

COMMUNITY CONFINEMENT FACILITIES



Auditor Information			
Auditor name: Gerald McCormac			
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Email: J.mccormac@comcast.net			
Telephone number: 267-679-2308			
Date of facility visit: November 16-17, 2015			
Facility Information			
Facility name: San Luis Valley Community Corrections and Intensive Residential Treatment Program			
Facility physical address: 2255 Lava Lane, Alamosa CO 81101			
Facility mailing address: (if different from above)			
Facility telephone number: 719-589-7500			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Halfway house		
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Mental health facility	
Name of facility's Chief Executive Officer: Phil Sanz			
Number of staff assigned to the facility in the last 12 months: 40			
Designed facility capacity: 123			
Current population of facility: 114			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18-65+			
Name of PREA Compliance Manager: Shuvon Timothy		Title:	PREA Coordinator
Email address: shuvant@slvbhg.org		Telephone number:	719-589-7522
Agency Information			
Name of agency: San Luis Valley Community Corrections and Intensive Residential Treatment Program.			
Governing authority or parent agency: (if applicable)			
Physical address: 2255 Lava Lane, Alamosa CO 81101			
Mailing address: (if different from above)			
Telephone number: 719-589-7510			
Agency Chief Executive Officer			
Name: Fernando Martinez		Title:	CEO
Email address:		Telephone number:	719-582-7522
Agency-Wide PREA Coordinator			
Name: Shuvon Timothy		Title:	PREA Coordinator
Email address: shuvont@slvbhg.org			

AUDIT FINDINGS

NARRATIVE

On November 16, 2015, the onsite portion of the PREA audit was conducted at the San Luis Valley Community Corrections and Intensive Residential Treatment Program (SLVCC/IRT). San Luis Valley Community Corrections and Intensive Residential Treatment Program is a 126 bed male and female facility currently providing community re-entry services to male and female clients under state and/or court supervision and a male Intensive Residential Treatment Program for the same supervision entities. The San Luis Valley Community Corrections and Intensive Residential Treatment Program Facility is a division of the San Luis Valley Behavioral Health Group and is a non-profit organization.

The PREA audit notice was posted by the San Luis Valley Community Corrections and Intensive Residential Treatment Program Staff on October 10, 2015; six weeks prior to the onsite audit. No communication or correspondence from San Luis Valley Community Corrections and Intensive Residential Treatment Program residents, staff, visitors, or other third party individuals were received by this auditor related to the San Luis Valley Community Corrections and Intensive Residential Treatment Program Facility and their PREA audit.

The onsite audit commenced shortly after 9:00 am on November 16, 2015. Following a brief entrance meeting, in which the expected audit schedule and format was discussed, a tour of the San Luis Valley Community Corrections and Intensive Residential Treatment Program was conducted. The tour of the San Luis Valley Community Corrections and Intensive Residential Treatment Program Facility was conducted in accordance with the PREA audit compliance tool, "*Instruction for PREA Audit Tour*", with emphasis on resident living quarters, resident shower and bathroom areas, intake area, cafeteria, kitchen, laundry room, recreational area, and other resident accessible areas as it relates to staff's ability to monitor, supervise and otherwise detect, prevent, and deter incidents of sexual assault and sexual harassment within the San Luis Valley Community Corrections and Intensive Residential Treatment Program Facility. The San Luis Valley Community Corrections and Intensive Residential Treatment Program Facility, as will be noted below, has actively worked to minimize, if not completely eliminate, potential blind spots utilizing multiple tools to enhance SLVCC/IRT staff's ability to prevent, detect, and deter incidents of sexual abuse and sexual harassment within the program. Upon conclusion of the facility tour, random staff and resident interviews commenced.

Random and specialized staff interviews were conducted using the format and protocols for community confinement centers and as available on the National PREA Resource Center's website. In total, well over 50% of the San Luis Valley Community Corrections and Intensive Residential Treatment Program staff were interviewed. Additionally, approximately 25%-30% of the San Luis Valley Community Corrections and Intensive Residential Treatment Program resident population were interviewed during the onsite portion of the audit. All resident interviews followed the interview protocols for community confinement centers available on the PREA resource center website with emphasis on ensuring the sample size of residents interviewed included residents from each of the populations served at the San Luis Valley Community Corrections and Intensive Residential Treatment Program, those specifically identified in the resident interviews protocols, and from varying room assignments.

Prior to the onsite audit, and as part of the post audit review, supporting documentation provided by the San Luis Valley Community Corrections and Intensive Residential Treatment Program Facility was reviewed. These items included: SLVCC/IRT Organizational Chart; SLVCC/IRT Policies and Procedures Manual, SLVCC/IRT PREA Advisements (staff, resident, contractors, etc.); agreements with various local community entities and supportive services (as will be noted and named throughout this report); SLVCC/IRT training curriculum; SLVCC/IRT Coordinated Response plan and flow chart; SLVCC/IRT pre-audit questionnaire;

SLVCC/IRT Daily Census Reports; SLVCC/IRT Admissions Reports; objective screening tool used for screening to determine potential for predatory behavior and/or victimization; and other documentation referred to in the remainder of this audit report.

FACILITY CHARACTERISTICS

Located at 2255 Lava Lane in Alamosa, Colorado, the San Luis Valley Community Corrections and Intensive Residential Treatment Program near the outskirts of town. The San Luis Valley Community Corrections and Intensive Residential Treatment Program campus consists of five independent buildings (an Administrative Building, a Cafeteria-Kitchen; a female house; and two male residential houses). Male and female residents are never housed in the same housing units.

The San Luis Valley Community Corrections and Intensive Residential Treatment Program facility has a maximum rated capacity of one hundred and twenty-six residents with risk factors ranging from minimum to low-medium risk offenders. The average length of stay for SLVCC/IRT residents is approximately one hundred and fifty days.

SLVCC/IRT require all cross-gendered staff to "announce" their presence when entering an area in which a resident may be in any state of undress. Female security staff are almost primarily responsible for supervision of females in the female residential buildings and will occasionally cover shifts at the male residential building.

The San Luis Valley Community Corrections and Intensive Residential Treatment Program facility is currently equipped with one hundred and forty cameras strategically placed so as to eliminate blind spots and assist staff in detecting, deterring and preventing sexual abuse and sexual harassment.

SUMMARY OF AUDIT FINDINGS

San Luis Valley Community Corrections and Intensive Residential Treatment Program did have one PREA related incident reported in the 12 months prior to the onsite audit. San Luis Valley Community Corrections and Intensive Residential Treatment Program staff, under the direction and supervision of the SLVCC/IRT PREA coordinator, are actively working to achieve compliance with the PREA standards. There are PREA posters posted throughout the facility which contain the telephone number for PREA reporting and additional information related to PREA, the facility's zero tolerance, and contact information for PREA reporting is included in a variety of printed materials (PREA Orientation Form and PREA informational pamphlet); though, as will be noted in this report, some revisions are required to capture missing elements.

As conveyed during the random resident interviews, residents of the San Luis Valley Community Corrections and Intensive Residential Treatment Program were each provided with the facility's resident handbook, PREA pamphlet, and have all received screenings related to assessment of the individuals' potential for victimization and/or abusiveness during the intake process. Residents also relayed that staff generally announce their presence whenever entering a resident's housing area and when entering the bathroom/shower area San Luis Valley Community Corrections and Intensive Residential Treatment Program residents were generally aware of the process for reporting PREA related concerns and were also generally aware of community resources available to them.

The San Luis Valley Community Corrections and Intensive Residential Treatment Program staff are actively working to implement a safe, secure environment for residents and staff alike. The staff are aware of their responsibilities to create a zero tolerance environment, reporting responsibilities, and first responder duties as was conveyed to this auditor during the staff interviews. Staff were knowledgeable about their responsibilities in responding to a recently occurring incident of sexual assault and were able to communicate the steps as outlined in the San Luis Valley Community Corrections and Intensive Residential Treatment Program coordinated response plan. Staff were also able to confirm receipt of PREA related trainings during their orientation, recent PREA training refresher, and/or review of various PREA requirements during their monthly staff meetings.

