have staff present at all times. The entire food service area has multiple cameras that provide additional visibility for staff and inmate safety. The kitchen opens to an outside area which is enclosed by a fence. The grease interceptor is in this outside area.

The laundry is adjacent to the food service area and has two primary areas. The washers are in one room and the dryers in the other. This small space is open and visible from the hallway. The maintenance area is a staff area only which has restricted keys. There are three compartmented spaces that are locked and secured at all times. There are no cameras in this area.

Health care services are currently provided by contract. Health care staff are present 24 hours daily in two primary areas of EPCSO. The intake area has at least one nurse present at all times and nursing staff are also assigned in the clinic/infirmery area. There are ten medical beds in the infirmery area. Inmates are receiving both medical and/or mental health treatment in the area. The mental health staff are present in the facility every day and are available on-call. All health staff work closely together to assure all inmates have access to all health care services. They actively participate in the SMIRC Committee and assist in the identification of LBGTI inmates.

Nursing staff are the first contact for health services in the booking area. They interview all incoming inmates for evaluation and assist in the determination of risk factors. They screen for medical and mental health needs and make referrals to mental health as necessary. Their documentation is entered into electronic medical records system.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

Number of Standards met: 45

115.11 - Zero tolerance of sexual abuse and sexual harassment: PREA Coordinator

115.12 - Contracting with other entities for the confinement of inmates

115.13 - Supervision and monitoring

115.14 - Youthful inmates

115.15 - Limits to cross-gender viewing and searches

115.16 - Inmates with disabilities and inmates who are limited English proficient

115.17 - Hiring and promotion decisions

115.18 - Upgrades to facilities and technologies

115.21 - Evidence protocol and forensic medical examinations

115.22 - Policies to ensure referrals of allegations for investigations

115.31 - Employee training

115.32 - Volunteer and contractor training

115.33 - Inmate education

115.34 - Specialized training: Investigations

115.35 - Specialized training: Medical and mental health care

115.41 - Screening for risk of victimization and abusiveness

115.42 - Use of screening information

115.43 - Protective custody

115.51 - Inmate reporting

115.52 - Exhaustion of administrative remedies

115.53 - Inmate access to outside confidential support services

115.54 - Third party reporting

115.61 - Staff and agency reporting duties

115.62 - Agency protection duties

115.63 - Reporting to other confinement facilities

115.64 - Staff first responder duties

115.65 - Coordinated response

115.66 - Preservation of ability to protect inmates from contact with abusers

115.67 - Agency protection against retaliation

115.68 - Post-allegation protective custody

115.71 - Criminal and administrative agency investigations
 115.72 - Evidentiary standard for administrative investigations
 115.73 - Reporting to inmates
 115.76 - Disciplinary sanctions for staff
 115.77 - Corrective action for contractors and volunteers
 115.78 - Disciplinary sanctions for inmates
 115.81 - Medical and mental health screenings, history of sexual abuse
 115.82 - Access to emergency medical and mental health services
 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
 115.86 - Sexual abuse incident reviews
 115.87 - Data collection
 115.88 - Data review for corrective action
 115.89 - Data storage, publication and destruction
 115.401 - Frequency and scope of audits
 115.403 - Audit contents and findings

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>EPCSO Policy 902 – Prison Rape Elimination EPCSO SOP 04.34 – PREA Prevention Planning and Training EPCSO SOP 04.34.1 – PREA Screening for Risk and Responsive Planning EPCSO SOP 04.32 – PREA Reporting, Response and Investigation EPCSO SOP 04.34.03 – PREA Incident Review and Data Collection EPCSO Organization Chart – Agency and Facility EPCSO Agency Mission Statement EPCSO ACA Final Report EPCSO NCCHC Final Report El Paso County Criminal Justice Center Facility Schematic EPCSO Inmate Handbook</p> <p>Interviews:</p> <p>Agency Head PREA Coordinator PREA Compliance Manager Facility Chief (Head) Facility Commander Random Staff Interviews Inmate Interviews</p> <p>Findings: (a) The EPCSO “Zero Tolerance” PREA Policy 902 establishes the agency’s zero tolerance for sexual misconduct and sexual harassment, on page 4, section 902.2. The policy states “The Sheriff’s Office has zero tolerance toward all forms of sexual abuse and sexual harassment.” In addition to the Zero Tolerance policy, SOP 04.34, Prevention Planning and Training, SOP 04.34.01, Screening for Risk and Responsive Planning, SOP 04.34.02, Reporting, Response and Investigation, and SOP 04.34.03 outlines the agency’s comprehensive approach to preventing, detecting and responding to sexual abuse and sexual harassment. All policies and SOPs referenced contain definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Page 3 of the EPCSO Inmate Handbook which is on the inmate informational kiosk in every housing area, contains information about the agency’s zero tolerance for sexual abuse and sexual harassment. Zero tolerance information was observed throughout the housing areas. In the housing areas the notices were in a display case, near the telephones, where the zero-tolerance posters and reporting information were as well. Interviews with all staff and 32 of the 41 inmates indicates there is knowledge of the zero-tolerance policy. Many of the inmates indicated their understanding of the zero-tolerance policy came from the Colorado Department of Corrections (DOC), and the information received at EPCSO was consistent with their previous knowledge. SOP 04.34 is a six-page document that states on page 1, I., “The El Paso County Sheriff’s Office Detention Bureau has a zero-tolerance policy relating to sexually abusive behavior and sexual assaults. Sexual conduct between staff and inmates, volunteers or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions”.</p> <p>(b)(c) The PREA Coordinator (PC) was appointed by the Detention Bureau Commander, and PREA Policy 902, pages 2-4, section 902.3 outlines the responsibilities of the PC. The policy</p>

mandates the PREA Coordinator be an upper-level manager with sufficient time and authority to develop, implement and oversee Office efforts to comply with PREA standards in the Sheriff's Office Facilities. This position is reflected in the Detention Bureau's Organizational Chart. The EPCSO has one PREA Compliance Manager (PCM) was appointed by and reports directly to the Division of Professional Responsibility Commander.

When interviewed, both the PREA Coordinator and PREA Compliance Manager revealed a good working relationship in which the management of PREA responsibilities is conducted. Together they have a team of seven who collectively work on PREA compliance on a daily basis. Both indicated they have sufficient time and authority required to manage their responsibilities. Conclusion: Provisions (a)(b)(c) were documented in policy and SOP, organization charts, and confirmed through staff and inmate interviews. Based upon review and analysis of all available evidence, EPCSO is found in compliance with standard 115.11.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: PREA Compliance Manager PREA Coordinator Contracts Manager</p> <p>Findings: The EPCSO does not have any contracts with other entities for housing of their inmate population. There have not been any contracts during the last three years. In discussion with the PREA Coordinator, PREA Compliance Manager, and the Contracts Manager, any contracts entered into in the future would include the necessary PREA implementation language. Conclusion: Provisions (a) and (b) are non-applicable since the agency does not have contracts to house inmates in private or other governmental agencies.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO SOP – 2.16 Staff Inmate Contact and Interaction EPCSO Staff Schedules EPCSO Staffing Studies; Floor Security, Intake and Release, Inmate Services EPCSO JMS Roster of Unannounced Supervisory Rounds</p> <p>Interviews: PREA Coordinator PREA Compliance Manager Detention Supervisors Intake and Classification Staff Random Staff</p> <p>Findings: (a) The EPCSO SOP 2.16, Staff Inmate/Contact and Interaction was updated March 2019, and states on page 1, section I “The El Paso County Sheriff’s Office Detention Bureau will provide for facility safety and security by ensuring a minimum number of staff is available for duty at any given time.”. The SOP states on page 4, section IV, A, that a comprehensive staffing analysis is conducted annually, and section IV, A, 5 states “whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the Standardization and Compliance Lieutenant shall complete an analysis to assess, determine, and document whether adjustments are needed to the staffing plan, the facility’s deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherences to the staffing plan.” EPCSO included documents of staffing studies conducted in 2018. These include Detention Security Division, Intake and Classification, and Inmate Programs. These comprehensive staffing studies took into consideration current staffing levels, calculations of hospital runs, time off for sick, vacation, FMLA, etc., as well as plans for keeping the amount of “roll over” time at a minimum. This analysis also included total hours of overtime utilized to cover potential deviations as a justification for increasing staffing. All elements of provision (a) were covered collectively in these documents with the exception of taking into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse when calculating adequate staffing levels.</p> <p>(b) The PC, PCM, and Detention Commanders report the agency does not deviate from the staffing plan and therefore there is no documentation of deviations. During the onsite portion of the audit, it was observed that the staffing plan and staffing levels are adhered to by either holding people over or calling people in early to cover potential deviations. The Intake and Classification staffing analysis also included staffing assignments, posts, and shifts (there are three). With over 18,000 classifications completed in 2018, the staffing analysis showed adequate staffing for intake and classification. The Inmate Programs staffing analysis took into consideration the Gateways/Reintegration and Recovery Program, Thinking for a Change, and Religious and Law Library Programs. Since many of the programs rely on volunteers and contractors, the Inmate Programs Director and Program Leads were consulted when discussing the staffing analysis.</p> <p>The Detention Security Division Staffing Plan includes five shifts. The authorized positions and</p>

hours for each shift includes:

- Shift 1 - 0010 to 1010 hours - 18 posts; 14 deputies, 2 detention specialists, 2 security technicians
- Shift 2 - 0500 to 1500 hours - 20 posts; 15 deputies, 2 detention specialists, 3 security technicians
- Shift 3 - 0945 to 1945 hours - 19 posts; 14 deputies, 2 detention specialists, 3 security technicians
- Shift 4 – 1435 to 0035 hours – 20 posts; 15 deputies, 2 detention specialists, 3 security technicians
- Shift 5 – 1920 to 0520 hours – 20 posts; 15 deputies, 2 detention specialists, 3 security technicians

An email pertaining to a facility upgrade for video monitoring and door locks was provided as part of the PAQ. During the onsite portion of the audit it was revealed the facility had undergone a “blind spot” and vulnerability analysis which indicated a need for additional cameras and new security door locks. During the site review, staff shared with the audit team the proposed camera placement. The audit team concurred with the recommendations as many of the blind spots identified by the audit team were mitigated in the proposed work plan. Subsequent to the on-site phase of the audit, the audit team received a memo from the PCM indicating agency will be adding 120 cameras that will have higher resolution improve coverage and better placement for improved viewing angles.

(c) Although SOP 2.16 states the PREA Coordinator is involved in the staffing analyses, documentation to support provision (c) was lacking. Through interviews with the PC and the Facility Commander it was evident the PC had input into the staffing plan and analysis, however there was no documentation supporting this. The PCM indicated in the PAQ indicated there are no specific “reviews” however documentation and conversations are on-going.

(d) SOP 2.16 includes language on page 4, section G, addressing unannounced supervisory rounds. The SOP states “staff is prohibited from alerting other staff members supervisory rounds are occurring.” Additionally, the policy covers “Command Staff Specific Responsibilities”, and instructions for how to log the unannounced round in the JMS (Jail Management System). A daily log report, showing documentation of unannounced supervisory rounds was included in the PAQ. Specifically, the log included the location, date, staff ID number, capacity in the specific location and actual head count at the time of the unannounced round, and the time the unannounced round was conducted. Interviews with supervisors as well as random staff indicate they do not make notification to other staff members when the unannounced rounds are occurring, and supervisors do not announce themselves during the round. Interviews with staff also revealed staff are aware of the intent of the unannounced supervisory rounds.

Conclusion:

Provision (a) was met through documented staffing analyses, with the exception of considering substantiated and unsubstantiated incidents of sexual abuse (b) was not applicable because the agency does not deviate from the staffing plan, and (c) was not met. Provision (d) was met.

The facility entered into a corrective action period and during that time the PREA Coordinator provided documentation to the audit team to prove compliance with this standard. The documentation included the creation of a new form titled PREA Incident Debriefing Report that requires an indication of whether the outcome of an allegation was substantiated, unsubstantiated, or unfounded. This information is now used during an annual review of the

agency staffing plan, in which the PREA Coordinator is included. During the corrective action period a meeting occurred that included the PREA Coordinator, where consideration of the prevalence of substantiated and unsubstantiated incidents of sexual abuse was discussed in the calculation of an adequate agency staffing plan.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: Colorado Revised Statute Interviews: PREA Coordinator Findings: By Colorado statute, youthful offenders are not housed in the jail. Historically, there have not been any youthful offenders in the jail for numerous years. If youthful offenders are arrested, they are taken to a Department of Youth Corrections facility. Conclusion: Provisions (a)(b) and (c) are not applicable since there are no youthful offenders in EPCSO. Based upon the analysis of all available evidence, EPCSO is found in compliance with standard 115.14.</p>

115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review: EPCSO Policy 902 Prison Rape Elimination EPCSO SOP 01.08 Detention Bureau Training and Staff Development EPCSO SOP 02.02 Security and Searches EPCSO SOP 02.16 Staff/Inmate Contact and Interaction Interviews: PREA Coordinator PREA Compliance Manager Security Commanders Random Staff Targeted Inmates Random Inmates Findings: (a) SOP 02.02 requires strip searches shall only be conducted when there is reasonable belief that the inmate may be in possession of an item of contraband. The SOP requires strip searches to be done by the same sex in a private area generally in the intake/booking area. (b) Pat searches are defined in the SOP and require female inmates to be pat searched by female deputies. Male deputies are only able to pat search women inmates under exigent circumstances where safety and security are of an immediate concern. (c) If male pat searches of women inmates occur, it is documented in an informational report. (d) SOP 02.16, page 2, section b discusses inmates' ability to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia. (e) EPCSO staff do not search or physically examine any inmate to determine their genital status. (f) Training to conduct strip searches and pat searches is completed in the Basic Law Enforcement Academy and ongoing training through Roll Call training.</p> <p>Interviews with staff confirmed the process for strip searches and during the on-site phase, the strip search area was observed. It provides privacy for the inmate being searched. EPCSO has implemented electronic tools, such as body scan devices, which has reduced the number of strip searches being done. Staff report there have been no reports of cross gender strip or pat searches and there were no informational reports in the jail management system. Interviews with inmates consistently demonstrated they have reasonable privacy when dressing, toileting, showering and changing clothing. All shower and toilet areas have curtains or physical barriers that prevent viewing from staff and other inmates. Cameras do not have views into these areas except to show when an inmate is entering the areas. During the onsite phase, announcements were consistently done by staff when entering opposite gender housing units. Inmate interviews confirm announcements are done routinely even during sleeping hours. Some male inmates reported that some women deputies are not heard or do not announce their presence.</p> <p>Interviews with command staff and intake staff confirm strip searches are not done for the purpose of identify an inmate's genital status. Interviews with the transgender inmates confirmed strip searches were not done for that purpose.</p> <p>Conclusion:</p> <p>Provisions (a)(b)(c)(d)(e)(f) were documented by SOP, on-site phase observation and interviews with staff and inmates. Provisions (f) was documented by training curriculum. Based upon the review and analysis of all the available evidence, EPCSO is found in compliance with standard 115.15.</p> <p>Recommendation: EPCSO should continue to monitor that all staff are announcing their presence when entering opposite gender housing units and that the announcements are clearly heard by the inmate population</p>

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Policy 902 – Prison Rape Elimination EPCSO SOP 04.34 – PREA Prevention, Planning and Training EPCSO SOP 04.34.02 – PREA Reporting, Response and Investigation Inmate Files Interviews: PREA Coordinator PREA Compliance Manager Security Commanders Intake Staff Staff who perform Screening for risk for victimization and abusiveness Targeted Inmates Findings: (a)(b) Both the PREA Policy 902 and SOP 04.34.02 require all inmates have equal opportunity to understand and benefit from efforts to prevent, detect and respond to sexual abuse and sexual harassment. Specifically, it includes those inmates who are Limited English Proficient (LEP) and inmates with disabilities. (c) SOP 04.34 requires the PREA video shown in intake to have multiple ways for inmates to understand the information. The video is in English, Spanish, close caption and have a sign language interpreter. Written information is available in English and Spanish. The policy and SOP require the use of staff interpreters or using a computer-based system for quick access if no staff member that could translate is available. SOP 04.34.02 allows for exceptions as outlined in provision (c) where an inmate’s safety, the performance of first-response duties or the investigation of inmate allegations could be limited do to an extended delay. A staff interpreter was available for the LEP inmate interview. Interviews with staff confirmed their understanding of how to obtain assistance for inmates who are LEP or disabled. Staff were knowledgeable about written materials in both English and Spanish. Conclusions: Provisions (a)(b)(c) were documented in policy, staff and inmate interviews. Based on the review and analysis of the available evidence, EPCSO is found in compliance with standard 115.16</p>

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>EPCSO Policy 1000 – Recruitment and Selection EPCSO Policy 1002 – Evaluation EPCSO Policy 1003 – Promotions EPCSO Policy 320 - Standards of Conduct EPCSO Employment Application EPCSO Contractor Background Investigation Questionnaire EPCSO Volunteer Agreement Form Pre-Employment Truth Verification Examination Booklet Files of employees hired within the past 12 months File of an employee promoted within the past 12 months Files of employees with five or more years of employment Personnel Files – documentation of background checks Volunteer and Contractor files – documentation of background checks Contract between ARMOR and El Paso County</p> <p>Interviews:</p> <p>Human Resources PREA Coordinator Programs Administrator</p> <p>Findings:</p> <p>(a) EPCSO Policy 1000, pages 607-610 prohibits the hiring individuals, sworn or civilian who have convictions for crimes involving moral turpitude. Additionally, the policy does not allow hiring for any admission to actions which meet the elements for crimes of moral turpitude. The same applies to individuals applying to the department as a contractor, volunteer and intern. The EPCSO employment application, which is completed by all potential employees, contractors, volunteers and interns, asks about, and the department considers, any incidents of sexual harassment when determining hiring or promoting individuals who may have contact with inmates. The contract between ARMOR and El Paso County was reviewed. It requires all potential employees to complete the background check and receive PREA general and specialized training prior to having contact with inmates.</p> <p>(b) EPCSO considers incidents of sexual harassment in determining whether to hire or promote individuals, or enlist the services of contractors, volunteers, or interns. The employment application, and the EPCSO Pre-Employment Truth Verification Examination Booklet require applicants to indicate any participation commission, arrest, conviction or questioning for any act involving the accusation of sexual harassment (page 8). During interviews with administrative staff, it was confirmed the facility considers prior incidents of sexual harassment when determining whether to hire or promote individuals. Additionally, the facility’s programs administrator stated all volunteers undergo a criminal background records check, and information related to sexual harassment is taken into consideration when making decision to enlist the services of volunteers.</p> <p>When evaluating individuals for promotions, Policy 320, Standards of Conduct includes language outlining unlawful conduct. This includes:</p> <p>a. Unwelcome solicitation of a personal or sexual relationship while on-duty or through the use</p>

of one's official capacity

b. Engaging in on-duty sexual activity including, but not limited to, sexual intercourse, excessive displays of public affection or other sexual contact

This policy also mandates that failure to disclose or misrepresenting material facts or making any false or misleading statements on any application, examination form, or other official document, report or form, or during the course of any work-related investigation is cause for disciplinary action.

(c) The employment process includes a criminal background check, an oral interview where applicants are asked about any allegations of sexual abuse and sexual harassment and any other prior misconduct. In addition to the criminal background check, all applicants, sworn and civilian must complete the Truth Verification Examination Booklet and undergo a truth verification interview/Computerized Voice Stress Analysis (CVSA) exam that is administered by a National Institute for Truth Verification (NITV) certified examiner. The outcome of this exam/interview is used to determine if applicants move forward in the application process.

(d) Contractors, volunteers and interns undergo a criminal background records check, but are not administered the CVSA exam. They do undergo an oral interview.

(e) A review of two employee files, who had been employed with EPCSO for more than five years, showed that on their Performance Evaluation Report indicated when the last criminal history check was conducted and the results.

(f) Applicants who complete an employment application with EPCSO are asked directly about previous misconduct on pages 8 and 11, pertaining to engaging in sexual acts included in (a) of this standard.

(g) The EPCSO employment application, signed by every applicant, including volunteers and contractors states "I hereby certify, under the penalty of perjury and potential criminal charges, that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

(h) The PREA Coordinator indicated the EPCSO would provide information to an employer of another confinement facility on any staff who was previously employed with them but had not been requested to do so.

The PAQ stated in the past 12 months, 66 staff were hired who may have contact with inmates. A total of seven personnel files were reviewed. All had criminal background records checks completed. Two files were reviewed; one who had been promoted within the past 12 months and two who had been employed with the county for more than five years. The personnel file of the deputy promoted to the position of sergeant showed a process for promotion that was consistent with Policy 1002 – Evaluation, noted above. The review of the personnel files of the employees employed for longer than five years, shows a criminal background records check was completed annually through the Colorado Crime Information Center (CCIC). Two volunteer and contractor files were reviewed, and each showed a criminal background records check had been conducted.

During interviews with administrative staff, it was confirmed the facility considers prior incidents of sexual harassment when determining whether to hire or promote individuals. Additionally, the facility's programs administrator stated all volunteers undergo a criminal background records check, and information related to sexual harassment is taken into consideration when making decision to enlist the services of volunteers.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f)(g) were documented by employee files and interviews with human

resources. Based upon the review and analysis of all available evidence, EPCCJC is found in compliance with standard 115.17

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: Blueprint of the El Paso County Criminal Justice Center Email Correspondence regarding bid process for camera upgrade</p> <p>Interviews: PREA Coordinator Facility Commander</p> <p>Findings: (a) The Facility Commander and PREA Coordinator indicated during their interviews the facility had recently undergone a bid process for a camera expansion and upgrade. The project was initiated during a blind spot review of the facility. Facility personnel assessed areas where line of site was limited and identified areas where there were gaps in the current camera coverage. Personnel indicated that incertain areas such as the kitchen and laundry areas modification to how stacking of product was reevaluated to ensure blind spots were eliminated.</p> <p>During the site review, the audit team recognized some blind spots. Facility staff were able to verify that for each of the blind spots identified by the audit team, a camera was proposed for the area. The status of the camera expansion as of July 11, 2019 is that the project was funded and the facility was currently involved in the bid process, but the process had not been finalized by the time the audit team arrived for the onsite portion of the audit.</p> <p>Facility personnel acknowledged there had been no substantial upgrades or new construction to the facility since the last PREA audit. Video monitoring in the command center of the facility was reviewed to ensure there were no issues with cross gender viewing, and that the camera system was in good working condition. All cameras were installed to capture areas that would be somewhat difficult to monitor without surveillance.</p> <p>Conclusion: Provision (a) meets the standard as the facility is currently undergoing a camera upgrade and expansion project and considered identified blind spots for the expansion. Provision (b) is not applicable since there have not been any substantial expansion or modification to existing facilities since their last PREA audit. Based on the review of information and interviews EPCSO is found to be in compliance with standard 115.18.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO SOP 04.34.02 – PREA Reporting, Response and Investigation Armor Policy – Response to Sexual Abuse EPCSO PREA First Responder Training</p> <p>Interviews: PREA Coordinator PREA Compliance Manager Medical and Mental Health Supervisors Random Staff Random and Targeted Inmates Telephonic Interview with Memorial Hospital, Colorado Springs</p> <p>Findings: (a) The EPCSO is responsible for investigating allegations and using uniform evidence protocol when collecting evidence. Staff is trained in the Basic Training Academy as well as through the EPCSO First Responder Training on appropriate protocol. (b) This provision is not applicable since the EPCSO does not house youthful inmates. (c) SOP 04.32.02 and Armor’s policy on responses to sexual abuse require all forensic medical examinations are conducted through the local hospital. Both policy and procedure mirror the language in the provisions of this standard. (d)(e) The local hospital has SANE services available and understand the dynamics of forensic examinations. An agreement between Memorial Hospital and TESSA is in place. Victim advocacy services at Memorial Hospital are provided through TESSA. Additionally, victim advocacy services are provided on-site by the Armor mental health staff. Inmates can access confidential, emotional support services through the phone number listed on the PREA poster, which contacts TESSA, the local rape crisis center (RCC). (f)(h) These provisions are not applicable since criminal investigations are conducted by EPCSO.</p> <p>Conclusion: Provisions (a)(c)(d)(e) were documented by policy, interviews with staff and clients. Provisions (b) is not applicable since there are no youth housed within the jail. Provisions (f) and (h) are not applicable since criminal investigations are conducted by EPCSO. Based upon the review and analysis of all the available evidence, EPCSO is found in compliance with standard 115. 21.</p>