It is recommended that staff members responsible for conducting administrative investigations of PREA incidents receive additional training as required by §115.234. As will be noted in this report, there are also suggested revisions to the SLVCC/IRT:

- Training curriculum (staff, contractor, volunteer, and intern)
- Policies and Procedures
- Resident educational/information materials

Each of the suggested revisions and/or additions to the materials above will be covered in greater detail in the respective PREA standard audit narratives. It is also recommended, as will be noted later in this report, that SLVCC/IRT implement the staff member PREA re-affirmation/disclosure with this year's annual employee review and incorporate said requirement into their policies and procedures. All corrective actions taken to address the recommendations and suggestions made throughout this report should be forwarded to the auditor for review and audit record retention in accordance with the national PREA standards whether specifically verbalized in the respective audit narratives to follow or not.

A thorough review was performed of the supporting documentation provided by the San Luis Valley Community Corrections and Intensive Residential Treatment Program facility. The results of the thorough review, along with the information gathered from the tour as well as the interviews, were used to generate this report. Noted throughout this report will be references to the documentation used to support the determinations of compliance, non-compliance, or non-applicable. Overall, the audit findings for the San Luis Valley Community Corrections and Intensive Residential Treatment Program facility are as follows:

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

115.211- Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

Auditor 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.

The San Luis Valley Community Corrections and Intensive Residential Treatment Program has written policies mandating zero tolerance toward all forms of sexual abuse to include sexual assault/rape, sexual harassment, and sexual misconduct. In their original state, as submitted during the pre-audit review process, these SLVCC/IRT written policies summarized their approach to preventing, detecting and responding to sexual assault, sexual misconduct and/or harassment (to include sexual harassment specifically); however, these policies required several revisions to better capture and reflect the collective requirements set forth in the national PREA standards. As a result of the audit process, the following items were recommended to be included in the agency zero tolerance policies so as to ensure clear, detailed articulation of expectations as well as depth of explanation of process to be performed.

Those recommendations included incorporation of language:

- To communicate to the resident population their right to be free from sexual abuse, sexual harassment and retaliation for making a report.
- To clearly indicate prohibited acts under agency policy includes "*all forms of sexual abuse and/or sexual harassment*".
- Which speaks to the requirements of §115.287, §115.288; and S115.289 respectively. These standards speak to data collection, analysis, publication, reporting, and retention of collected data.
- Which reflects the program's use of multiple measures to assist in the detection of violations of the zero tolerance environment.
- Ensuring the safety of the resident victim, the statement to be amended to include the preservation of evidence (on the alleged victim and alleged perpetrator, and the protection of the crime scene.
- Which speaks to the availability of SAFE/SANE services, emergency contraception, screenings for sexually transmitted diseases, advocacy/emotional supportive services and mental health services.
- Reflecting the roles of both San Luis Valley CC/IRT and the legal entity responsible for criminal investigations.

- Which speaks to the PREA requirement of a sexual abuse incident review for all substantiated and unsubstantiated sexual abuse allegations.
- Expounding on the retaliation monitoring to include the potential for retaliation monitoring for contractors and/or volunteers who either have made a PREA report and/or are cooperating with an investigation and express a fear of retaliation.
- Detailing the duration of retaliation monitoring to include the articulation of extending the retaliation monitoring period if deemed necessary by the staff member charged with retaliation monitoring.
- Which does not take into consideration “when” or “where” the alleged abuse occurred as a condition for staff members under their duty to report previously unreported acts of sexual abuse.
- Speaking to the performance of mental health evaluations for all known sexual abusers, within sixty days of verification of such.

Speaking to §115.211(b), San Luis Valley Community Corrections and Intensive Residential Treatment Program has established an upper-level PREA Coordinator specific to the SLVCC/IRT program. The PREA Coordinator has sufficient time, authority, and empowerment within the position to effectively implement policies and procedures aimed at preventing, detecting, and responding to all incidents of sexual abuse and sexual harassment. The PREA Coordinator is actively involved to ensure compliance with the SLVCC/IRT "Zero Tolerance" environment. The SLVCC/IRT organizational chart establishes the PREA Coordinator position as a “direct report” to the SLVCC/IRT Director and is empowered to act in accordance with the expectations of the PREA standards.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.212 Contracting with other entities for the confinement of residents

This section does not apply to the San Luis Valley Community Corrections and Intensive Residential Treatment Program Facility. SLVCC/IRT does not sub-contract with other entities to house offenders.

115.213 Supervision and Monitoring

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

Auditor 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.

San Luis Valley Community Corrections and Intensive Residential Treatment Program has prepared and provided, as part of the supporting documentation accompanying the SLVCC/IRT pre-audit questionnaire, Policy 4.240 (page 78-79 of the SLVCC/IRT *Policies and Procedures Manual*) which speaks to their “*Security Staff Staffing Pattern*”. This policy identifies the minimum number of security staff required on each of their three shifts as well as the annual staffing review requirements for the Case Management department. Also provided was the SLVCC/IRT “*Amendment to Policy & Procedure for Monitoring and Searches*” which speaks to the requirement for an annual review of the staffing plan.

Collectively, these items were reviewed during the pre-audit process and determined not to meet the requirements of §115.213. With regards to the policy revisions needed, the auditor recommended the removal of statements in direct conflict with §115.213. In its original form, the agency policy allowed any single review of sexual abuse allegations performed pursuant to §115.286 would constitute a review under §115.213. Conversely, §115.213 requires, as a component of the annual staffing plan reviews, that the agency consider “prevalence of substantiated and unsubstantiated incidents of sexual abuse” §115.213(a)(3) as per §115.213(c)(1). Inclusion of language into the agency policies speaking to the review of annualized data of all incidents so as to help provide possible insight into maximizing the effectiveness of current and future resources, deployment of additional auxiliary monitoring tools, and/or areas of needed attention, presence, or training.

Speaking to the supporting documentation (proof of practice), the materials provided during the pre-audit and onsite audit process did not demonstrate the agency’s consideration of the following items as it related to determination of appropriate staffing levels:

- The physical layout of each facility
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors

To assist SLVCC/IRT in their efforts to better document and memorialize their consideration of the above noted criteria within the development of a staffing plan compliant with §115.213, SLVCC/IRT staff were provided with a staffing plan template, developed by the auditor, specifically for community confinement centers. Completion of this staffing plan template was provided to the

auditor during the corrective action phase. It was subsequently reviewed for proper completion of all fields and has been retained with the audit records. There were no noted deviations for the audit period being reviewed.

Additionally, the SLVCC/IRT Zero Tolerance policy and/or the policy amendment, was revised to include criteria to be reviewed in both the creation of the initial staffing plan and annual staffing plan reviews respectively.

Moving forward, the agency will be required to complete the annual staffing plan review and should diligently endeavor to ensure consideration of the following to determine if adjustments are needed to:

- The SLVCC/IRT staffing plan established pursuant to §115.213(a)
- Prevailing staffing patterns
- The facility's deployment of video monitoring systems and other monitoring technologies
- The resources the facility has available to commit to ensure adequate staffing levels.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.215 Limits to cross-gender viewing and searches

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

Auditor 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.

San Luis Valley Community Corrections and Intensive Residential Treatment Program, as outlined in SLVCC/IRT policy "*Amendment to Policy & Procedure for Monitoring and Searches*", prohibits staff from performing strip searches and visual body cavity searches whether performed by cross gender staff or same gender staff. This SLVCC/IRT policy also prohibits SLVCC/IRT employees from performing a search of a resident in order to determine their genital status ("*Amendment to Policy & Procedure for Monitoring and Searches*"). SLVCC/IRT has developed and implemented policies and practices which require staff members of the opposite gender to announce their presence when entering an area where residents are likely to be changing, showering, or performing bodily functions ("*Amendment to Policy & Procedure for Monitoring and Searches*"). As such, this policy was deemed compliant with some aspects of §115.215. Those compliant areas were determined to §115.215(a); §115.215(e); and a portion of §115.215(d) respectively.

The agency policies reviewed to determined compliance with this standard were:

- 3.171 (*PREA Notification*);
- 4.011 (*PREA Advisement*);
- 4.220 (*Contraband*); and,
- "*Amendment to Policy & Procedure for Monitoring and Searches*",

These policies did not address procedures for the performance of a search on transgender and intersex resident (if it were to occur) per §115.215(f). It also was determined, these policies did not to fully capture the intent and scope of §115.215(b) in that, the SLVCC/IRT policies did not specifically prohibit male staff from conducting a pat search of a female resident. Rather, the SLVCC/IRT "*Amendment to Policy & Procedure for Monitoring and Searches*" stipulates that cross gender pat searches would be permitted if "*staff of the same gender is [not] available at the time the pat search is required.*" There by potentially allowing for a pat search of a female client by a male staff member in less than (truly) exigent circumstances.

To assist the agency in developing measures to be implemented and utilized to avoid improper searches (cross gender) of SLVCC/IRT clients (transgender and intersex) while still maintaining a safe, secure environment, the following suggestions were offered through issuance of the interim auditor summary report. Those suggestions included:

- Asking female clients to wait until a female employee arrives to assist in the resident search
- Contacting on-call supervisors for instruction and/or approval if truly an exigent circumstance.
- Speaking to transgender client searches, per the PREA Resource center's FAQ's, development of procedures to have female security staff perform any pat searches of transgendered or intersex resident.
- Soliciting input from the resident as to their preference of which gender shall perform any pat searches.

Additionally, while in the course of policy revisions, it was recommended that more detail be incorporated into the section of the "*Amendment to Policy & Procedure for Monitoring and Searches*" policy to provide both direction on what to do should exigent circumstances arise (approval process, etc.) and/or how searches are to be documented (§115.215(c)).

During the pre-audit process, a review of the agency training curriculum was performed and determined not to fully cover the specific topics required by this standard. Specifically, cross gender searches and searches of transgender and/or intersex residents needed to be added to the existing SLVCC/IRT training curriculum. Furthermore, all employees responsible for conducting searches needed to be provided with these specifics training topics. Finally, it was recommended SLVCC/IRT policy 4.0.80 be revised to address procedures for the collection of transgender and/or intersex resident's urine specimens for substance abuse testing.

Copies of the revised training curriculum as well as records demonstrating receipt of the training by SLVCC/IRT employees were forwarded to the auditor for review along with the policy and procedure revisions recommended during the corrective action period. All revised items, in their final version form, spoke to the appropriate inclusion of the suggestions provided as well as containing the previously missing standard elements.

Upon initial review, the placement of the cameras did allow for the potential cross gender staff

viewing of a male resident (§115.215(d)). This concern was identified during the facility tour during the onsite portion of this audit. During the corrective action process measures were implemented so as to address and alleviate this concern. At this time, with corrective action taken to address the cross gendered viewing concerns, SLVCC/IRT clients are afforded reasonable privacy and there are no concerns of cross gender viewing of either the male or female residents while showering, changing, or performing any other bodily functions.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.216 Residents with disabilities and residents who are limited English proficient

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

Auditor 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.

Though SLVCC/IRT policies 4.011 (*PREA Advisement*) and 4.010 (*Client Advisement*), in their original format, stated that translator services will be made available to residents who speak neither English or Spanish or who may have "*literacy issues*" (policy 4.010); SLVCC/IRT did not have an agreement with nor documentation of "*reasonable steps*" in order to provide "as is articulated in the PREA standard. The agency was provided with the contact information for Spring Institute for Intercultural Learning, an entity providing such services to several other Colorado Community Corrections programs. During the corrective action period, SLVCC/IRT was able to enter into an agreement with the Springs Institute consistent with the requirements stipulated in §115.216(b). As a result, all the supportive documentation provided to ALVCC/IRT clients is readily available in both English and Spanish formats with the ability to translate materials into other languages as needed.

During the course of staff interviews, it was conveyed that San Luis Valley Community Corrections and Intensive Residential Treatment Program does not utilize resident interpreters, confirmed via resident and staff interviews, and this is a practice that is prohibited unless delays in communicating with an individual would present immediate danger to the individual's safety, compromise the performance of first responder duties, or the investigation of PREA allegations. This practice, omitted from previous versions of agency policies, is not fully articulated in SLVCC/IRT policy. These policies, revised to capture the requirements set forth in §115.216(c), were forward to the auditor for review and audit record retention.

San Luis Valley Community Corrections/Intensive Residential Treatment facility has met the requirements of this standard.

115.217 Hiring and Promotion Decisions

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

Auditor 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.

As has been previously noted SLVCC/IRT currently reflects zero tolerance for all forms of sexual abuse and sexual harassment via their PREA Policies (3.170, 4.011, and 4.031). Earlier drafts of the SLVCC/IRT policies captured the performance of background checks being conducted on all employees, interns and volunteers having contact with SLVCC/IRT residents. Updated with revisions during the corrective action period, the SLVCC/IRT policies now include language specific to:

- SLVCC/IRT contractors now included as part of the group of individuals requiring background checks as per §115.217(d)
- Detailing the procedures to address the performance of background check updates required pursuant to §115.217(e) which was omitted from earlier versions of agency policy
- The prohibition of hiring or the promotion of any persons who may have contact with residents and who has engaged in any of the activities notated in 115.217(a) (1-3).
- Speak to how incidents of sexual harassment are factored in to any offer of employment and/or promotion once hired as stated in §115.217(c)
- Describe how SLVC/IRT engages in the exchange of information, as it relates to substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, between agencies for both potential employees and former employees.

Finally, though captured in an employee’s initial employment application, SLVCC/IRT was tasked with demonstrating compliance with requirements of §115.217(f)(h) moving forward as it pertains to:

- The incorporation of a mechanism to capture staff’s continuing duty to disclose all incidents described in §115.217(a)
- Articulation that material omissions regarding such misconduct or the provision of materially false information, are grounds for termination under §115.217(g).

During the corrective action period, the agency worked to incorporate each of the above auditor recommendations into SLVCC/IRT agency policies. Once revised, the agency policies were disseminated to all agency staff. The amended and approved policies were forwarded to the auditor for review and record retention as was documentation supporting the circulation and distribution of these PREA compliant policies to agency staff.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.218 Upgrades to facilities and technologies

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

Auditor 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.

§115.218(a) is not applicable to the San Luis Valley Community Corrections and Intensive Residential Treatment Program Facility as there has not been any substantial expansion to the facility nor acquisition of a new facility; however, SLVCC/IRT has taken efforts to upgrade their technology and security monitoring systems and, therefore, §115.218(b) is applicable.

As determined through interviews with the San Luis Valley Community Corrections and Intensive Residential Treatment Program staff as well as the placement of electronic surveillance equipment, the agency’s active utilization of security systems and auxiliary monitoring equipment in order to enhance staff’s ability to protect residents from sexual abuse and virtually eliminating all blind spots on the SLVCC/IRT campus was quite apparent. That said, however, the San Luis Valley Community Corrections and Intensive Residential Treatment Program could not provide documentation to demonstrate how the agency took into consideration “how such technology may enhance the agency’s ability to protect residents from sexual abuse” as per §115.218(b). It is strongly recommended, moving forward, that all such conversations and/or discussions are memorialized and captured in the form of meeting minutes, email correspondence, or notated as part of a purchase order request form description. In order to help ensure compliance with this recommendation, SLVCC/IRT policy was updated to incorporate such considerations for future upgrades to the system. The revised agency policies were forwarded to the auditor for review and retained with the SLVCC/IRT audit records.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.221 Evidence protocol and forensic medical examinations

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

Auditor 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.