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Policy 902 - Prison Rape Elimination EPCSO SOP 04.34.02 - PREA Reporting, Response and Investigation Investigation Files Interviews: PREA Coordinator PREA Compliance Manager Security Commanders Classification Staff Investigation Staff Findings: (a) The EPCSO PREA policy and SOP 04.34.02, pages 3 and 3 respectively require all allegation of sexual abuse, sexual assault or sexual harassment to be referred for investigations. Specific language IV, B.1 requires any staff member, including volunteers and contractors that receive a report of a sexual assault/abuse/misconduct or possible sexual assault/abuse/misconduct whether verbally, in writing or through rumor shall immediately notify their Chain of Command and the facility watch commander. The watch commander on duty will notify the investigations unit. (b)The website has PREA information posted and states “Third party complaints, on behalf of an inmate, can go directly to the PREA Coordinator. Confined inmates may report concerns through the inmate kiosk system located within each housing unit, to the PREA Coordinator, or to the crime tips hotline at (719) 520-7095. All allegations of sexual abuse and/or sexual harassment will be referred for investigation.” The policy for reporting an allegation for investigations is found at the following web address: https://www.epcsheriffsoffice.com/sites/default/files/resources/resources/PREA_SOP.pdf Review of investigative files demonstrated all allegations received were investigated. Conclusion: Provisions (a) and (b) were documented by policy, SOP, staff interviews and review of investigation files. Provision (c) was not applicable to the facility. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.22</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>EPCSO SOP 04.34 - PREA Prevention Planning and Training EPCSO PREA Dynamics of Sexual Abuse Victims Training EPCSO PREA First Responder Training EPCSO ADA and PREA Training EPCSO PREA Cross Gender Pat Search EPCSO PREA Effective Communication with LGBTI Inmates EPCSO PREA Inappropriate Staff Conduct PREA Sexual Assault Medical Protocol EPCSO Sexual Assault Abuse Misconduct PREA Parts 1 and 2 Training Records Electronic "Roll Call" Training Records</p> <p>Interviews:</p> <p>PREA Compliance Manager Detention Supervisors Random Staff</p> <p>Findings:</p> <p>(a) A review of the EPCSO PREA Prevention Planning and Training SOP, 04.34, mandates several forms of training. These include formal training (classroom based), and roll call training (on-line learning), and is provided to all staff who may have contact with inmates. Formal training is provided initially, either in the basic training academy or prior to working in the jail, and roll call training is recurring training and re-brief training, as explained by the PCM and affirmed through three random staff interviews. Initial PREA training occurs in the basic training academy for sworn staff and documentation is in accordance with the Administrative and Support Services Bureau's Training Section, Training Documentation Management Procedures. The audit team reviewed the power point trainings, and collectively the trainings cover the agency's zero tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the inmate's and employee's right to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming (GNC) individuals, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>(b) The El Paso County Criminal Justice Center houses both male and female inmates. Therefore, all employees receive PREA related training specific to male and female inmates, and addresses LGBTI issues.</p> <p>(c) Policy 04.34 was reviewed by the audit team. The policy affirms the zero tolerance for sexually abusive behavior and sexual assault. The PCM is responsible for overseeing the training efforts of the Detention Bureau and maintain records of the mandated training. The</p>

PCM indicated all employees have been trained. The training is linked to their online personal training portal. The portal maintains documentation of the various trainings each employee completes, with the date of the completion. The PAQ included a “refresher training” schedule for April 2019. The audit team cross referenced the training schedule with three random staff during their interviews to ensure the training was uploaded to their online training account, and that the refresher courses had been completed.

(d) Employee training is documented through an electronic signature. In reviewing individual training portals, SOP 04.34 and the curriculum listed above, and through random staff interviews and in discussions with the PREA Compliance Manager all employees who may have contact with inmates receive refresher training at least annually through the roll call system. This includes a refresher on the PREA policies and SOPs as well.

Conclusion:

Provisions (a)(b)(c)(d) were documented by policy, training curriculum, training records and staff interviews. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.31.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Volunteer Sign In Sheet EPCSO Policy 902 – PREA Policy EPCSO 2019 Orientation Lesson Plan EPCSO Volunteer Files EPCSO Volunteer Agreement Form EPCSO SOP 04.34 – Prevention, Planning & Training</p> <p>Interviews: PREA Coordinator Programs Administrator Volunteers</p> <p>Findings: (a) The audit team reviewed the orientation lesson plan, taught by the EPCSO Detention Bureau and confirmed it covers the agency’s zero tolerance policy, PREA, and inappropriate staff conduct. Additionally, the training covers their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures are included. (b) The volunteers and contractor training includes protocol on how to report incidents of sexual abuse and sexual harassment. (c) The Programs Administrator maintains documentation that volunteers and contractors understand the training they received. The volunteers are required to confirm through signature they have received the training, they successfully completed the training, and a tour of the facility (required), they agree to abide by the rules of confidentiality for the EPCSO, and all policies and procedures of the agency. Interviews with volunteers and contractors indicated they understand and apply this training in their interactions with inmates. Additionally, upon entering the EPCSO facility, volunteers sign in and the sign in sheet includes an acknowledgement they understand the agency’s zero tolerance policy for sexual abuse and sexual harassment.</p> <p>Conclusion: Provisions (a)(b)(c) were documented in policy, and observance of the facility entrance logs. Volunteer training records were reviewed. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.32</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>EPCSO Policy 902 - Prison Rape Elimination</p> <p>EPCSO Inmate Handbook/Rules</p> <p>EPCSO PREA Video</p> <p>EPCSO PREA Poster</p> <p>Intake Records of Inmates</p> <p>Log of Orientation Intake Video Play Times</p> <p>Inmate Kiosk Operation</p> <p>EPCSO SOP 04.34 – Prevention Planning and Training</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Intake Staff</p> <p>Staff who perform Screening for risk of victimization and abusiveness</p> <p>Random Staff</p> <p>Random and Targeted Inmates</p> <p>Findings:</p> <p>(a) The EPCSO plays an orientation video loop in the intake and release area that provides information explaining the agency’s zero tolerance policy regarding sexual abuse and sexual harassment. The orientation video also explains how to report incidents of sexual abuse and sexual harassment. The auditors reviewed the log of the video play times. Interviews with inmates indicated only half recalled the video being played, and in some cases if the video was being played, the volume was low and the noise level in intake high, it was difficult to hear. The PREA Compliance Manager reports that 100% of individuals who were booked into the EPCSO within the last 12 months (22,639) were provided the necessary information at intake.</p> <p>(b) The PREA Coordinator and intake staff indicated the comprehensive inmate education, required to be provided within 30 days of intake, is met in two ways. First, through the orientation video played at intake, and by having the Inmate Handbook available to the inmates via the kiosk available in every housing unit. The PREA Compliance Manager reported that 4,611 inmates were incarcerated for 30 days or longer and 100% received the comprehensive inmate education via the information being available on the inmate kiosk. The video script was reviewed, and it does not include language that states the inmate’s rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, or the agency policies and procedures for responding to such incidents. SOP 04.34, Page 4, Section B, states the inmate will be trained on their rights to be free from sexual abuse and sexual harassment, and their rights to be free from retaliation for reporting such incidents. Section B also includes reporting procedures for sexual abuse, sexual assault and/or sexual misconduct, but does not address the agency policies and procedures for responding to such incidents.</p> <p>(c) SOP 04.34, Page 4, mandates the Detention Bureau will ensure that information is provided to inmates, upon arrival, about sexual abuse/assault, including (1)</p>

prevention/intervention; (2) self-protection; (3) reporting sexual abuse/assault; and (4) treatment and counseling. This information is clear in the Inmate Handbook but does not meet the requirement of provision (b). Upon first initiation of the use of the inmate kiosk, a “pop up” message appears on the screen that the inmate checks acknowledging they have read and understand the EPCSO zero tolerance for sexual abuse and sexual harassment. Inmates acknowledged they read the message and acknowledged the message mainly because it was the only way to move forward with using the kiosk. EPCSO operates one facility.

(d) EPCSO Policy 04.34, Page 1, which states the agency’s zero tolerance policy will be communicated orally and in writing, in a language clearly understood by the offender. There was no evidence in the policy, through staff interviews, or inmate interviews that a format accessible to inmates who are Limited English Proficient, deaf, visually impaired or who have limited reading skills.

(e) The EPCSO does not maintain documentation of inmate participation in the education sessions required under this standard.

(f) Posters with key information on zero tolerance for sexual abuse and sexual harassment were visible in all housing units. Nearly all inmates who were interviewed could point to the poster and discuss the intent. The inmate handbook is available on the kiosk available in every housing unit.

Conclusion:

Provisions (a) is met through the Orientation Video being played at intake. Provision (b) is not met as the comprehensive education is not provided in person or through video within 30 days of intake and does not include the three elements required in provision (b). Policy does include some language. Provision(c) and (d) were not met as inmate interviews revealed the video at inmate was difficult to view, and the agency does not document inmate education or provide education and formats accessible for LEP, deaf, visually impaired, or with limited reading skills. Provisions (e)(f) were met as posters were visible throughout the facility, and the inmate handbook was available on the kiosk located in every housing unit. This standard requires corrective action.