SLVCC/IRT is responsible for conducting Administrative Investigations of sexual abuse. Sexual abuse investigations that do not appear to be criminal in nature are conducted by the facility's director and/or the PREA coordinator. As part of the policy revisions previously discussed, and as was recommended in the interim PREA auditor report, the agency policies now contains:

- a cohesive and comprehensive "Uniform Evidence Protocol" utilized at the SLVCC/IRT
- Articulation of uniform evidence protocol now described in agency policies better reflect procedures developmentally appropriate for youth (where applicable) and 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*".
- Language requiring specialized investigators training for all employees responsible for conducting administrative investigations into violations of the SLVCC/IRT zero tolerance policy on all forms of sexual abuse and/or sexual harassment.

During the course of the corrective action period, in addition to the policy revisions noted in the interim auditor summary report, there were a few "non-policy" related corrective actions needed. These items being:

- SLVCC/IRT needed to formally request of the Alamosa Police Department their compliance with §115.221(b) as per 115.221(f) as the agency does not conduct criminal investigations.
- Revision, or amendment to the MOU between San Luis Valley Health Regional Medical Center and SLVCC/IRT stating access to forensic medical examinations conducted by either Sexual Assault Forensic Examiners (S.A.F.E.) or Sexual Assault Nurse Examiners (S.A.N.E.), as is required by 115.221(c) as this was not articulated in the original agreement.
- Include language in the above referenced MOU that such examinations will be provided at no charge to the resident victim.

SLVCC/IRT also has entered into a MOU with the Tu Casa, Inc. to provide resident victims with: support through the forensic exam and investigatory interview process; crisis intervention; emotional support; follow-up services and referrals to other community agencies. SLVCC/IRT is therefore compliant with §115.221(d) and (e).

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.222 Policies to ensure referrals of allegations for investigations

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

Auditor 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.

The SLVCC/IRT PREA policy 4.011, titled “*PREA Advisement*”, was determined upon initial review as falling short of the PREA requirement that all allegations of sexual abuse and/or sexual assault will be fully investigated and, when a preponderance of the evidence suggests a criminal act may have occurred, said allegations will be referred for criminal prosecution. SLVCC/IRT Policy 4.011 was revised to include verbiage:

- Indicating that all allegations of sexual abuse and/or a sexual harassment will be fully investigated either criminally and/or administratively if there is not a criminal element involved.
- Outlining the responsibilities of both internal staff (first responders, investigators, and management staff) as well as the expected responsibilities external parties’ responsibilities when conducting criminal investigations into sexual abuse and/or sexual harassment.
- Detailing procedures for securing any potential crime scene
- Requiring adherence to a uniform evidence protocol as noted in §115.221, and,
- Instructing staff to attempt to preserve any potential evidence on the alleged abuser (if known and if present in the facility) but directing that individual to refrain from any actions which may destroy or compromise evidence.

At minimum, the above recommendations for SLVCC/IRT policy 4.011 were required to achieve compliance with this PREA standard. These elements were also recommended for inclusion in agency policies: 3.071; 4.080; and, potentially, 4.180 as the agency deemed appropriate. The revised policies were provided to the auditor for review and audit record retention. The San Luis Valley Community Corrections/Intensive Resident Treatment staff worked through the exhaustion of

the corrective action period in order to capture each of the policy revisions presented in the interim auditor summary report and publically display policies pertaining to the scope and intent of §115.222; however, were unsuccessful in their attempts to to achieve this latter objective prior to the expiration of the full corrective action period.

That said, within the scope of the auditor’s discretion is the room for determination if “due diligence” by the agency was demonstrated and exhibited. To that point, it is important to also consider the elements impacting the agency ability to have achieved compliance with this posting of their policies pursuant to §115.222(b) on the agency website. First, the ability to post information on the agency website is not controlled at the program level. Such requests are funneled through external channels and subject to third party assessment of priorities. Second, the agency experienced the departure of a key leadership position during their corrective action process. Third, the agency was able to post this policy shortly following the expiration of the corrective action period.

In this auditor’s estimation, having observed the diligence and desire of the agency staff in their efforts throughout the PREA audit process, it is reasonable to believe that had the key staffing loss not occurred during the late stages of the corrective action period, the agency would have had the revised policies available for public consumption within the corrective action period allotted under the PREA standards. The temporary delay in the posting of this material by the deadline is consistent with any temporary delays to determine progress made on delegated tasks by the departing staff member. Additionally, submission of the program’s request to upload revised documents and data was tendered prior to the conclusion of the staff’s work day and subject to the discretion of a third party in order to post said materials. With these factors in mind, it is this auditor’s opinion that the agency did exhibit due diligence in their efforts to comply with all aspects of this standard.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.231 Employee Training

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

Auditor 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.

As part of the pre-audit supportive documentation, the San Luis Valley Community Corrections and Intensive Residential Treatment Program provided the training curriculum used for all employees including new hires. The training curriculum used by SLVCC/IRT to train staff members is the "Colorado Community Corrections PREA: Prison Rape Elimination Act 2003". A review of the training curriculum confirmed the presence of many, but not all, of the required elements of 115.231(a)(1-10). Specifically, this training curriculum addressed nine of the ten required training items. The interim auditor summary report recommended the addition of Colorado's Mandatory Reporting Statutes as defined in the Colorado Revised Statutes §19-3-304 and §26-3.1-102. During the corrective action period, this information was added to the training curriculum and the agency provided confirmation of each staff member being associated with their responsibilities under these statutes.

As SLVCC/IRT houses both male and female residents, the training curriculum is directed towards both populations and is consistent with the expectations set forth in §115.231(b). Staff, during the onsite interviews, were able to convey their understanding of the agency's "Zero Tolerance" and PREA policies, procedures, first responder duties, and expectations.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.232 Volunteer and contractor training

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

Auditor 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.

SLVCC/IRT provides contractors and volunteers having access to SLVCC/IRT residents with the same training that was provided to staff members. Notification to non-routine contractors and visitors, of their zero tolerance policies related to sexual abuse/sexual harassment/sexual misconduct, was not being provided at the time of the onsite audit. During the conclusion of the onsite audit, SLVCC/IRT was provided with an example of a visitor sign-in log with a PREA notification affixed to the form. Additionally, it was recommended the agency keep copies of their PREA informational pamphlet available should a visitor, contractor, and/or volunteer seek additional information.

As §115.232(b) requires various "levels and types" of training provided to volunteers and contractors

be commensurate with the services provided and their level of [unsupervised] contact with the SLVCC/IRT residents. As per §115.232(c), SLVCC/IRT contactor and volunteer training sessions shall be documented and retained confirming both their participation in and understanding of the PREA materials presented in said training. Confirmation of PREA related trainings for a random sampling of contractors and volunteers were forwarded to the auditor for review and audit record retention.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.233 Resident Education

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

Auditor 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.

Upon intake, as was confirmed in a review of the facility's supporting documentation and as was communicated through the San Luis Valley Community Corrections and Intensive Residential Treatment Program resident interview process, all residents receive informational materials educating them on:

- The agency's zero-tolerance policy regarding sexual abuse and sexual harassment;
- How to report incidents or suspicions of sexual abuse and sexual harassment;
- "Their rights"; and,
- The agency policies and procedures for responding to such incidents.

This information is provided to all residents during the intake process, which normally does not exceed the seven days allotted in policy, is provided to clients (via a PREA pamphlet, PREA Orientation Form, and through a short PREA video all residents watch). That said, the information provided to agency clients needed to be revised and refined in order to mirror the requirements of the PREA standards with the newly arriving client being given the pamphlet upon arrival at the facility. The revisions include:

- PREA Pamphlet – add "towards all forms of sexual abuse..."
- PREA Pamphlet – add the residents' "right to be free from sexual abuse, sexual harassment, etc."

- PREA Pamphlet – add some language speaking to the availability of auxiliary aids that can/may also be arranged through the Facility Director. Note: As noted previously in the auditor's summary for PREA standard 115.216, SLVCC/IRT has not established a mechanism by which materials can be provided to all residents regardless of disability, English proficiency, or other impairments. During the onsite audit, the agency was directed to the Spring Institute for Intercultural Learning is providing these services for most of the Colorado community correction programs.
- PREA Pamphlet – add address and telephone number for the Alamosa Police Department (911 or the direct line for reporting of non-emergency allegations).
- PREA Pamphlet – add language specific to providing individualized showers for transgender and intersex residents.
- PREA Pamphlet, Section G – Add “bad faith” to current verbiage for resident disciplinary actions for making false allegations.

As was noted and recommended in 115.216, San Luis Valley Community Corrections and Intensive Residential Treatment Program established an agreement with Springs Institute for Intercultural Learning in order to ensure these materials are readily available to all residents including those identified in 115.233(c) and therefore now comply with the requirements of this standard.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.234 Specialized training: Investigations

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

Auditor 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.

Select San Luis Valley Community Corrections and Intensive Residential Treatment Program management staff are tasked with conducting administrative investigations of sexual abuse and/or sexual harassment allegations. These staff members received training on conducting administrative specialized investigations of sexual abuse allegations in community confinement settings as required under §115.234(a) during the corrective action period. The training curriculum to be used for trainings performed was consistent with §115.234 and contained the following elements as identified in §115.234(b):

- Techniques for interviewing sexual abuse victims;

- Proper use of Miranda and Garrity warnings;
- Sexual abuse evidence collection, and
- The criteria and evidence required to substantiate a case for criminal prosecution.

It should be noted, SLVCC/IRT staff do not conduct criminal investigations and refer sexual abuse and sexual harassment allegations appearing to be of possible criminal nature to the Alamosa Police Department for criminal investigation by law enforcement. Additionally, speaking to the employee training requirements for agency investigators, SLVCC/IRT policies were revised to reflect the requirement for investigators to be trained in with §115.234.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.235 Specialized training: Medical and mental health care

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

Auditor 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.

San Luis Valley Community Corrections and Intensive Residential Treatment Program does not have mental health or medical staff who work in the facility regularly or irregularly whether on a full-time or part-time basis. As such, this standard would not apply to SLVCC/IRT at this time.

115.241 Screening for risk of victimization and abusiveness

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

Auditor 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.

As outlined in 4.012, titled "PREA Victim/Predator Risk Screening" (page 58 of the SLVCC/IRT Policy and Procedure Manual), requires SLVCC/IRT clients to be assessed for their risk of sexual victimization and abusiveness:

- Within seventy-hours of their admission into San Luis Valley Community Corrections and Intensive Residential Treatment Program,
- Within thirty days after their arrival at the facility;
- Annually for all SLVCC/IRT clients; and,
- Upon referral, request, receipt of new information and/or following an allegation/incident of sexual abuse and/or sexual harassment.

SLVCC/IRT Policy 4.012, in its pre-audit form, accurately captured the requirements of §115.241(h) in that staff were prohibited from taking disciplinary actions against a resident for refusal to answer or for not disclosing complete information in response to and pursuant to §115.241(d). SLVCC/IRT policy 4.012 was, however, revised so as to expand the scope of PREA screenings to include "*upon transfer to another facility*" and also now speaks to the level of controls regarding handling of confidential and sensitive information acquired from the completed client assessments.

Speaking directly to the PREA screening assessment tool utilized by the San Luis Valley Community Corrections and Intensive Residential Treatment Program staff during the pre-audit and audit process used a tool which met most of the required criteria to comply with portions of the requirements of 115.241(c) and (d); however, the PREA screening assessment did not cover all 9 components of 115.241(d). As a result of the pre-audit process, SLVCC/IRT staff and the auditor discussed the possibilities of adjusting the audit tool in order to better capture the components of 115.241(d) with particular emphasis on both aspects of 115.241(d)(7). To that point, the auditor directed the agency to the Colorado Division of Criminal Justice who had recently circulated a new PREA risk assessment screening tool to address the aforementioned shortcoming of the previous screening assessment tool.

The agency continued to refine their assessment practices and protocols throughout the audit corrective action period. During each subsequent review the agency demonstrated improvement with performance of the assessment reviews in accordance with the deadlines and thresholds set forth in §115.241. The agency will need to diligently and relentlessly endeavor to continually

improve on compliance with this standard as performance of the 30-day review required the development of additional corrective action plans to address continued weaknesses. The corrective action plan tasks specific staff members with performance of these assessments within a condensed time frame so as to allow for other upper level individuals to ensure proper and timely completion of the 30-day review. The plan was forwarded to the auditor and is sufficient, if properly followed, to ensure ongoing compliance.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.242 Use of screening information

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

Auditor 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.

While SLVCC/IRT policy 4.012 did speak to providing the completed PREA risk assessments to the supervisor responsible for assigning housing and then eventual filing in the resident’s case file, this policy, in its original form, did not speak to:

- How the information acquired pursuant to §115.241 is to be used; and/or,
- How to properly control the confidential/sensitive nature of the information acquired in the screening process.

The SLVCC/IRT policy did provide direction on the proper housing of sex offenders within the program; however, it did not speak to proper use of the information acquired pursuant to §115.241. The SVLCC/IRT policy, revised during the corrective action period, provides guidance for management staff in their determination of the most appropriate housing assignment for each client. Similarly, the policy is geared towards concerns, obstacles, and potential vulnerabilities of PREA identified special populations. All SLVCC/IRT staff are informed of the various professional and ethical standards governing their respective positions and acknowledge their responsibility to maintain the confidential nature of information they may receive. Each staff member is required to read and familiarize themselves with the SLVCC/IRT policies and procedures and sign an acknowledgement form which is retained in their personnel file.

While the San Luis Valley Community Corrections and Intensive Residential Treatment Program has the ability to accommodate individualized showers for their transgender and/or intersex residents, this information was not communicated in any written format prior to completion of this

recommended action step during the corrective action period. This information is now included in: SLVCC/IRT Policies and Procedures; SLVCC/IRT PREA Information pamphlet; and, the SLVCC/IRT "Prison Rape Elimination Act Orientation Information" acknowledgement form. Inclusion of SLVCC/IRT's ability to provide individualized consideration of programming and housing assignments pursuant to §115.242(e) is recommended in the three aforementioned forms/policies as well as in the SLVCC/IRT resident handbooks. These PREA informational materials, as described in §115.233 and §115.216, are now provided to all residents upon arrival at the facility and are readily available in English and Spanish.

Finally, the San Luis Valley Community Corrections and Intensive Residential Treatment Program staff consider the safety and health of a transgender or intersex individual in the determination of housing placement. That said, the following items were recommended to be included in the agency's policies:

- Rationale for and factors to be considered for transgender and intersex housing assignments (§115.241(c))
- How staff are to take into consideration a transgender and/or intersex person's own views with respect to his or her own safety is given "*serious consideration*" as required by §115.241(d)
- Limitations of housing assignments as identified in §115.241(f)

As was noted in the interim auditor summary report, the San Luis Valley Community Corrections and Intensive Residential Treatment Program forwarded the policy revisions inclusive of the above bulleted items and provided examples of how SLVCC/IRT staff utilized the information gathered during the assessment process in housing and/or program considerations. These materials were provided to the auditor for review and record retention during the corrective action period and found to address all previously omitted items.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.251 Resident reporting

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

Auditor 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.

The San Luis Valley Community Corrections and Intensive Residential Treatment Program staff provide SLVCC/IRT residents with multiple channels for reporting sexual abuse and sexual harassment, retaliation and other PREA related violations and/or concerns. All residents are provided contact information for:

- The Colorado Department of Corrections Tip Line (1-877-DOC-TIPS),
- Rape crisis counseling through the Tu Casa, Inc. organization with whom SLVCC/IRT has an agreement to provide emotional supportive services, and
- The Alamosa Police Department who has agreed, per their written agreement with SLVCC/IRT, to accept third party reports.