During the corrective action period EPCSO negotiated for and retained a new medical provider, WellPath. The agency took into consideration the corrective action for this standard and coupled with their negotiations with WellPath, and modifying Policy 04.34, this standard was met. On 02/21/2020 auditor Shoemaker conducted a site visit with EPCSO. During this visit, EPCSO staff presented her with a documented procedure that included how comprehensive inmate education would be provided and documented. WellPath will conduct the comprehensive education as part of their 10-14-day health assessment. This review is now a part of WellPath’s electronic health record so EPCSO will be able to run reports showing the inmates have received their comprehensive inmate education. WellPath will provide each inmate with an updated brochure (developed by EPCSO in both English and Spanish) and will review the information with each inmate. For inmates who are blind, WellPath personnel will provide the information verbally, and for those inmates who are deaf or in need of ASL, WellPath will provide the information accordingly. A review of the newly created WellPath Screening Form, elements required for corrective action require acknowledgement that the information was provided on the form. This includes the inmate’s rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, the EPCSO policies and procedures for responding to such incidents. The policy modification was provided to staff through their regular means of policy development and training. Based on the evidence provided and reviewed by the audit team, EPCSO is now in compliance with this standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Policy 902 Prison Rape Elimination IronPEN PREA Investigator Desk Reference Training Records</p> <p>Interviews: PREA Coordinator Investigators</p> <p>Findings: (a) EPCSO Policy 902 requires investigators who have approved special training shall conduct sexual abuse investigations. (b) Review of the training materials from IronPEN document the training included specialized training for techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings and sexual abuse evidence collection in confinement settings. The training has information on what is needed to substantiate a case for administrative action or prosecution referrals. (c) EPCSO issued training certificates to the investigators upon completion of the required training, and the training certificates were provided to the audit team.</p> <p>Conclusion: Provisions (a)(b)(c) were documented through policy, staff interviews, review of training materials and training records. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.34</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO SOP 04.34 PREA – Prevention Planning and Training EPCSO SOP 01.08 - Detention Bureau Training and Staff Development Armor Policy - Response to Sexual Abuse Armor Training 2019 – Response to Sexual Abuse Armor Training 2018 – Prison Rape Elimination Act: Compliance with Federal Law Armor Training Records</p> <p>Interviews: PREA Coordinator Medical and Mental Health Supervisors</p> <p>Findings:</p> <p>(a) EPCSO SOP 04.34 IV. Procedure C.4. requires all new contract employees to be trained during Detention Bureau orientation. The Armor PREA Training policy requires contract health service administrator to utilize this SOP and other training materials to ensure all their current and new employees are training regarding PREA. The Armor policy requires staff are trained how to detect, assess and respond to signs of sexual abuse and sexual harassment and to preserve physical evidence of sexual abuse.</p> <p>(b) Is not applicable since the medical staff employed by Armor does not conduct forensic examinations.</p> <p>(c) Training records of medical and mental health practitioners is required and evidenced through a review of training records which documented staff had attended the training.</p> <p>(d) Both training curriculum include information regarding the detection and assessment of signs of sexual abuse and sexual harassment. Health care staff are trained in the preservation of evidence and the use of local hospitals for the collection of evidence. Responding effectively and professionally to victims of sexual abuse and sexual harassment are included in both training programs. The training clearly identifies their responsibility to report any allegation reported by an inmate to include any suspicions health care staff may have.</p> <p>Conclusion: Provisions (a)(1)(2)(3)(4) (c) and (d) are defined in contractor policy and by EPCSO SOP. Training curriculum and training records document provisions are covered in training. Provision (b) is not applicable since forensic examinations are completed by a local hospital. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.35</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review</p> <p>SOP 04.34.02 – Reporting, Response & Investigation</p> <p>SOP 04.34.01 – PREA Screening for Risk and Responsive Planning</p> <p>SOP 04.34.03 – Incident Review and Data Collection</p> <p>SOP 02.12 – Classification and Separation</p> <p>Inmate Handbook</p> <p>Inmate Booking Form</p> <p>ARMOR Mental Health Screening Form</p> <p>Nursing Intake Form</p> <p>PREA FAQ – 115.41</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Staff who perform risk screening</p> <p>Intake Staff</p> <p>Random Inmates</p> <p>Targeted Inmates</p> <p>Findings:</p> <p>(a)(b)(c) SOP 04.34.0, page 1, states the inmates will be screened within 24 hours of arrival at the El Paso County Criminal Justice Center for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior and will be housed accordingly. Additionally, the SOP states the screening information is used in decisions regarding housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The agency uses three screening forms to complete the screening for sexual victimization and abusiveness. These include the “Classification Questions”, “Mental Health Screening”, and “Nursing Intake” forms. The agency also runs an NCIC/CCIC (complete criminal history) during the intake and classification process to be used during the secondary classification process. It was determined by the auditor the method of assessing for risk of sexual victimization is objective as utilizing the information from the three intake classification forms is used to make housing decisions, and the operating procedures were documented and observed by the audit team.</p> <p>The agency created three designations for sexual vulnerability and four designations for sexual predator risk. The scales are as follows:</p> <p>1. Scale for Sexual Vulnerability</p> <p>a. VS1 – non apparent – no report of sexual victimization or risk factors, or no demonstration of risk factors in a detention facility</p> <p>b. VS2 – at risk – report of institutional sexual victimization, or identified as a potential for sexual victimization</p> <p>c. VS3 – high risk – reports of institutional sexual victimization, or deemed at-risk for sexual</p>

victimization with written documentation

A notation is made immediately in the inmate's electronic record for inmates scaled VS2 or VS3.

2. Scale for Sexual Predator Risk

a. SP1 Low risk – 1 to 6 points

b. SP2 Moderate risk – 7 to 9 points

c. SP3 High risk – 10 to 15 points

d. SP4 Maximum risk – 16+ points, where

2 points are given for any known institutional sex offense behaviors deemed a PREA incident, 3 points are given for any known sexual assaults against an inmate (3 points for each offense),

3 points are given for each criminal conviction of sexual assault or rape

A notation is immediately made in the inmate's electronic record for inmates scaled SP2, SP3 or SP4.

The Classification and Separation SOP (02.12, pages 6-7) outlines a point system that mirrors the "Classification Questions" used for managing and separating inmates. The information is then used to separate inmates into groups that reduce the probability of assault and disruptive behavior. The point system is as follows:

a. Minimum 0-30 points

b. Medium 31-40 points

c. High (Maximum) 41 points and above

(d) The "Mental Health Screening" form assesses, in addition to other general mental health status' the inmate's mental, physical and developmental disability status, whether the current arrest is the first, the inmate identifies as transgender, has an age of less than 18 or greater than 64 years, if the inmate has committed sexual assault towards others, has been violent towards others, or has been a victim of sexual abuse within the past 120 days. The "Nursing Intake" form asks whether the inmate identifies as male, female or transgender, and is specific to disabilities, i.e., hearing impaired, limited vision, uses a walker or cane. The medical and mental health assessments also include an observation of the inmate physically and behaviorally and this information is documented in the inmate's file if the inmate appears slight in stature, elderly, or frail. The screening does not assess if the inmate is gay, lesbian, bisexual, intersex, or gender non-conforming, and does not assess the inmate's own perception of vulnerability. However, this information is collected at the secondary classification which is described later in this section.

(e) The risk screening does consider prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. Interviews with medical, mental health, intake and classification staff and administrators were very informative with respect to how the triangulation of the information collected utilizing the three forms, the point system and the victim potential and sexual predator risk mentioned above transpired into safe housing for inmates. It was evident through observing intake and classification how the information was used to determine housing assignments.

(f) Secondary Classification - SOP 02.12, page 1, states the inmate classification process will ensure a periodic review of inmate status, and revision of inmate status as needed in response to changes in the inmate's behavior or circumstances. The secondary classification process begins no sooner than 8-hours after the inmate has completed the initial intake and classification, and housing has been determined. During the secondary classification, a classification counselor meets face to face with every inmate. The counselor reviews the criminal history, asks the "Classification Questions" again, documents and discusses any

responses that were different from the initial responses. Additionally, the counselor asks and provides an opportunity for the inmate to discuss any vulnerabilities, safety issues, questions or clarification, and discusses any other discrepancies recognized during the face to face meeting. Once the secondary classification is completed, further reviews are then conducted at 30-75-day intervals depending on the level of housing. An inmate file was reviewed that showed the date for the initial intake, secondary intake, discussion notes, housing reviews, and observations. Alerts were noted in the file and the housing decisions were consistent with the operating procedures.

(g) Deputies, or any staff member, medical or mental health may request a re-classification of an inmate at any time. In addition, any allegation of sexual abuse or sexual harassment triggers an automatic reclassification, as does a request from the inmate. Interviews with staff, contractors, and inmates, as well as a review of the inmate handbook provided instructions for the inmates on how to request a reclassification. (SOP 2.12, page 9)

(h) Inmates are not be disciplined for refusing to answer or for not disclosing complete information when asked questions during the assessments.

(i) Only medical, mental health and intake and classification staff have access to PREA documentation. Security staff may have access to information on a case by case basis and the Intake and Classification Administrator would make those decisions in consultation with the Detention Bureau Commander, PREA Coordinator and PREA Compliance Manager. (SOP 04.34)

According to the PAQ there were 12,806 inmates entering the El Paso County Criminal Justice Center whose length of stay was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates. All were reported to have been screened within 72 hours of intake. In the past 12 months there were 4,611 who remained in the facility for 30 days or longer. One was reassessed for sexual victimization within 30 days.

Conclusions:

A review of policies and forms, observations of practices at intake and classification and through interviews, Provisions (a)(b)(c)(e)(f)(g)(h)(i) were met. Provision (d) requires corrective action. The facility entered into corrective action and during that time a copy of the WellPath Screening Form was provided to the audit team. WellPath conducts the screening at intake and has a section of the screening form called PREA Screening. The screening requires the screener to affirmatively as whether the patient identifies as Transgender, Intersex, Gender Non-Conforming, Lesbian, Gay, or Bisexual. The creation and implementation of this form is evidence that EPCSO is in now in compliance with this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: SOP 04.34.01 – Screening for Risk and Responsive Planning SOP 02.12 – Classification Documentation of reassessment Records of inmates at high risk of sexual victimization</p> <p>SMIRC Meeting Attendance (Special Management Inmate Review Committee)</p> <p>Interviews: PREA Coordinator Intake Staff Staff who perform screening for risk of victimization/abusiveness Random and Targeted Inmates</p> <p>Findings:</p> <p>(a) SOP 04.34.01 mandates the information collected during intake and classification, be used to inform housing, bed, work, education and program assignments, with the goal of keeping separate those inmates at high risk of victimization from those at high risk of being sexually abusive. SOP 02-12 outlines the use of the information acquired during intake and classification in making determinations about how to ensure the safety of each inmate.</p> <p>(b)(c)(d) In conjunction with the facility’s intake and classification, medical and mental health administrator’s input, the intake/classification counselors make housing, work, bed, education and program assignments for transgender and intersex inmates on a case by case basis. The transgender and intersex inmates are assessed every seven days for the first two months and then monthly thereafter to ensure they feel safe. The facility considers the gender the inmate identifies as in making housing decisions. The facility also considers on a case by case basis how the housing decision will impact the inmate’s health or present management or security problems.</p> <p>(e) During the secondary classification process, the inmate’s own safety and security are discussed and given serious consideration when making facility and housing changes and programming assignments.</p> <p>(g) According to the PC, the agency has no consent decrees, legal settlements or legal judgements for the protection of LGBTI inmates and does not utilize a dedicated facility for their housing. The PCM reports there have been no identified intersex inmates housed at the facility in the past 12 months. During the facility tour the auditors confirmed transgender inmates have the ability to shower alone and noted that all showers were for single use with one shower head per shower stall. Shower curtains with the appropriate length allowed for privacy for showering.</p> <p>The facility has adopted a practice that involves the review of special management inmates through a SMIRC. The committee has a standing weekly meeting that is attended by the facility Commander, Intake and Classification staff, Medical and Mental Health staff, the PREA Coordinator and or PREA Compliance Manager. The line staff and supervisors are invited to</p>

attend as well. The PREA Audit Team attended the SMIRC meeting during the on-site phase of the audit. Special management inmates are defined as individuals whose behavior presents serious threat to the safety and security of the facility, staff, general population, or themselves. Additionally, if housing, bed, work, program, or education issues were identified for any transgender or intersex inmate that could not be resolved by the intake classification counselor, the facility staff would consider discussing them at the weekly SMIRC. There were no identified intersex inmates at the facility, however there were identified gay and transgender women who were interviewed as targeted inmates. The inmates indicated they were able to work and attend programs and education. One transgender inmate stated she was attempting to get into a work assignment and felt she may not be placed into the assignment because she identified as a transgender woman. The audit team questioned classification staff and were provided documentation verifying the individual was being considered for the job, and the date staff communicated the status to the inmate.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO SOP 02.12 - Classification and Separation Documentation of housing assignments of inmates at high risk of sexual victimization Out of Cell Programming Times EPCSO Form DB043 – Protective Custody Consent Form</p> <p>Interviews: PREA Compliance Manager Transgender Inmates Staff responsible for risk screening Facility Commander Staff who supervise inmates in segregated housing</p> <p>Findings: (a) SOP 02.12, page 4, section N defines protective custody as a form of separation from the general population for inmates requesting or requiring protection from other inmates for reasons of health or safety. It further states the inmate’s status is reviewed periodically by the classification committee or other designated group. The Special Management Ward includes Protective Custody and Administrative Segregation housing. Before an inmate can be placed in the Special Management Ward, the Intake Unit Supervisor considers the totality of the formal admission interviews (Classification Questions) including recommendations from Medical and or Mental Health personnel, and the inmate’s behavior and concerns during the formal admission process to determine the inmate’s housing. EPSCO does not utilize involuntary segregated housing. (b) SOP 02.12, page 11 outlines the Scale for Victimization and indicates inmates who assess as a VS2, reporting of institutional sexual victimization or identified as a potential for sexual victimization and those who assess as a VS3, reporting of institutional sexual victimization, or deemed at-risk for sexual victimization with written documentation will be housed in General Population Housing, or Special Management housing if there is a safety and security concern or risk, and no other identifiable housing options are available. (c) The Intake and Classification Administrator and PCM indicated the facility does not involuntarily segregate inmates at all, and this includes for high risk of sexual victimization. However, staff indicated if there were no alternative means for housing an inmate whose safety was at risk, the individual would be placed in Special Management housing. (d)(e) Staff indicated the EPCSO does not utilize involuntary segregated housing, but if they needed to the information would be documented in the inmate file. A review of inmate files who were assigned a Victim Potential score of VS2 or VS3 were reviewed. Housing assignments were in general population with periodic reviews (at least monthly) by the Intake/Classification staff.</p> <p>Conclusion: Provisions (a)(b)(c)(d)(e) were documented through review of policy and SOP, observation of practice, and interviews. Based on the review and analysis of all the available evidence, EPCSO is found in compliance with standard 115.43.</p>

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>EPCSO Policy 902 – Prison Rape Elimination EPCSO SOP 04.34.02 – Reporting, Response and Investigation EPCSO Inmate Handbook 2019 EPCSO Telephone Logs EPCSO PREA Posters displayed in the facility</p> <p>Interviews:</p> <p>PREA Coordinator PREA Compliance Manager Facility Administrator Security Commanders Random Staff Random and Targeted Inmates</p> <p>Findings:</p> <p>(a) PREA Policy 902, SOP 04.34.02 provides information on how an inmate make a report of sexual abuse or sexual harassment. Posters are displayed throughout the facility including every housing unit. The posters and handbook include how an inmate can report; either verbally or in writing to a staff member, requesting to see specific staff member through the inmate KIOSK system, utilizing U.S. Mail to write the Detention Bureau Chief, Commander, Investigations Team Lieutenant or the El Paso County Sheriff’s Office Professional Standards Section. The mailing address for reporting was posted but was not contained in the Inmate Handbook.</p> <p>(b) The last mechanism provided for reporting is using the inmate phones to call the Crime TIPS Line. The phone number is clearly posted in multiple locations in the facility and housing units. EPCSO utilizes this phone number as the public or private entity or office that is not part of the agency to receive information. The Crime TIPS Line is part of the EPCSO, and phone messaging is monitored by the PREA Coordinator’s staff, which does not meet the provision. It was learned through telephone contact with TESSA that their phone line is used for both reporting sexual abuse and sexual harassment, and for confidential emotional support services. The PREA poster does not contain information on how to contact TESSA for reporting, nor does the Inmate Handbook. On page 5 of the handbook under “Treatment and Counseling” the number for TESSA is listed.</p> <p>(c) The EPCSO website has links for third parties to report allegations of sexual abuse or sexual harassment.</p> <p>(d) The Crime TIPS Line can be utilized by staff to report privately sexual abuse and sexual harassment and was confirmed through random staff interviews.</p> <p>The inmate telephone system is a contracted service and to make any calls, inmates must enter their facility assigned PIN number. The Crime TIPS Line number is on the individual inmate phone call logs, however staff does not routinely check individual inmate call logs. During the on-site phase, the issue of being able to report anonymously was discussed with EPCSO. They immediately contacted the phone contractor requesting a modification to the system, specifically seeking an override, so the inmates would not have to enter their PIN number for the Crime TIPS Line.</p>

Conclusion:

Provisions (a)(b)(c) and (d) were documented by policy, SOP, facility posters, inmate Handbook and interviews with staff and clients. Based upon the review and analysis of all available evidence, EPCSO is found in non-compliance with standard 115.51

The facility entered into corrective action. The EPCSO worked extremely hard to meet this standard. Staff provided documentation of their efforts to identify an outside entity for reporting. After several attempts, they were able to negotiate with the Colorado Spring Police Department and CrimeStoppers to secure an outside reporting entity. Further, they were able to create an override number “*8” in which once the override number was used, it bypassed the telephone provider’s ability to document who made the call, although that a call was made using the override was captured. Auditor Shoemaker tested the newly implemented override and was able to generate a report that confirmed no personal identification number (PIN) was required, that the call was made, and that no identification of who made the call was captured in the report. A review of the newly developed Inmate PREA Brochure shows the “*8” override number. The evidence provided coupled with the site visit by auditor Shoemaker indicates EPCSO is now in compliance with this standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO SOP 06.05 - Grievance Procedures</p> <p>Interviews: PREA Coordinator PREA Compliance Manager Random Inmates</p> <p>Findings: (a)(b)(c)(d) The EPCSO is not exempt from this standard. SOP 06.05 defines the grievance process for inmates and includes process for filing an emergency grievance related to sexual abuse, sexual assault or sexual harassment. The timeframes designated by SOP do not apply to grievances regarding an allegation of sexual abuse.</p> <p>(e) The SOP requires for allegations of sexual abuse, third parties including fellow inmates, staff members, family members, attorneys and outside advocates shall be permitted to assist inmates in filing request for administrative remedies and to file such requests on behalf of the inmate. Additionally, the SOP allows inmates to file a grievance without it being referred to a staff member who is the subject of the complaint.</p> <p>Interviews with inmates confirmed they understood the grievance procedure. Review of grievance logs for the past year, show six grievance related to sexual harassment. There were no grievance related to sexual abuse, sexual assault or from third parties. The grievances filed claimed inappropriate verbal comments from staff or inappropriate pat search procedures. All grievances were reviewed within the SOP guidelines. There were no emergency grievances related to sexual abuse or sexual assault times.</p> <p>Interviews with staff confirm their understanding of the grievance process and the exemptions about timeframes related to grievance regarding sexual abuse, sexual assault or sexual harassment.</p> <p>Conclusion: EPCSO Provisions (a)(b)(c)(d)(e)(f) and (g) were documented by policy, staff and inmate interviews. Grievances filed were reviewed and found to be in compliance with the provisions of this standard. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.52</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Inmate Handbook EPCSO SOP 04.34.02 - Reporting, Response and Investigation EPCSO PREA Poster EPCSO Intake Video</p> <p>Interviews: PREA Coordinator PREA Compliance Manager Random Inmates Random Staff</p> <p>Findings: (a) Copies of the PREA Poster, half in English and half in Spanish were provided to the auditors. The posters included language for reporting sexual abuse and sexual harassment. The poster included a phone number (719.633.3819) and indicates the phone calls are free and confidential. On page 5 of the Inmate Handbook is information (under PREA) for Treatment and Counseling. The section states that requests for mental health referrals can be made by; completing a kiosk request to Mental Health, completing a kiosk request to Mental Health requesting an interview, and Contact TESSA for confidential emotional support Crisis Line (24/7). Neither the poster nor the Inmate Handbook provides a mailing address for outside confidential support services. Further, the inmates were required to input a personal PIN identifier prior to utilizing the inmate telephone system. Of the 42 inmate interviews conducted, most inmates identified the phone number on the poster as a means to report. Only three inmates acknowledged they could reach someone for counseling via the phone number. (b) There are information notifications stating phone calls are subject to monitoring and recording near every inmate telephone. No information is provided regarding the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. (c) Interviews with the PC and PCM revealed there is no written MOU or agreement on file with any community-based organization for confidential support services. They discussed, and was confirmed through a phone conversation with TESSA, services provided by TESSA are the same for the jails as they are for the general public. Because of this, facility staff felt a written agreement was not warranted.</p> <p>A phone call to TESSA by the auditor revealed there is no written agreement or MOU on file with EPCSO. In addition, staff from TESSA acknowledged they operate as both a reporting entity for allegations of sexual abuse by inmates in the EPCSO, and as victim advocates through providing emotional and support services. TESSA staff stated when a call comes in from the jail, there is a voice stamp indicating the call is coming from the "PREA Hotline". The majority of calls are for the purpose of making a report and very few incoming calls are for emotional support services. Staff from TESSA indicated they do not record or monitor calls. When allegations are made via the TESSA phone number, the agency contacts the EPCSO PC. If an inmate wishes to remain anonymous TESSA attempts to get as much information as possible to pass on the EPCSO.</p> <p>The agency entered into a corrective action period. During this time EPCSO modified their operational agreement with their inmate telephone provider and created an "override" number</p>

that does not require the entering of an inmate PIN to access emotional support services from TESSA. The PREA posters and inmate handbook were updated to provide this information to the inmates. After several attempts to enter into an MOU with TESSA, written documentation was provided to the EPCSO from TESSA that because their services to the inmates mirror what is provided to the public, a written MOU was not necessary. This information collectively satisfied the corrective action required by the EPCSO.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Inmate Handbook EPCSO Agency Website</p> <p>Interviews: PREA Coordinator Random Inmates Random Staff</p> <p>Findings: (a) The El Paso County Sheriff's Office website includes information regarding third party reporting for sexual abuse and sexual harassment. The PREA Coordinator's direct telephone number and email address is provided on the website. The Crime TIPS hotline number is provided on the agency's website as well. Both the website as well as the Inmate Handbook includes instructions for the public on how to make a report on behalf of an inmate. Interviews with random inmates indicated they would utilize their family members or friends if necessary, to make a report on their behalf. Staff were aware the public had the ability to make notifications of sexual abuse and sexual harassment on behalf of inmates.</p> <p>Conclusions: This standard was documented with staff and inmate interviews and verification of information available on the website. Based on the review and analysis of all available evidence, EPCSO is in compliance with standard 115.54.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO SOP 04.34.02 – Reporting, Response and Investigation EPCSO SOP 04.34 – Prevention Planning and Training Armor Medical – Clinicians duty to report Armor Policy J-F-06</p> <p>Interviews: PREA Coordinator Investigation Staff Random Staff Medical Staff</p> <p>Findings: (a)(b)(e) SOP 04.34.02, page 3, mandates any staff member, including volunteers and contractors, that receives a report of sexual assault/abuse/misconduct or possible sexual assault/abuse/misconduct, and or retaliation for reporting such allegation, whether verbally, in writing, through the Crime TIPS hotline, or through rumor shall immediately notify their Chain of Command and the on duty Detention Bureau Security Division Watch Commander. PREA Policy, page 4 states “no member shall reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment and investigative decisions.” Investigative logs were reviewed that included date of incident, date incident was reported, how the report was received, and when the investigator received the report. The log showed reports were made immediately and according to EPCSO policy. (c) The Armor “Clinicians duty to report” document provides specific instructions on what to do if an inmate reports a PREA allegation to them. They are to notify in person or by phone the current ward deputy (unless it is reported this is the possible perpetrator), then get in contact with the shift Sergeant so they can start the initial investigation, notify Health Services Administrator in person/by phone if in the building or through email, notify the Mental Health Director in person/by phone if in the building or through email, notify the current charge nurse in person or by phone to assess timeline of incident so patient can be sent out if needed, notify inmate classification by phone in the event housing changes are needed, notify the PREA Coordinator, and notify investigations staff. Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Duty to report and limitations of confidentiality are outlined in the Armor Release of Information form. SOP 04.34.02, pages 3 and 6 discuss the limitations of confidentiality for any sexual assault, abuse, or misconduct. (d) The EPCSO does not house inmates under the age of 18. Colorado defines an at-risk adult as any person age 18 and older who are unable to provide or obtain service necessary for their health, safety, and welfare, OR who lack the capacity to make or understand responsible decisions. Medical staff indicated any person meeting the vulnerable adult definition, as outlined in Armor Policy J-F-06 pages 2-4 appropriate reporting procedures are documented. All of the random staff interviewed indicated their requirement to report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, knowledge</p>

of staff neglect that led to an incident of sexual abuse, sexual harassment or retaliation. The ward deputies acknowledged if a report was made to them, their first responder protocol would begin, and they would separate the victim from the perpetrator (if known) and ensure the safety of the victim. They would then report to their shift Sergeant.