In addition to these resources, San Luis Valley Community Corrections and Intensive Residential Treatment Program residents are also encouraged to contact their assigned parole officer (if applicable), and/or any staff member, whether verbally or in writing. This information is available in written format for all residents to retain during their placement at the San Luis Valley Community Corrections and Intensive Residential Treatment Program facility. It is also posted throughout the SLVCC/IRT campus.

As was recommended and previously noted in §115.216 and §115.233, this information is now readily available in English and Spanish formats as well as being included in the San Luis Valley Community Corrections and Intensive Residential Treatment Program Resident Handbook. SLVCC/IRT accepts all reports of sexual abuse and/or sexual harassment to include anonymous and 3rd party reporting, without weighted differentials for verbal or written reports; however, as was noted in the interim auditor summary report, the agency's policy was determined to fall short of the intent and requirements of §115.251.

The requirement for staff to immediately report all suspicion, allegation, or knowledge thereof to appropriate management personnel for proper facilitation of a full investigation was added to the agency policy. Additionally, language directing staff to handle all allegations to immediately document verbal reports as stipulated by §115.251. Following the addition of these elements into agency policy during the corrective action period, said policy was forward to the auditor for review and audit record retention.

With these elements added to the agency policy and in conjunction with the several reporting mechanisms established for staff to report PREA related concerns privately, agency staff are presented with both the directive and avenues of reporting including the CO DOC Tip Line, local law enforcement, and/or the employee's internal chain of command.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.252 Exhaustion of Administrative Remedies

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

Auditor 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.

In addition to general grievance and complaint procedures, SLVCC/IRT policies were revised to address the requirements set forth in §115.252(a-g) and create grievance procedures for complaints regarding sexual abuse and sexual harassment of clients. The SLVCC/IRT Policies and Procedures, in their original form, did not address the agency required actions or the system of checks and balances to be employed in order to ensure a full and thorough investigation into all PREA related reports/allegations. Agency staff worked diligently to ensure the following elements were included in the SLVC/IRT policy revisions. Those items being:

- The agency shall not impose a time restriction for the filing of a grievance related to sexual abuse or sexual harassment
- A client is not required to follow an informal grievance procedure when submitting a grievance related to sexual abuse and/or sexual harassment
- Staff will not instruct the client to resolve the matter with staff
- Provide written staff directives regarding the handling of emergency grievance procedures for instances in which a resident alleges he/she is at substantial risk for imminent sexual abuse
- Conform to the deadlines set forth in §115.252(d) for handling of such allegations
- Develop procedures for third party assistance pursuant to §115.252(e)
- Disciplinary action against a resident can only be taken if the allegation was made in "bad faith" as per §115.252(g).

Each of the above bulleted items was included in the policy revisions performed pursuant to the issuance of the agency's interim auditor summary report. The revised policies and confirmation of dissemination of the revised policies to agency staff were forwarded to the auditor for review and audit record retention during the corrective action period.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.253 Resident access to outside confidential supportive services

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

Auditor 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.

As previously noted, SLVCC/IRT has entered into an agreement with Tu Casa, Inc. to provide emotional supportive services to residents of their programs to the San Luis Valley Community Corrections and Intensive Residential Treatment Program residents. This agreement also covers:

- rape crisis advocacy;
- Hospital accompaniment;
- Support and accompaniment of the victim through the forensic examination process and the investigatory process;
- Crisis intervention services; and
- Referrals for follow-up services and/or additional community resources as needed.

The contact information for the Tu Casa, Inc. is included in the San Luis Valley Community Corrections and Intensive Residential Treatment Program PREA pamphlet provided to all residents during the intake process. SLVCC/IRT residents are also provided with a "Prison Rape Elimination Act Orientation Information" which refers clients to Tu Casa, Inc. for confidential rape crisis counseling. Clients are also encouraged to speak with SLVCC/IRT staff to help arrange services. SLVCC/IRT staff review this information with all newly admitted clients and complete a client/staff acknowledgment form, confirming resident's receipt and understanding of the PREA information presented to them signed by both the resident and the staff member. The program's client payphones can make out going toll free phone calls (DOC Tip Line) and 911 calls; however, client calls placed to Tu Casa, Inc. would incur a payphone fee.

During the audit process, client informational materials were revised so as to ensure inclusion of:

- The information presented in these materials used to demonstrate compliance with informing clientele should be not only be retained in the resident's case file but also provided to the client for his/her retention for future reference (if needed).
- A mechanism to inform residents the extent to which their communication with community resources will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws and document such notifications.
- Verbiage which speaks to the client's receipt of the PREA Pamphlet (as this is the material

the client is permitted to keep in their possession)

- A mechanism confirming the client was provided the opportunity to ask questions about any of the PREA information presented.

To remedy this concern, revisions of the educational and information materials provided to SLVCC/IRT residents were initiated so as to ensure residents have easy access to readily available vital information both upon intake and if needed for reference moving forward. These materials, as has been previously noted in this report, are now readily available in both English and Spanish as a result of the audit process.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.254 Third-party reporting

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

Auditor 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.

The San Luis Valley Community Corrections and Intensive Residential Treatment Programs has established an agreement with the Alamosa Police Department to accept third party reporting of allegations of sexual abuse, sexual harassment, retaliation and/or staff neglect. Pursuant to the requirements set forth through 115.254(a), and as noted in the interim auditor summary report, SLVCC/IRT needed to demonstrate the publishing of methods through which incidents of sexual abuse and/or sexual harassment can be reported on behalf of a resident. This objective was accomplished before the expiration of the agency’s corrective action period.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.261 Staff and agency reporting duties

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

Auditor 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.

In review of the SLVCC/IRT Policies and Procedures, the “Amendment to the Policies and Procedures for Monitoring and Searches”, and the staff training curriculum provided, SLVCC/IRT materials were determined as not fully meeting the requirements of §115.261(a) in that staff were not required to immediately report:

- Any knowledge, suspicion, or information regarding the sexual abuse and sexual harassment that occurred in a facility without regard for the date and/or location of the alleged sexual abuse/sexual assault
- Retaliation against staff, residents, contractors, etc.
- Staff neglect or violation of responsibilities that may have contributed to an incident and/or retaliation.

Upon the completion of revisions to the agency policy, including the above bulleted items, said policies were forwarded to the auditor for review and audit record retention. The above noted and previously omitted elements were found to have been incorporated into the revised policies.

115.263(c) would not apply to the San Luis Valley Community Corrections and Intensive Residential Treatment Program as they do not employ medical or mental health care practitioners.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.262 Agency protection duties

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

Auditor 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.

San Luis Valley Community Corrections and Intensive Residential Treatment Program staff, though not faced with a situation in which substantial risk to a SLVCC/IRT resident occurred or is believed to have occurred, has the capability to ensure the safety of SLVCC/IRT residents. Staff members interviewed expressed knowledge of the agency coordinated response (specifically their duties as first responders (line staff), management responsibilities for the coordination of external parties, and consideration of resident safety in the facilitation of their respective job duties. In that regard, SLVCC/IRT has the ability to transfer residents to additional housing units within the San Luis Valley Community Corrections and Intensive Residential Treatment Program facility in order for the resident to be closer to the posted security staff and/or temporary re-assignment of said resident within the respective programs. Those three programs being:

- The male community corrections program,
- The female community corrections program, and
- The male Intensive Residential Treatment Program.

The residents of each of the three programs are housed separately with the male CC and IRT programs sharing a main reception area/security office. That said, the SLVCC/IRT policies were revised so as to:

- Provide direction for staff on responding to substantial risks of imminent sexual abuse of a resident
- Instruct staff to the steps required to provide aid to residents consistent with the scope of their training
- Inform and direct staff on making the necessary notifications to ensure emergency medical services are provided.