Conclusion: Provisions (a)(b)(c)(d) and (e) were documented in policy and confirmed by staff interviews. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.61

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO SOP 04.34.01 - Screening for Risk and Responsive Planning EPCSO SOP 04.34.02 - Reporting, Response and Investigation</p> <p>Interviews: PREA Coordinator Classification Staff Random Staff</p> <p>Findings: (a) SOP 04.34.01 requires the inmate screening results in a classification point scale that determines victim potential and/or sexual predator. Separation utilizing the point scale is the initial protection of potential victims. SOP 04.34.02 requires all staff to immediately respond to any sexual assault/abuse/misconduct or possible sexual assault/abuse/misconduct and report to the on-duty detention watch commander. The watch commander will take immediate action to protect the inmate.</p> <p>Interviews with staff confirm their understanding to act immediately to substantial risk for imminent abuse. Interviews with inmates confirm their belief that all staff would respond to protect them from sexual assault or abuse. Inmate interviews consistently stated they felt safe.</p> <p>Conclusion: The SOP, staff and inmate interviews document the requirements of this standard. Based on the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.62</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO SOP 04.34.02 – Reporting, Response and Investigation EPCSO Policy 902 - Prison Rape Elimination Documentation of allegation made by an inmate while incarcerated at another facility</p> <p>Interviews: PREA Coordinator Facility Commander Inmates who reported sexual abuse or sexual harassment at another facility</p> <p>Findings: (a)(b)(c)(d) The PREA Policy, page 3 requires the PC to ensure protocol is developed for documenting all referrals to other law enforcement agencies. The policy states that upon receiving an allegation a detainee was sexually abused while confined at another facility, the Bureau Chief shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. The notification shall be made as soon as possible but no later than 72 hours after receiving the allegation. The Bureau Chief shall document such notification. The PREA Coordinator is responsible for developing the process to document all referrals of allegation to other law enforcement agencies. The PREA Coordinator will immediately notify the Bureau Chief of any allegation made by an inmate while confined at another facility. The agency reported there were 13 allegations the facility received of sexual abuse occurring at another confinement facility. SOP 04.34.02 states that the notification will include the name and location and contact information of the head of the facility where the alleged abuse occurred, and the approximate date the abuse occurred. The notification can be documented electronically. The Facility Commander indicated when an allegation is received from another agency, the same protocol utilized for an allegation of sexual abuse or sexual harassment according to the SOP is initiated.</p> <p>Conclusion: Provisions (a)(b)(c) and (d) were documented by policy, inmate interviews and staff interviews. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.63</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DocumentReview EPCSO Policy 902 - Prison Rape Elimination EPCSO SOP 01.08 - Detention Bureau Training and Staff Development EPCSO SOP 04.34 - Prevention, Planning and Training PREA Roll Call Training – First Responder Interviews: PREA Coordinator PREA Compliance Manager Security Commanders Random Staff</p> <p>Findings: (a)(b) EPCSO SOP 04.34 requires sworn staff are trained during their Basic Training Academy and annually thereafter. SOP 01.08 requires sworn staff are trained in emergency plan and procedures. Specific roll call training on first responder duties include separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect evidence. The training includes management of alleged victim and alleged abuser including any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.</p> <p>Conclusion: Provisions (a) and (b) were documented in policy and training and confirmed by interviews with staff. Training records document staff are trained as first responders. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.64</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>EPCSO Policy 902 – Prison Rape Elimination</p> <p>EPCSO SOP 01.08 - Detention Bureau Training and Staff Development</p> <p>EPCSO SOP 04.34 – PREA Prevention, Planning and Training</p> <p>EPCSO SOP 04.34.01 – PREA Screening for Risk and Responsive Planning</p> <p>EPCSO SOP 04.34.02 – PREA Reporting, Response and Investigation</p> <p>EPCSO SOP 04.34.03 – PREA Incident Review and Data Collection Training Records</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Facility Administrator</p> <p>Security Commanders</p> <p>PREA Compliance Manager</p> <p>Investigators</p> <p>Random Staff</p> <p>Findings:</p> <p>EPCSO Policy 902 and SOP 04.34, and 04.34.03 defines the agencies written institutional response plan. Interviews with staff confirm their understanding of the institutional response plan to include their responsibilities to take action. Review of investigation files confirm the staff responded to any allegation made.</p> <p>Conclusion: The policy and interviews confirm the written institutional response plan. Staff interviews confirm the response plan is carried out when an allegation occurs. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.65</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews: PREA Compliance Manager Facility Commander</p> <p>Findings:</p> <p>(a) The agency has not entered into any collective bargaining agreements since the last PREA audit. Additionally, the agency has not renewed any collective bargaining agreements since the last PREA audit. There is no collective bargaining with the El Paso County Sheriff's Office. Interviews confirm appropriate language would be included if there are any agreements in the future.</p> <p>The PREA Compliance Manager and Facility Commander responded during interviews there are no collective bargaining agreements within the agency.</p> <p>Conclusion: No collective bargaining or employee agreements are utilized at the El Paso County Sheriff's Department. Based upon review and analysis of all available evidence, EPCSO is found in compliance with standard 115.66.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Policy 902 - Prison Rape Elimination EPCSO SOP 04.34.02 - Reporting, Response and Investigations Investigation Files</p> <p>Interviews: PREA Coordinator Classification Staff Investigators Random Staff</p> <p>Findings: (a)(c) EPCSO PREA Policy 902, page 2 and SOP 4.34.02, page 5 require protection for all inmates and staff members who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation. The monitoring for retaliation shall be for at least 180 days following a report. By policy and SOP, the PREA coordinator and classification staff will monitor the conduct and treatment of inmates who reported the sexual abuse or sexual harassment.</p> <p>(b) The policy and procedural language requires multiple measures to monitor retaliation against inmates such as housing changes, transfers and, program changes. Policy 902 addresses retaliation monitoring for staff on page 7.</p> <p>Review of the investigation files demonstrated the notification of PREA coordinator or classification to begin monitoring for retaliation. There have been no reports of retaliation during the last three years.</p> <p>Conclusion: Provisions (a)(b)(c)(d) and (e) are defined in policy and confirmed by interviews with staff. There have been no incidents of retaliation during the last three years. Based on the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.67</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: SOP 02.13 – Special Management Inmates Inmate Records</p> <p>Attendance at the SMIRC (Special Management Inmate Review Committee) meeting.</p> <p>Interviews: PREA Compliance Manager Intake and Classification Manger</p> <p>Findings:</p> <p>Findings: The use of segregated housing at the El Paso County Criminal Justice Center to protect an inmate who is alleged to have suffered sexual abuse is outlined in SOP 02.13, page 9. The SOP states that an inmate may be admitted to Protective Custody when there is documentation that Protective Custody is warranted, and no other reasonable alternatives are available. On page 5 of the SOP it states inmates in segregation will be provided living conditions that approximate those of general population, and all exceptions will be documented. The facility does not utilize involuntary segregation, per SOP 02.13, and they have not been faced with having to assess for alternative housing for inmates alleged to have suffered sexual abuse in the past 12 months. There were no inmates who have alleged to have suffered from sexual abuse who were held in segregated housing for one to 24 hours awaiting completion of an assessment, in the past 12 months. Further, there were no inmates who alleged to have suffered sexual abuse who were assigned involuntary segregated housing for longer than 30 days while awaiting alternative placement.</p> <p>The PREA Compliance Manager stated on the PAQ and was confirmed through attendance at the weekly SMIRC meeting that all segregated inmates are reviewed every seven days for the first two months and at least every 30 days thereafter. It was observed during the site tour that the agency makes every effort not to utilize Special Management (segregated) Housing, unless the need is deemed through a review by classification, medical and mental health staff.</p> <p>Conclusion: A review and analysis of documents, attendance at the SMIRC meeting, facility tour, and interviews the agency is deemed compliant with standard 115.68.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Policy 902 - Prison Rape Elimination EPCSO SOP 04.34.02 - PREA Reporting, Response and Investigation EPCSO Investigative Reports EPCSO Training Records</p> <p>Interviews: PREA Coordinator Investigative Staff</p> <p>Findings: EPCSO Policy 902 and SOP 04.34.02 define investigations both administrative and criminal. (a) Section 902.5 Investigations section of Policy 902 requires the office to promptly, thoroughly and objectively investigate all allegations including third party and anonymous report of sexual abuse or sexual harassment. The language includes third party or anonymous reports. The policy direction was evident in the interviews to with investigation staff. The file review documented the timely, thorough and objective investigation. There were no third party or anonymous.</p> <p>(b) Policy 902.5 requires only investigators who have received Office–approved special training shall conduct sexual abuse investigation. The investigator’s training curriculum was reviewed, and all required components were included. All three investigators attended the same training and received certificates. During the interviews, the training was confirmed. The investigators are post 02.5.4 which includes how to investigate crime scenes. (c) Policy 902.5.2 defines the investigator responsibilities (a) Gather and preserve direct and circumstantial evidence, including any available physical and biological evidence and any available electronic monitoring data, (b) Interview alleged victims, suspects and witnesses and (c) Review any prior complaints and reports of sexual abuse involving the suspect. Interviews and records review confirm the investigations included all of the factors that were available. (d) is defined in Policy 902.5.2 (d) Conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. There were no cases that required investigators to take this action however, during the interview, investigators were aware the action could be taken.</p> <p>(e) is defined in Policy 902.5.2 (e) Assess the credibility of the alleged victim, suspect or witness on an individual basis and not by the person’s status as a detainee/inmate or a member of the Sheriff’s Office and in 902.5.4 SEXUAL ASSAULT AND SEXUAL ABUSE VICTIMS No detainee/inmate who alleges sexual abuse shall be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews confirmed investigators would assess credibility based on all statements and interviews regardless of the individual status which were supported by the investigation reports.</p> <p>(f) 902.5.3 requires administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Written reports must contain a description of physical testimonial, documentary and other evidence, the reasoning behind any credibility assessments and investigative findings and facts. The review of the six investigations described the information and made assessments of creditability.</p> <p>(g)(h) 902.5.2 (g) requires for investigators to refer allegations of conduct that may be criminal</p>

to the District Attorney for possible prosecution, including any time there is probable cause to believe a detainee/inmate sexually abused another detainee/inmate in CJC. Complete and thorough documentation is expected regardless of if the allegations may be administrative or criminal nature. Review of investigation files demonstrated the complete information and one file was considered for criminal prosecution. Investigators discussed during the interview that criminal prosecution is always a consideration until the investigation has progressed enough for a better determination to be made.

(h) Cooperate with outside investigators and remain informed about the progress of any outside investigation.

(i) Policy 902.5.2 states The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years. Records are secured in the investigations area. Four of the allegations involve inmates who are no longer at EPCSO.

(l) In Policy 902.5.2 (h) requires investigators to cooperate with outside investigators and remain informed about the progress of any outside investigation. One investigation was referred to another agency and EPCSO investigators worked closely to close the case. Review of investigation files demonstrated potential victims, suspects and any witnesses were interviewed as well as review of any electronic monitoring evidence. Information in the files included whether investigators found statements to be creditable and all information was written clearly. There were no investigations that were suspected to be criminal and no outside agencies were involved.

Review of training records demonstrated investigators have training in conducting sexual abuse investigations.

Conclusion:

Provisions (a)(c)(d)(e)(f)(g)(h)(i)(j) were documented by policy and SOP, interviews and records review. Provisions (b) were documented by policy, staff interviews and training records. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.71

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO SOP 04.34.02 PREA – Reporting Response and Investigation EPCSO SOP 03.01 Rules and Discipline EPSCO Policy 902 – Prison Rape Elimination</p> <p>Interviews PREA Coordinator Investigation Staff</p> <p>Findings: EPCSO PREA Policy and SOP 03.01 require all rule violations or allegation of sexual abuse or sexual harassment to be based on consideration of preponderance of the evidence. Preponderance of the evidence is the basis for whether the allegation is substantiated or unsubstantiated. Review of investigation files and rule violations were based on preponderance of the evidence.</p> <p>Conclusion: Provision (a) was documented by policy and staff interviews. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.72</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Policy 902 - Prison Rape Elimination EPCSO SOP 04.34.02 - Reporting, Response and Investigation EPCSO Investigation Files</p> <p>Interviews: PREA Coordinator Investigative Staff</p> <p>Findings: (a) EPCSO SOP 04.34.02 require that inmates are informed regarding the outcome of the investigation and whether the allegation was substantiated or unsubstantiated. All investigations are conducted by EPCSO staff. (b) The agency does conduct the investigations into inmate allegations. Therefore, this provision is not applicable. (c)(d)(e) The SOP IV.7 requires the inmate to be informed whether the alleged inmate abuser has been indicted on a charge and/or convicted on a charge related to sexual abuse within the facility. SOP IV.8 states the inmate will be informed about an allegation against a staff member unless it was unfounded. The inmate will be told that the staff member is no longer posted within the inmate's unit, is no longer employed at the facility, if the staff member has been indicted on a charge related to sexual abuse within the facility or is the staff member has been convicted on a charge related to sexual abuse specific to the incident within the facility. The investigation files documented the information was provided to the inmate who alleged the incidents.</p> <p>Conclusion: Provisions (a)(c)(d) and (e) were documented by policy, investigation file review and interviews with staff. Provision (b) was not applicable since EPCSO conduct all their own investigations. The investigation files demonstrated the policy was followed. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.73</p>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Policy 1012 - Disciplinary/Corrective Action and Disciplinary Action Board EPCSO Violations Memo EPCSO Policy 902 – Prison Rape Elimination EPCSO SOP 04.34 – Prevention Planning and Training</p> <p>Interviews: PREA Coordinator</p> <p>Findings: (a) SOP 04.34, page 1, states sexual conduct between staff/volunteer/contract personnel and inmates, or between inmates and inmates, regardless of consensual status is prohibited and subject to administrative and criminal disciplinary sanctions. (b) SOP 04.34, page 5, states that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for staff are up to termination for violations of the PREA policy 902. (c) Policy 902, pages 6-7 states all discipline shall be commensurate with the nature and circumstances of the acts committed, the member’s disciplinary history and the sanctions imposed for comparable offenses by other members with similar histories. (d) Policy 902, page 7, further states all terminations for violations of this policy or resignations by members who would have been terminated for their resignation, shall be criminally investigated unless the activity was clearly not criminal and reported to any relevant licensing body.</p> <p>In the past 12 months there were two staff members investigated for violating the agency’s zero tolerance policy. One termination was for lying about making sexual gestures and sexually implicit statements, and the other was for inappropriate relations with a defendant. Both cases resulted in termination. The agency reported no discipline imposed on employees for violating the zero-tolerance policy. One allegation against staff by an inmate was investigated and resulting in a letter of counseling but was deemed not to be sexual in nature. There were no reports to licensing boards in the past 12 months for violations of the agency’s zero tolerance policy.</p> <p>Conclusion: Provisions (a)(b)(c) and (d) were defined in the policies and confirmed by the PREA Coordinator. Based upon the review and analysis of all available evidence, EPCCJC is found in compliance with standard 115.76</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Policy 902 – PREA Rape Elimination EPCSO SOP 04.34 – Prevention, Planning and Training EPCSO Volunteer Training Contractor (Commissary) Training</p> <p>Interviews: PREA Coordinator Program Administrator Commissary Contractor</p> <p>Findings: (a)(b) Policy 902, page 7, states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and reported to any relevant licensing bodies. The Sheriff or authorized designee shall take appropriate remedial measures and consider whether to prohibit further contact with inmates by a contractor or volunteer. The PAQ showed in the past 12 months, there have been no volunteers or contractors reported to law enforcement agencies or licensing bodies for engaging in sexual abuse of inmates. An interview with the Programs Administrator confirmed there had been no termination of volunteers nor had there been any reports made to relevant licensing bodies within the past 12 months. The PREA Coordinator and Program Administrator indicated when a violation of the agency’s zero tolerance for sexual abuse and sexual harassment by a volunteer or contractor is reported, remedial measures and considerations are taken on whether to prohibit further contact with inmates by the volunteer or contractor. The allegation is reported to the PREA Coordinator who refers it for investigation. In addition to the agency’s training as required by SOP 04.03, the commissary contractor provides additional training which outlines that violations of the Prison Rape Elimination Act can result in; jail time, loss of employment, requirement to registers as a sex offender, probation, community service work. Additional training for volunteers was reviewed. The Volunteer Training states sexual conduct between staff and inmates, volunteers or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions Conclusion: Provisions (a) and (b) are defined in the policies and confirmed by staff interviews. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.77</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: SOP 03.01 – Rules and Discipline SOP 04.34 – Prevention, Planning and Training SOP 04.34.01 – Screening for Risk and Responsive Planning Inmate Handbook</p> <p>Interviews: PREA Coordinator Facility Commander Medical Personnel Random Inmates</p> <p>Findings:</p> <p>(a) SOP 04.34, page 3, states inmates who are found guilty of engaging in inmate on inmate sexual abuse through an investigation will be subject to disciplinary sanctions.</p> <p>(b) SOP 03.01 mandates the inmates are entitled to a hearing and that the sanctions are to be commensurate with the nature and circumstances of the abuse committed, the sanctions imposed for comparable offenses by other inmates, and the inmate’s prior disciplinary history. An inmate is placed in disciplinary detention for any rule violation only after a disciplinary hearing, but no later than seven days, excluding weekends and holidays, after being charged with the violation.</p> <p>(c) For all pre-hearing detention, which occurs for inmates who are charged with a rule violation, the medical charge nurse is notified immediately per SOP 03.01, page 16. The charge nurse will have input on the proposed disciplinary action per the PC and an interview with the medical administrator.</p> <p>(d) The facility does and will consider offering therapy, counseling, or other types of interventions specific to any underlying reasons or motivations for the abuse. Participation, if offered is voluntary and will not impede participation in other programs and services available to the inmate.</p> <p>(e) The EPCSO considers Sexual Misconduct occurs when an inmate has active or passive sexual contact or fondling between his/her genitals, hand(s), mouth, anus, breast, and the genitals, hands, mouth, anus, or breast of another person who expressly or implied consent to the accused offender’s conduct (SOP 3.01, page 7).</p> <p>(f) SOP 04.34, page 5, states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>(g) According to SOP 03.01, all sexual activity between inmates is prohibited. Not all activity is considered abuse, as the SOP 03.01, 04.34 defines sexual abuse different from sexual misconduct, and sexual assault.</p> <p>According to the PAQ, no inmate disciplinary reports were written as a result of PREA allegations in the past 12 months.</p> <p>Conclusion: Provisions (a)(b)(c)(d)(e)(f) and (g) are defined in both the client handbook and policy.</p>

Interviews confirmed staff and client understanding of the disciplinary process. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.78

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>EPCSO Policy 04.05 - Access to Care EPCSO Policy 902 – Prison Rape Elimination EPCSO SOP 04.34.01 PREA – Screening for Risk and Responsive Planning Armor Policy Response to Sexual Abuse Armor Intake Nursing Assessment Armor Intake Mental Health Screen Armor Informed Consent to Treatment</p> <p>Interviews:</p> <p>PREA Coordinator Medical and Mental Health Supervisors Medical and Mental Health Staff Random Inmate Interviews</p> <p>Findings:</p> <p>(a) EPCSO Policy 04.05 requires all inmates are seen by health care staff during the intake process. EPCSO SOP 04.34.01 requires all inmates to be assessed during admission for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. It further requires Inmate Classification Section, in conjunction with Medical to determine each inmate’s potential vulnerability or tendencies of acting out with sexually aggressive behavior within the first 24 hours of arrival.</p> <p>Armor Policy, Response to Sexual Abuse, Procedure 3 requires during receiving, all patients are screened for a history or current sexually aggressive behavior or assaultive behavior or risk for or history of sexual victimization. The procedure also requires referrals to behavioral health for history of sexually aggressive behavior, assaultive behavior or risk for sexual victimization.</p> <p>The procedures outlined in Armor Policy, Response to Sexual Abuse are completed by nursing staff utilize the Armor intake screening forms which ask if the inmate has experienced previous sexual victimization, sexual abuse either in the community or another confinement setting. Referrals to mental health are completed as needed for either emergent care or scheduled appointments. Medical and mental health assessments are completed within 14 days of arrival at EPCSO as required in provision (b). The screening information is utilized for housing, bed and program assignments. Inmates with significant medical or mental health needs are referred to the Special Management Inmate Review Committee (SMIRC). Inmates sign the informed consent as part of the intake process.</p> <p>(e) Armor policy require all medical and mental health information to be confidential and the</p>

electronic records are only accessible to designated staff. Informed consent is the standard operating procedure as confirmed by interviews with medical and mental health staff. Consent forms were provided during the on-site phase of the audit.