In the initial versions of the agency policy, these elements were omitted as was noted in the interim auditor summary report. Agency policies were recommended for revision so as to capture the above identified items as well as comply with the stipulations governing the appropriate handling of reports received pursuant to §115.262. Upon completion of the agency policy revisions, said policies were forwarded to the auditor for review and audit record retention.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.263 Reporting to other confinement facilities

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

Auditor 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.

Similar to the concerns noted in the above audit narrative for §115.262, SLVCC/IRT did not have a policy specific to §115.263. In the original version of SLVCC/IRT Policy 4.011, staff were expected to take “*appropriate actions in accordance with company policy*” when the recipient of a sexual abuse and/or sexual harassment report(s). Speaking specifically to the requirements of §115.263, SLVCC/IRT was tasked with the development of policies to provide employees with direction on notification to the facility where the abuse is alleged to have occurred, a timeframe for said notification, post notification requirements, documentation of achievement of aforementioned milestone, and retention of said documentation. Revised agency policies also addressed the expected processes as the reporting facility and also as the receiving facility.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.264 Staff first responder duties

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

Auditor 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.

San Luis Valley Community Corrections and Intensive Residential Treatment Programs' policy 4.050 (section II, items N-T) outlined most of the requirements in PREA standard 115.264(a)(b), with overall intent of preserving any evidence and ensuring the safety of the victim using a "victim-centered approach"; however, absent were:

- Protect and secure the crime scene so as to maximize the preservation of evidence.
- If the alleged abuser is known and present in the facility, staff measures to maximize the usable evidence on the alleged abuser.

The SLVCC/IRT staff training curriculum does capture all requirements of §115.264(a)(1-4); however, SLVCC/IRT did not differentiate between the job classifications of the first staff member to respond to a sexual abuse incident. A distinction specifically identified via §115.264(b). §115.264(b) requires non-security first responder staff to request that the alleged victim not take any actions that could destroy evidence and then notify security staff. This was absent in SLVCC/IRT policy as well as staff curriculum and subsequently added to both materials.

Year to date, the San Luis Valley Community Corrections and Intensive Residential Treatment Program has not had any incidents requiring a first responder response. Upon revision/creation of policies and procedures, as required in the interim auditor summary report, SLVCC/IRT forwarded these materials to the auditor for review and audit record retention.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.265 Coordinated response

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

Auditor 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.

SLVCC/IRT has a written institutional plan of coordinated actions taken in response to an incident of sexual abuse (flow chart) as well as in written policy (4.050) directing staff actions upon receipt of a sexual abuse or sexual harassment allegation(s). The written plan, a template used by many community corrections centers, was not specific to the San Luis Valley Community Corrections and Intensive Residential Treatment Program facility. As per the auditor instructions from the U.S. Department of Justice via the PREA Resource Center, the coordinated response must be facility specific and cannot be a system wide template. To that point, inclusion of specific locations within

the San Luis Valley Community Corrections and Intensive Residential Treatment Program facility to separate the alleged victim and abuser and/or inclusion of staff titles were suggested in an effort to help to make the current plan facility specific to the agency and its program.

In addition to the facility specific revisions to the SLVCC/IRT coordinated plan required per 115.265(a), said plan also needed to be developed so as to describe the coordinated actions between first responders, facility management staff and external parties such as those with whom SLVCC/IRT has an agreement to provide services for SLVCC/IRT clients victims. These parties include, but are not limited to: law enforcement entities; victim advocacy services, and SAFE/SANE services at no cost to the resident victim. As a result of the audit process, the SLVCC/IRT coordinated response plan was revised and outlines the expected actions/services these organizations will provide (per the agreements identified in the respective agreements).

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.266 Preservation of ability to protect residents from contact with abusers

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

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.

SLVCC/IRT employees are not unionized and no collective bargaining agreement exists. As such, there is nothing prohibiting the management staff of the San Luis Valley Community Corrections and Intensive Residential Treatment Program facility from taking actions to remove a staff member, volunteer and/or contractor alleged to have committed to sexual abuse of a SLVCC/IRT resident from contact with SLVCC/IRT residents pending the outcome of an investigation.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.267 Agency Protection against retaliation

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

Auditor 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.

As noted previously, the San Luis Valley Community Corrections and Intensive Residential Treatment Program establishes procedures for retaliation monitoring for anyone who expresses a fear of retaliation; however, the SLVCC/IRT policies and procedures did not initially identify:

- Performance of retaliation monitoring to protect all residents and staff who report sexual abuse or sexual harassment or who cooperate with a sexual abuse and/or sexual harassment investigation
- Which staff members/departments are responsible for monitoring of both residents and non-resident persons whether victim or someone expresses a fear of retaliation
- Performance of periodic status checks, mechanism for recording period status checks and criteria to be reviewed during period status checks.
- Documenting retaliation monitoring in accordance with §115.267

The San Luis Valley Community Corrections and Intensive Residential Treatment Program has had one PREA related report/allegation in the twelve months prior to the onsite audit. Retaliation monitoring was not performed in accordance with the above requirements. And the audit team spent time reviewing the lapses in policy and practice contributing to this oversight. In addition to the policy revisions and training curriculum revisions, the agency was provided a template to be utilized for retaliation monitoring notations moving forward.

SLVCC/IRT staff forwarded the revised materials to the auditor during the corrective action period for review and audit record retention. The agency will need to practice due diligence in their efforts to comply with the retaliation monitoring requirements identified in the national PREA standard §115.267

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.271 Criminal and administrative investigations

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

Auditor 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.

The San Luis Valley Community Corrections and Intensive Residential Treatment Program had one PREA related incident in the past 12 months with the incident being a report of sexual harassment. Staff conducted an investigation into the accusation; however, did not have the proper training or sufficiently descriptive policies and procedures governing the quality and scope of such investigations. Policies were revised, as has been noted throughout this report, in order ensure such policies better reflected the intent and requirements set forth in the PREA standards for community confinement centers. To that point, and building on the audit narrative comments for §115.234, San Luis Valley Community Corrections and Intensive Residential Treatment Program identified staff members responsible for conducting administrative investigations and ensured attendance of these staff members in a training compliant with the stipulated training topics identified in §115.234. Finally, as noted in the §115.221, SLVCC/IRT formally requested of the Alamosa Police Department their compliance with all applicable PREA standards as it relates to the investigation of allegations of sexual abuse and/or sexual harassment.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.272 Evidentiary standard for administrative investigations

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

Auditor 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.

While, based on staff interviews and in reviewing the SLVCC/IRT policies, procedures, and practices, it is reasonable to assume that investigative findings are based on the strength of the evidence (whether pro or con), the current SLVCC/IRT PREA related policies did not specifically direct staff to rely on a preponderance of the evidence when making a determination if the allegation was substantiated, unsubstantiated, or unfounded. The original SLVCC/IRT policies identified the director as the ultimate decision maker; however, SLVCC/IRT Policies and Procedures were revised during the corrective action period in order to incorporate the requirements of §115.272 when making a determination of credibility of an allegation received by the agency.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.273 Reporting to residents

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

Auditor 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.

The original SLVCC/IRT policies did not address the required notification milestones when reporting case updates/findings as it relates to both staff and resident abusers. While the resident victim was informed of the outcome of the investigation conducted for the lone allegation received, the notification provided to the resident did not fully meet the requirements set forth in §115.273(c)(1-4). As noted in the interim auditor summary report, resident victim was informed of only the outcome of the allegation and not of the applicable staff leave options utilized pending the conclusion of the investigation. The agency was required to revise their existing policies and procedures so as to account for the requirements set forth in this standard. Once revised, a copy of the policy was forwarded to the auditor for review and audit record retention.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.276 Disciplinary sanctions for staff

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

Auditor 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.

San Luis Valley Community Corrections and Intensive Residential Treatment Program, through the SLVCC/IRT PREA specific policies, Amendment to Policies and Procedures, PREA pamphlets, and various other supportive documentation, identifies prohibited staff behaviors including all forms of harassment, abuse, and otherwise inappropriate behaviors, actions and/or non-verbal gestures; however, the SLVCC/IRT employee disciplinary process did not fully capture the expectation in 115.276(b) in which "*termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse*". As this is clearly articulated in the standard as a requirement, the same was recommended to be communicated to agency employees in the form of Policy and Procedures revisions. The recommendations identified in the interim auditor summary report also included SLVCC/IRT policy and procedures speak to:

- The criteria in 115.276(c) when taking disciplinary action relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse). The criteria established through this subsection of standard 115.276, are that disciplinary action be:
 - a) commensurate with the nature and circumstances of the acts committed,
 - b) the staff member's disciplinary history,
 - c) and the sanctions imposed for comparable offenses by other staff with similar histories.
- Agency and staff responsibilities of reporting of staff members terminated, or who would have been terminated if not for their resignation, to relevant licensing agencies.

While these elements did not originally appear in stated mandates, SLVCC/IRT revised existing policies to incorporate these components into their policies and procedures. Upon revision/creation such policies and procedures, SLVCC/IRT forwarded said materials to the auditor for review and audit record retention.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.277 Corrective action for contractors and volunteers

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

Auditor 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.

Similar to the concerns noted in the previous standard audit narrative, the existing SLVCC/IRT policies and procedures did not capture all the requirements set forth in PREA standard 115.277(a) and (b) as it pertains to:

- Notification to law enforcement
- Notification to relevant licensing agencies, and
- Taking remedial measures up to and including prohibition from further contact with residents for any other violation of the SLVCC/IRT Zero Tolerance policy (aside from engaging in sexual abuse).

SLVCC/IRT written directives of expected practices which would drive both employee action, and subsequent compliance with each aspect of the PREA standards, were revised during the audit process so as to specifically include the elements above in order to fully comply with the requirements of §115.277. Upon revision/creation such policies and procedures, SLVCC/IRT forwarded said materials to the auditor for review and audit record retention.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.278 Disciplinary sanctions for residents

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

Auditor 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.

Neither SLVCC/IRT Policy 3.120, titled “*Disciplinary hearings*”, Policy 1.071, 3.071, and 4.011, collectively or individually, met the required components of resident discipline set forth in §115.278(a-f). With the same attention to detail as was provided in the revision of other aspects of the agency policies to comply with the national PREA standards, policies dictating the manner in which disciplinary actions against residents, pursuant to this standard, were constructed. Upon revision/creation such policies and procedures, SLVCC/IRT forwarded said materials to the auditor for review and audit record retention.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.282 Access to emergency medical and mental health services

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

Auditor 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.

The SLVCC/IRT has agreements with both the San Luis Valley Health Regional Medical Center and Tu Casa, Inc., Inc. provide for both emergency medical services and provides for emotional

supportive services; however, the original construction of these agreements did not cover immediate professional mental health services for resident victims of sexual abuse. In accordance with aforementioned contracts with SLVHRMC and Tu Casa, Inc., the agreed upon services to be provided are done so with no cost to the resident victim; however, the current agreements fell short of incorporating specific language to cover: §115.282(b) 115.282(c); and, §115.282(d). The SLVCC/IRT policies and procedures were revised to reflect the omitted criteria. Upon revision/creation of such policies and procedures, SLVCC/IRT forwarded said materials to the auditor for review and audit record retention.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

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

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

Auditor 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.

Similar to the findings above, neither the existing agreements with SLVHRMC and Tu Casa, Inc. nor the SLVCC/IRT Policies and Procedures Manual covered the requirements set forth in 115.283(a-h). Verbiage specific to the criteria established in this standard was incorporated into the agreements and SLVCC/IRT policies during the corrective action period. Upon completion of the revised policies and the revised agreements, copies of these revised materials were forwarded to the auditor for review and audit record retention.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.286 Sexual abuse incident reviews

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

Auditor 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.

Similar to the findings in the previous two audit narratives, SLVCC did not have policies to address the specific requirements, topics to be considered by a sexual abuse review committee, or an identification of potential sexual abuse review committee's members. Policies were amended to reflect the requirements set forth in §115.286(a-e). During the onsite audit process, SLVCC/IRT was provided with a template which can be used to capture the committee's findings, comments, and recommendations.

Upon creation of policies specific to 115.286, said policies were forwarded to the auditor for review and audit record retention. The agency was also provided further instruction, via the audit narrative in the interim auditor summary report, to forward to the auditor:

- any sexual abuse allegation findings (of either substantiated or unsubstantiated) between the conclusion of the onsite portion of the audit through to final certification
- copies of the sexual abuse incident review committee's final recommendations,
- meeting minutes and correlating documentation (from initial report through implementation of committee's recommendations or rationale for not implementing the committee's recommendations)

Through expiration of the corrective action process there were no allegations of sexual abuse received by the agency. As such, there was no need to convene a sexual abuse incident review committee. Upon revision/creation such policies and procedures, SLVCC/IRT forwarded said materials to the auditor for review and audit record retention.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.287 Data Collection

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

Auditor 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.

At the time of issuance of the interim auditor summary report, as determined through information provided both in the form of supportive documentation provided by SLVCC/IRT during the pre-audit process and through information acquired through staff interviews, SLVCC/IRT had only recently begun to collect uniform data for every allegation of sexual abuse and did so by using a set of definitions. At the time of the interim report, SLVCC/IRT was tasked with, to the best of their abilities, generating a report speaking to an annualized aggregation and summarization of the data collected for 2015. SLVCC/IRT was required to publish their data, post analysis findings, and an assessment of their progress in preventing, deterring and reporting of sexual abuse and/or sexual harassment allegations in the form of an annual report as is required in §115.288. Finally, the agency was tasked with including the requirements set forth in §115.287, §115.288, and §115.289 into their Policies and Procedures Manual.

Similar to the audit narrative for §115.222, the agency was unable to publish this report prior to the expiration of the full corrective action period allotted under the PREA standards. Also similar to §115.222, the extenuating circumstances contributing to the agency’s delays in posting this information did not prohibit agency staff from exhausting every avenue in an effort to achieve compliance with this aspect of the standard. As the loss of a key staff member and the reliability on a third party to post their annual report were factors outside the control of the agency. This report was uploaded to the agency website within a few days after the expiration of the corrective action period. It is, therefore, this auditor’s determination that the agency and its staff exhibited due diligence in the performance of their duties in the achievement of compliance with national PREA standards.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.288 Data review for corrective action

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

Auditor 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.

As noted above, SLVCC/IRT needed to revise both the policies and procedures directed toward compliance with the requirements set forth in §115.288 and create/publish an annual report which captures all of the required elements set forth in §115.288(a-d). SLVCC/IRT was tasked with the collection, aggregation, and analysis of the data collected pursuant to §115.287 *"in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including: (1) Identifying problem areas; (2) taking corrective action on an ongoing basis; and, (3) preparing an annual report of its findings and corrective actions for each facility and the agency as a whole."*

The annual report prepared referenced comparisons to previous year's data and provide an assessment on the agency's progress in addressing sexual abuse. As such, the corrective action required for this standard was similar to §115.287. The same factors to be considered in the agency's inability to fulfill the requirements of this standard do not diminish the due diligence exhibited by staff in their attempts to fulfill their objective in this regard.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

115.289 Data storage, publication, and destruction

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

Auditor 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.

As has been noted in the previous two standards, SLVCC/IRT were tasked with formally aggregating, summarizing, and publishing data collected and reviewed in accordance with the expectations set forth in the applicable sections of 115.287 and 115.288 respectively. Additionally, SLVCC/IRT needed to revise policies and procedures specific to §115.287, §115.288; §115.289 respectively. Upon revision/creation such policies and procedures, SLVCC/IRT forwarded said materials to the auditor for review and audit record retention.

The San Luis Valley Community Corrections and Intensive Residential Treatment facility has met the requirements of this standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.

- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

_____ 

Auditor Signature

_____ August 14, 2016

Date