Conclusions:

Provisions (a)(b)(c)(d) are defined in EPCSO and Armor policy and confirmed by staff interviews. Inmates interviews documented that health screening included the appropriate questions completed by nursing staff. Health records documented medical and mental health assessments were completed within 14 days of arrival. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with Standard 115.81

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Policy 04.05 Access to Care EPCSO Policy 902 – Prison Rape Elimination EPCSO SOP 04.34.02 PREA- Reporting, Response and Investigation Armor Policy - Response to Sexual Abuse Armor Emergency Department Transfer Notification Form Armor Policy - Contraception EPCSO 2019 Inmate Handbook</p> <p>Interviews: PREA Coordinator Security Commanders Medical and Mental Health Supervisors Random Staff Interviews</p> <p>Findings: (a) Armor Policy Response to Sexual Abuse requires health care staff to provide necessary emergency treatment and stabilization if necessary, prior to transport to local hospital or rape crisis center. Health care staff are further directed to complete the Emergency Department Transfer Notification form, seal in an envelope and provide to the security staff. (b) EPCSO Policy 04.05 Access to Care define emergency care will be provided in local hospitals and SOP 04.34.02 requires the security watch commander to notify and work with medical staff to prepare and make arrangements for transport to local hospital for treatment and gathering of evidence. The SOP also requires a decision about evaluating the aggressor at the local hospital. The SOP directs security staff to respond immediately to the potential sexual abuse or assault and notify health care staff to respond to the incident area. (c) Armor Policy on contraception defines that patients who verbalize being victims of sexual abuse will be immediately referred to the local hospital for evaluation and treatment including the provision of emergency contraception if requested. (d) EPCSO Policy 04.05 Access to Care and the Client Handbook validate that emergency care is a non-chargeable service. Armor Policy on contraception defines that patients who verbalize being victims of sexual abuse will be immediately referred to the local hospital for evaluation and treatment including the provision of emergency contraception if requested. No transports to Memorial Hospital occurred in the previous 12-months leaving no inmate medical files to review.</p> <p>Conclusion: Provisions (a)(b)(c) and (d) are clearly defined in EPCSO and Armor policy and the client handbook. The process was confirmed though interviews with security, health care staff and random staff interviews. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.82</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>EPCSO Policy 04.05 - Access to Care EPCSO Policy 902 – Prison Rape Elimination EPCSO SOP 04.34.02 PREA- Reporting, Response and Investigation Armor Policy - Response to Sexual Abuse Armor Policy – Contraception Armor Intake, Mental Health Screening Forms Armor Mental Health Assessment Form EPCSO 2019 Inmate Handbook Armor Training 2019 Response to Sexual Abuse EPCSO Policy 04.35 Pregnancy Management</p> <p>Interviews:</p> <p>PREA Coordinator Security Commanders Medical and Mental Health Supervisors Random Staff Interviews Inmate Interviews</p> <p>Findings:</p> <p>(a) EPCSO Policy 04.05 Access to Care requires every inmate, including those who have been sexually abused in any prison, jail, lockup or juvenile facility receive intake screening and follow-up based on the nursing staff direct observation and answers to questions. Inmates with significant medical or mental health needs are referred to the Special Management Inmate Review Committee (SMIRC). Health records demonstrated inmates were provided medical and mental health care.</p> <p>(b) SOP 04.34.02, page 5 states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health staff.</p> <p>(c) The level of care provided are consistent with community-based services.</p> <p>(d) EPCSO Policy 04.35, page 1 states pregnancy tests are offered to all women as is emergency contraception.</p> <p>(e)(f)(g) Armor Policy on contraception defines that patients who verbalize being victims of sexual abuse will be immediately referred to the local hospital for evaluation and treatment including the provision of emergency contraception if requested. Inmates are also provided STD testing without question or financial cost. EPCSO Policy 04.05 Access to Care and the Client Handbook validate that emergency care is a non-chargeable service.</p> <p>Conclusion:</p> <p>Provisions (a)(b)(c)(d)(e)(f)(g)(h) were documents by policy, review of clients records and interviews with staff and clients. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with standard 115.83</p>

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Policy 902 - Prison Rape Elimination EPCSO SOP 04.34.03 – PREA Incident Review and Data Collection</p> <p>Interviews: PREA Coordinator Staff on Incident Review Team Security Commanders</p> <p>Findings:</p> <p>(a)(b) EPCSO PREA Policy 902 and SOP 04.34.03 define that an incident review will be conducted at the conclusions of every sexual abuse investigation unless the allegation has been determined to be unfounded. By policy and SOP, the review should occur within 30 days of the investigation’s conclusion.</p> <p>(c) The review committee does consist of upper level management officials and should consider all factors outlined in the provisions of this standard.</p> <p>(d) During the on-site phase, EPCSO could not produce incident reviews that included all factors required in the provisions. The reviews were conducted within time frames, but reports lacked detailed analysis of whether a change in policy or practice was needed, whether the allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification. Gang affiliation or other group dynamics at the facility were documented however there was no discussion about the area of the facility to assess whether physical barriers may have enabled the allegation/incident. There was no discussion about the adequacy of the staffing levels, although EPCSO does not drop below their minimum staffing levels. It was evident to the audit team the EPCSO did consider whether monitoring technology should be deployed or augmented as confirmed by the proposed facility camera enhancement project.</p> <p>(e) A report of the findings of the incident reviews was not maintained as indicated by the PC.</p> <p>Conclusions:</p> <p>Provisions (a)(b)(c)(d)(e) are outlined in the policy. Documentation during the on-site phase lacked the specific analysis of provisions (c)(d) and (e). Additionally, there was no documentation of a review for every unsubstantiated allegation. Based upon the review and analysis of all available evidence, EPCSO is found in non-compliance with standard 115.86. The EPCSO entered into corrective action and provided a spreadsheet on 11/15/19 showing a space for designation of substantiated and unsubstantiated allegations. The spreadsheet would trigger the use of the SMIRC (Special Management Inmate Review Committee) to conduct the incident review. A new form was developed entitled PREA Incident Debriefing Report. On this document was information directing the team to discuss policy change or needed practice to better prevent, detect, or respond to sexual abuse. Further, considerations for motivation, i.e., race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification is included on the document. It also requires examining the physical space where the abuse was alleged to occur. As with Standard 115.13, the PREA Coordinator will look at staffing levels in all the reviews. The PREA Incident Reviews will take place at the conclusion of each SMIRC meeting when necessitated, will be facilitated by the PREA Coordinator, and will include upper level management with input from line supervisors, investigators and WellPoint staff. The reviews will be conducted within 30 days of the</p>

conclusion of the investigation. Collectively, the changes processed through the EPCSO satisfied the corrective action needed for compliance.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>EPCSO Website EPCSO Set of Definitions EPCSO Data Collection Instrument EPCSO SOP 04.34.03 – Incident Review and Data Collection EPCO PREA Tracking Database EPCO Annual Report 2011 Survey of Sexual Violence</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Findings:</p> <p>Findings:</p> <p>(a)(b)(c)(d) The PREA Policy, page 2, mandates the agency to conduct an annual review of collected and aggregated incident-based sexual abuse data. The review includes, as needed, data from incident-based documents, including reports, investigation files and sexual abuse incident reviews. The PREA Tracking Database shows the information collected includes the data necessary for the Survey of Sexual Violence (2017) conducted by the DOJ. All data is aggregated and displayed on the agency’s website. SOP 04.34.03, page 4, mandates the El Paso County Sheriff’s Office Detention Bureau shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.</p> <p>(e)(f) The EPCSO does not contract with any private facilities for the confinement of its inmates. There has been no request from the Department of Justice for any data from the previous calendar year. However, the PCM and Facility Commander in accordance with SOP 04.34.03, would provide all such data from the previous calendar year to the Department of Justice, no later than June 30th, upon request.</p> <p>Conclusion: Provisions (a)(b)(c)(d)(f) were documented in policy, review of annual reports and interviews with PREA Coordinator. Provision (e) is not applicable since there are no contract facilities. Based upon the review and analysis of all available evidence, EPCSO is found in compliance with Standard 115.87</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO SOP 04.34.03 – Incident Review and Data Collection EPCSO Policy 902 – Prison Rape Elimination EPCSO Website EPCSO Annual Report Internet Search of EPCSO</p> <p>Interviews: PREA Coordinator Facility Commander</p> <p>Findings: (a) SOP 04.34.03, page 4, mandates the collected and aggregated data will be reviewed in order to assess and improve the effectiveness of El Paso County Sheriff’s Office Detention Bureau’s sexual abuse prevention, detection, and response policies, practices and training, including by: a. Identifying problem areas; b. Taking corrective action on an on-going basis, and c. Preparing an annual report of its findings and corrective action for each facility, as well as the agency as a whole. (b) The auditor reviewed the 2017 and 2018 annual reports and determined there was no corrective action identified for the El Paso County Sheriff’s Office – Detention Bureau. In accordance with SOP 04.34.03, page 4, the annual report included a comparison of the current year’s data with those from prior years. (c) SOP 04.34.03, page 4 states the report shall be approved by the Detention Bureau Chief and made readily available to the public through the El Paso County Sheriff’s Office website. (d) Policy 902 states Material from the annual report may be redacted when publication would present a clear and specific threat to the safety and security of CJC (Criminal Justice Center) or other Sheriff’s Office facilities. However, the nature of the redacted material shall be indicated. A review of the annual reports did not reveal any redacted information. The PREA Coordinator and Facility Commander indicated in collaboration with the Accreditations Bureau, PREA related data is reviewed regularly and overtime, looking for trends. The report is approved by the Detention Bureau Chief and made readily available on the agency’s website.</p> <p>Conclusion: Provisions (a)(b)(c) and (d) were demonstrated by policy, review of annual reports and interviews with staff. Based upon the review and analysis of all available evidence, EPCCJC is found in compliance with standard 115.88</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: EPCSO Policy 902 – Prison Rape Elimination EPCSO SOP 04.34.03 – Incident Review and Data Collection EPCSO Sheriff Retention Schedule EPCSO Website EPCSO 2017 Annual Report EPCSO 2018 Annual Report</p> <p>Interviews: PREA Coordinator</p> <p>Findings: (a) SOP 04.34.03, page 4 mandates that all case records associated with claims of sexual abuse, sexual assault, or sexual misconduct (including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and or counseling will be retained securely in accordance with the El Paso County Records Retention Schedule. Although Policy 902 states the office shall retain all written reports from administrative and criminal investigations pursuant to the policy for as long as the alleged abuser is held or employed by the office, plus five years, the Sheriff’s Retention Schedule mandates any the data collected be retained for 99 years. (b) The Incident Review and Data Collection SOP (04.34.03, page 4) also makes their annual report available to the public on its website. (c)The audit team verified the website shows personal identifies were removed from the aggregate data presented. (d) A review of the Sheriff Retention Schedule shows the EPCSO maintains data collected on all case records associated with claims of sexual abuse, sexual assault, or sexual misconduct for 99 years. The PREA Coordinator indicated data is retained within the investigator’s office where access is controlled through locked file cabinets. The electronic files are password protected.</p> <p>Conclusion: Provisions (a)(b)(c) and (d) were demonstrated by policy, review of documents and interviews with staff. Based upon the review and analysis of all available evidence, EPCCJC is found in compliance with standard 115.89</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review: 2016 PREA Audit Summary Report – Final</p> <p>Findings: The El Paso County Criminal Justice Center (EPCJC) was audited for the first time June 27-30, 2016. The EPCJC is the only jail facility operated by the agency. The current audit was conducted on July 15-18, 2019 which is within the required three-year time frame. This is the first year of the current audit cycle. The auditors were given full access to the EPCJC and were able to observe all areas of the facility. All records were accessible during the audit, and copies of any required documentation were immediately provided. All staff and inmate interviews were permitted to be conducted in private settings.</p> <p>Conclusion: Based upon the review and analysis of the last audit report and completion of the current audit, the EPCJC is found in compliance with standard 115.401</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 2016 PREA Auditor’s final report is available at www.epcsheriffsoffice.com The final report was posted on August 14, 2016 on the website and remains available currently.</p> <p>Conclusion: Based upon the review and analysis of the website and 2016 PREA Summary Report, EPCCJC is found in compliance with standard 115.403</p>

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes

	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes

115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

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

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na

115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na

115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na

115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na

115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes

115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na

115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes

115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

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

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes

115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes

115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na

115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes